

LONDON BOROUGH OF BRENT  
AND  
BRENT PRIMARY CARE TRUST

**JOINT COMMISSIONING STRATEGY FOR  
OLDER PEOPLE**

**2004-2009**

*Signature*

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## FOREWORD

We are pleased to present Brent's first joint commissioning strategy for older people (2004-09). It outlines how Brent Primary Care Trust and Brent Social Services, with Brent Housing and Supporting People as partners in the commissioning process, together with other key organisations in the Borough, plan to improve and develop services for older people over the next five years.

Brent is a diverse ethnic and multicultural borough, and we actively seek to ensure that we respect and promote diversity and social inclusion. We want all people in Brent to have maximum life chances, quality of life and ageless services that maximise independence, active participation and community engagement.

The joint commissioning strategy reflects the national and local agenda, as well as the needs and views of older people, their Carers and representative organisations in Brent. The strategy should be seen as part of the corporate commitment to enable older people to participate in all aspects of community life - to enjoy security, leisure, a healthy environment, life-long learning, transport, as well as quality housing, health and social care.

We are committed to involving older people in the formulation of policies, procedures and practices that impact on their lives, and in taking a whole system approach to joint working. Our aim is to provide individual, person-centred seamless services that offer a range of options and improve the experience of older people who receive services.

The joint commissioning strategy is the basis for an evolving agenda for service improvement, and will be reviewed and updated annually, based on regular consultation with older people, their Carers and representative organisations, multi-agency discussions across all sectors, and taking into account demand for services and resources available.

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## Executive Summary

1. This five year (2004-09) joint commissioning strategy for older people in Brent was developed by Brent Primary Care Trust (PCT) and Brent Social Services, with Brent Housing and Supporting People as partners in the commissioning process.
2. It reflects a broad range of national and local policies, strategies and plans, which have been the subject of widespread consultation with a broad spectrum of actual and potential service users.
3. The strategy recognises and has made links with the wider context of corporate prevention strategies and initiatives that help promote independence and wellbeing, encourage healthy living and community participation.
4. **Purpose** of the strategy:
  - Provide a medium-term direction and ensure a planned and co-ordinated approach by commissioners for arranging and funding health, social care and housing support services for older people.
  - Make use of information about the supply, demand and resources available, and promote the direction and development of services according to changing needs and preferences by service users.
  - Ensure that commissioning is based around the needs of service users and their Carers.
  - Provide open, transparent and positive relationships with service providers.
  - Identify any gaps in either information systems or service provision, and to fill them.
5. **Our Vision:**

Older people in Brent will enjoy an independent, active and healthy life, in a safe environment in the community.

If health and/or local authority services are required, they will be provided, in partnership with local people and the independent sector, in ways that:

- maintain and promote independence and safety
- are of a high quality and meet required standards
- meet diversity and equality standards
- are provided in a timely and responsive way
- promote dignity, self-respect, individuality and privacy
- offer choice, whenever possible
- meet the needs of individual older people and their Carers
- take account of age, gender, ethnicity, religion and culture
- are publicised widely and made accessible
- provide opportunities for older people to influence the development and delivery of services
- involve older people at each stage of the planning and decision-making process

**6. Priorities:**

- ❑ Independent living for as long as possible rather than creating early dependency on care services.
- ❑ Early intervention to prevent older people facing crises, and to prevent deterioration by providing timely and appropriate services.
- ❑ Service flexibility that adapts to individual needs in their own home.
- ❑ Services that meet ethnic, cultural and religious needs.
- ❑ Specialist services for those with special needs (eg mental health problems, mobility difficulties) in order to maintain and maximise independent living.
- ❑ Minimising long term institutional care by providing a range of services to enable older people to remain in their own home.
- ❑ Developing and providing services across organisational boundaries to ensure best value provision.

**7. Core principles** - older people must have the right to:

- ❑ A place to live – a range of housing options to suit individual lifestyles.
- ❑ Personal support services – appropriate, flexible and sufficient assistance with personal care and daily living tasks.
- ❑ Access to the community – the opportunity to participate in all aspects of ordinary community life including the availability of leisure activities, life-long learning, transport, health care.
- ❑ Services sensitive to ethnic, cultural, religious requirements, disability, gender and sexual orientation.
- ❑ Appropriate specialist services – a variety of services to minimise or overcome ill health, and promote independence.
- ❑ Unbiased information available in languages and in forms as required.
- ❑ Consultation on services – establishing needs and formulating appropriate policies and procedures in partnership with older people.

**8. Commissioning intent:**

- ❑ Increase resources for the promotion of wellbeing among older people through prevention, rehabilitation, intermediate care, primary care and nursing care.
- ❑ Reduce use of acute hospital beds.
- ❑ Increase the supply of extra care sheltered housing, provide more hours of intensive support to enable people to live at home, and increase the number of people assisted through 'floating support', funded through the reduction of residential care beds.
- ❑ Work with older people, their Carers and partner organisations to provide services that help reduce the need for older people to enter the formal care systems for as long as possible eg create a safer home environment, providing practical and financial assistance.

## Joint Commissioning Strategy for Older People

- Empower and enable older people eg through Direct Payments, Expert Patients Programme and *Better Government for Older People*.
- Ensure services address the needs of the increasing Black and ethnic minority older population.
- Refocus services for Carers.
- Establish closer collaborative partnership working with the voluntary sector to develop a strengthened prevention strategy, linked to the *Social Compact*.
- Improve the range and co-ordination of mental health services for older people.
- Actively explore working towards achieving a fully integrated service, with pooled PCT and Social Service budgets by March 2009 in order to use limited resources more effectively and efficiently.
- Commission jointly in partnership with the Supporting People Commissioners where possible and appropriate.

### 9. Monitoring arrangements:

- The joint commissioning strategy will be the basis for the development of the annual action plan for the Local Implementation Team.
- The action plan will be monitored three/four times a year, against this strategy.
- All work undertaken by the commissioning agencies will be in line with the agreed strategy.
- The strategy as a whole will be reviewed annually, to include a range of consultations that include the views of service users and their Carers, relevant forums and statutory partners.
- A report on progress and any adjustments proposed to the strategy will be reported to the Health and Social Care Partnership Board which will make recommendations to the Council's Executive and Strategic Health Authority.
- The Local Implementation Team will advise the public and staff of the strategy and developments, at least annually.

# Joint Commissioning Strategy for Older People

## Section 1 Introduction

### 1. Purpose of the strategy

#### 1.1.1 The purpose of this five-year joint commissioning strategy for Older People in Brent is to:

- Provide a medium-term direction and ensure a planned and co-ordinated approach by commissioners in Brent for arranging and funding health, social care and housing support services for older people in Brent that reflect national and local priorities.
- Make use of information about the supply, demand and resources available, and promote the direction and development of services according to changing needs and preferences by service users.
- Ensure that commissioning is based around the needs of service users and their Carers.
- Provide open, transparent and positive relationships with service providers.
- Identify any gaps in either information systems or service provision, and to fill them.

#### 1.1.2 The strategy refers to other strategies and aims to provide a single reference point for Brent's joint Local Implementation Team for Older People, Brent Council and Brent Primary Care Trust (PCT). The PCT will support the GPs in developing commissioning practice based models by ensuring that the needs and priorities of their local communities are addressed within the context of this Joint Commissioning Strategy.

#### 1.1.3 Although this is a Health and Social Care commissioning strategy, we have recognised the importance of, and made reference to, the wider context of preventative strategies including corporate initiatives for promoting citizenship and social inclusion, as well as health promotion.

### 1.2 Vision, priorities and principles

#### 1.2.1 Vision

Older people in Brent will enjoy an independent, active and healthy life, in a safe environment in the community.

If health and/or local authority services are required, they will be provided, in partnership with local people and the independent sector, in ways that:

- maintain and promote independence and safety
- are of a high quality and meet required standards
- meet diversity and equality standards

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- are provided in a timely and responsive way
- promote dignity, self-respect, individuality and privacy
- offer choice, whenever possible
- meet the needs of individual older people and their Carers
- take account of age, gender, ethnicity, religion and culture
- are publicised widely and made accessible
- provide opportunities for older people to influence the development and delivery of services
- involve older people at each stage of the planning and decision making process

### 1.2.2 Priorities

- Independent living for as long as possible rather than creating early dependency on care services.
- Early intervention to prevent older people facing crises, and to prevent deterioration by providing timely and appropriate services.
- Service flexibility that adapts to individual needs in their own home.
- Services that meet ethnic, cultural and religious needs.
- Specialist services for those with special needs (eg mental health problems, mobility difficulties) in order to maintain and maximise independent living.
- Minimise long term institutional care by providing a range of services to enable older people to remain in their own home.
- Develop and provide services across organisational boundaries to ensure best value provision.

### 1.2.3 Core principles - underpinning the vision is that older people must have the right to:

- A place to live – a range of housing options to suit individual lifestyles.
- Personal support services – appropriate, flexible and sufficient assistance with personal care and daily living tasks.
- Access to the community – the opportunity to participate in all aspects of ordinary community life including the availability of leisure activities, life-long learning, transport, health care.
- Services sensitive to ethnic, cultural, religious requirements, disability, gender and sexual orientation.
- Appropriate specialist services – a variety of services to minimise or overcome ill health, and promote independence.
- Unbiased information and available in languages and in forms as required.
- Consultation on services – establishing needs and formulating appropriate policies and procedures in partnership with older people.



## Joint Commissioning Strategy for Older People

### 1.3 How the strategy was developed

#### 1.3.1 The Audit Commission<sup>1</sup> defines commissioning as:

*The process of specifying, securing and monitoring services to meet people's needs at a strategic level. This applies to all services, whether they are provided by the local authority, NHS, other public agencies or by the private or voluntary sectors.*

Commissioning covers the purchasing process, and is intended to shape the market for care in order to effectively meet future needs. This commissioning strategy aims to ensure that the right quantity and quality of services are planned to meet the needs of older people in Brent, in both the present and future.

#### 1.3.2 This commissioning strategy is based on:

- Needs analysis of our local population
- Range of agreed local policy initiatives
- Assessment of current and future resources
- Government targets set out in *National Service Framework for Older People* and the NHS Plan
- *National Standards, Local Action* framework

#### 1.3.3 The strategy was developed by the joint commissioners, Brent Primary Care Trust (PCT) and Brent Social Services with Brent Housing and Supporting People as partners in the commissioning process, and reflects consultation with a wide range of actual and potential service users.

#### 1.3.4 All efforts have been made to take a whole systems approach. Often a health, social care or housing need has an impact on other parts of the life of an older person, and therefore 'joined up' planning and service delivery is essential. For example, inadequate heating at home affects the health of older people, may necessitate them going into hospital and possibly on to residential or nursing care if their own home continues to be a health risk. There are opportunities to maximise limited resources, reduce duplication, and work together to identify and minimise gaps in service provision.

#### 1.3.5 Collaborative partnerships, across all care sectors and with users and Carers have long been a feature in Brent and continue to be strengthened, with a number of formal protocols between agencies in place. A range of multi-agency and users forums have contributed to the formulation of strategies and plans, many of which have been incorporated into this commissioning strategy (see appendix 1).

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<sup>1</sup> *Making Ends Meet* (Audit Commission) October 2003

## Joint Commissioning Strategy for Older People

- 1.4 How the joint commissioning strategy will be monitored:
- The strategy will be the basis for the development of the annual action plan for the Local Implementation Team, the PCT, Social Services and Housing Services for older people.
  - The Local Implementation Team's action plan will be monitored three/four times a year against this strategy to ensure progress is being made. All work undertaken by the commissioning agencies will be in line with the agreed strategy. Opportunities or changes in circumstances will be discussed and agreed within the Local Implementation Team and within the context of this strategy. The strategy as a whole will be reviewed annually, as part of the preparation for the following year's action plan. As part of that review, a range of consultation mechanisms will be used to obtain the views of service users and their Carers, to include the Pensioners, Carers, Health and Race Forums, Brent Council Diversity Group, providers, and statutory partners.
  - A report on progress made (or not made) and adjustments proposed to the strategy will be reported by the Local Implementation Team to the Health and Social Care Partnership Board which will consider and make recommendations to Brent's Local Strategic partnership, Council's Executive and Strategic Health Authority.
  - The Local Implementation Team will advise the public and staff of the strategy and developments at least on an annual basis, using media such as Brent Council and PCT websites, *Brent News*, and *Update*.

## 1.5 Defining 'old'

- 1.5.1 Older people are not a uniform group and they have a wide range of needs. They may be broadly seen as three groups<sup>2</sup>:
- Entering old age: people who have completed their career in paid employment and/or child rearing. This is a socially-constructed definition of old age, which according to different interpretations, includes people as young as 50 years, or from the official retirement ages of 60 years for women and 65 years for men. A great many of these people are active and independent and will remain so into later old age. The goals of health, social care and housing policies are to promote and extend a healthy active life and to compress morbidity (the period of life before death spent in frailty and dependency)
  - Transitional phase: this group of older people is in transition between healthy, active life and frailty. It often occurs in the seventh or eighth decades but can occur at any stage of older age. The goals of health, social care and housing policies are to identify

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<sup>2</sup> *National Service Framework for Older People* (Department of Health) 2001

## Joint Commissioning Strategy for Older People

emerging problems ahead of crisis, and ensure effective responses which will prevent crisis and reduce long-term dependency.

- Frail older people: people who are vulnerable as a result of health problems such as stroke or dementia, social care needs or a combination of both. Frailty is often experienced only late in old age, so services for older people should be designed with their needs in mind. The goals of health, social care and housing policies are to anticipate and respond to problems, recognising the complex interaction of physical, mental and social care factors, which can compromise independence and quality of life.

1.5.2 In this strategy we have defined 'older people' as meaning those aged at least 60 years old. It should be noted that the commissioning agencies use different minimum ages in their definition of older people:

- Housing: 60 years
- Social Services: 60 years for women and 65 years for men (ie pensionable age)
- Health: 65 years

# Joint Commissioning Strategy for Older People

## Section 2 Policy context

### 2.1 National agenda

2.1.1 Government policy and guidance defining the way older people should be treated, includes *The National Framework for Older People* which sets out eight standards and *National Standards, Local Action* that identifies four broad priority areas, are set out in appendix 2.

2.1.2 Inevitably, additional government policy and guidance will be issued during the life of this strategy, which commissioners will need to address in contracting arrangements. They include:

- Public Health White Paper, due in the Autumn 2004
- Mental Incapacity legislation (expected 2004)
- Government response to the Health Select Committee Report (2004) on Elder Abuse
- Green Paper on the future of adult services (expected Autumn 2004)
- Housing Bill – might affect private sector grants
- The New Vision for Adult Social Care (expected 2005)

2.1.3 It is assumed that government policy will continue to promote an agenda of:

- User empowerment and user choice
- Mixed economy for the delivery of services
- Social inclusion
- Narrowing inequality
- Joint working across sectors and agencies
- Improving standards and accountability
- Holistic approach to service delivery
- Competition, value for money and formal methods of contracting and procurement

### 2.2 Local priority and objectives

#### 2.2.1 Brent Council

- The corporate strategy set out by Brent Council for 2002/06<sup>3</sup> outlines a vision for 'Building a Better Borough':

*Brent will be a borough where all its communities enjoy a high quality of life and will be able to fully participate in society. Brent Council will have a reputation for good, democratically accountable leadership, strong partnerships and excellent services. Brent will be a borough proud of its diversity, served by an ambitious, progressive and outward looking council. Brent*

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<sup>3</sup> Full details available from Brent Council website: [www.brent.gov.uk/corporatestrategy](http://www.brent.gov.uk/corporatestrategy)

## Joint Commissioning Strategy for Older People

*will be a home of choice for its diverse population and businesses.*

Values	Key priorities
<ul style="list-style-type: none"> <li>▪ Raising the quality of life</li> <li>▪ Serving our Communities</li> <li>▪ Developing and motivating our staff</li> <li>▪ Achieving service excellence</li> </ul>	<ul style="list-style-type: none"> <li>▪ Supporting children and young people</li> <li>▪ Promoting quality of life and the green agenda – priorities include ensuring that older people are able to take a full and active part in the life of the community</li> <li>▪ Regeneration and priority neighbourhoods</li> <li>▪ Tackling crime and community safety</li> <li>▪ Achieving service excellence</li> </ul>

- The Social Service plan for 2004/05, *Improving the chances for a diverse community* sets out the focus and values of its work:
  - Promoting independence
  - Improving protection
  - Raising standards
  - Improving consistence
  - Mainstreaming equalities
  - Providing user centred services
  - Improving life chances and promoting social inclusion

- The vision for Supporting People in Brent is:  
*To promote independence, by enabling people to live safe and fulfilling lives in the community by delivering high quality, responsive and diverse housing related support services that meet the needs of vulnerable adults from across our community.*

*To ensure that our services make the best use of the resources available, integrate well with related services and take into account the needs and views of all groups of vulnerable adults living in the borough.*

*To strive for service excellence that reflects the needs and aspirations of our local community and delivers real improvements to the quality of life in Brent.*

The priorities are:

- Increase housing support supply to meet current needs
- Contribute to social inclusion, community and neighbourhood regeneration
- Tackle the needs of people from back and minority groups
- Improve the quality and value for money of the housing support provision
- Provide choice, listen and take into account the views of local people

## Joint Commissioning Strategy for Older People

2.2.2 Brent Primary Care Trust - The PCT's local delivery plan reflects NHS requirements and targets, which is also the focus for the Local Implementation Work Plan for Older People. One of the key priorities for the PCT and acute NHS Trusts in the Borough is to encourage individuals to use community therapy support services rather than the accident and emergency services or GPs.

### 2.2.3 Joint working

Both Social Services and the PCT report to the Department of Health on performance in key areas of work. For Social Services it is known as Performance Assessment Framework (PAF) and Delivery Improvement Statements (DIS). For some, but not all PAF indicators, there are bandings that carry 'blobs'. The 'blobs' mean:

- . Investigate urgently
- .. Ask questions about performance
- ... Acceptable, but possible room for improvement
- .... Good performance
- ..... Very good performance

Monitoring of the PCT is set out in the Local Delivery Plan (LDP). There are specific objectives for both organisations, some of which are held in common. The indicators fall under five broad headings:

- National Strategic Objectives
- Cost and Efficiency
- Effectiveness of Service Delivery and Outcomes
- Quality of Services for Users and Carers
- Fair Access

There are natural linkages between these and the key themes of the *National Service Framework for Older People* and the planning framework *National Standards, Local Action*. This commissioning strategy draws these together.

## Section 3 Profile of Brent and needs of its older people

### 3.1 Statistical data

Brent is a diverse community. It has the second highest proportion of ethnic minority residents in the country. The borough has distinct communities linked with diversity and also extremes of affluence and deprivation. The key facts for commissioning services for older people in Brent are: (fuller details can be found in appendix 3)

#### **Demographics**

- The population of Brent is 263,500.
- 54.7% of the population is from black and minority ethnic communities.
- There are centres of population for Asian families in Queensbury, Preston and Wembley, black or black British in Stonebridge and Harlesden, and white Irish in Dollis Hill.
- 66% of people aged 60 –74 years are from black and minority ethnic communities, but this reduces to 40% at 75+ years.
- 13.7% of the population are of pensionable age.
- There has been an increase of 2.7% in older people since 1991.
- Projections show small but regular increases in numbers of older people until 2011.
- The population of those aged 75+ years (the most vulnerable) are likely to increase by at least 1000 to 13,500 in 2011.
- Of people aged 75+ years, 62% are women.
- 8.7% (22,900) of residents provide unpaid care and 17% of these are aged 65+ years.
- The five wards with the highest numbers of older people are Barnhill, Preston, Kenton, Queensbury and Welsh Harp.

#### **Deprivation**

- The unemployment rate in Brent is 5% (3.4% for England and Wales)
- Multiple deprivation is concentrated in five neighbourhoods in the top 10% most deprived areas in the UK - South Kilburn, St Raphael's, Brentfield, Harlesden, and Church End.
- Multiple deprivation linked to race and disadvantage.
- Single pensioner households have an income of 25% of the average for the borough.
- Older people tend to have more savings than the average household.
- The people with highest levels of deprivation are older people living alone dependent on state benefits, spending 49% of their income on housing, fuel and food, and with fewer possessions to aid daily living.
- 31.9% of older people experience fuel poverty.
- Households of two or more pensioners have the highest heating costs of any household group.

### **Health and social care needs**

- 15,700 older people (on average half of all older people in Brent) receive hospital treatment (66% for people in their 80's and older).
- More men than women in their 60's and 70's receive hospital treatment.
- 45.6% are emergency hospital admissions and 36% day cases.
- 15.6% of Brent's population have limiting long term illness (18.2% for England and Wales).
- 96% of older people with a limiting long term illness stay in their own homes (this is 47% of people aged 60+ and 61% of those aged 75+).
- Older people experiencing fuel poverty are likely to have respiratory conditions, arthritis, and increased risk of strokes and heart attacks.
- Health needs of older homeless people are respiratory complaints, TB, skin complaints, depression and anxiety, other mental health problems and drug and alcohol problems.
- Life expectancy decreases the further south older people live in the borough.
- 44% of those aged 65-74 years and 49% of those aged 75+ are likely to have two of the six most chronic diseases, - heart disease, stroke, hypertension, diabetes, chronic obstructive pulmonary diagnosis and asthma.
- Coronary heart disease is the largest single cause of death in Brent, and stroke is the third most common cause of death.
- High prevalence of diabetes (5%), compared to national average of 3%, and statistics would suggest that 2000 older people in Brent may have diabetes.
- The numbers of people with sickle-cell anaemia is estimated to be 828 (36% of the cases in the eight boroughs in north-west London) – the number of older people with this condition is not known.
- Up to 14% of older people not in hospital or residential care may suffer from malnutrition. In Brent this would be about 6,000 older people.
- Health inequalities in the elderly Black and ethnic minority communities, in part due to multiple deprivation linked to racial disadvantage.
- Average GP practice list is 2,500 patients per GP, compared to the national average of 1,800.
- Long waits in Brent hospital accident and emergency departments.
- In 2003/04 about 3,000 older people in receipt of services from Social Services ie about 10% of older people<sup>4</sup>.

### **Housing and Homelessness**

- Annual shortfall of 3,564 affordable housing units in the Borough
- 25% of privately rented accommodation in Brent is below a habitable standard
- 6.5% of older people living alone live in private rented accommodation
- 3,800 people in Brent live in temporary accommodation (twice the national average).

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<sup>4</sup> Based on 60 years and older for women and 65 years and older for men



## Joint Commissioning Strategy for Older People

- ❑ In 2002/03 154 older people presented as homeless, of which 50% had the application rejected. They were mainly older people applying as members of a family seeking to be accepted as homeless.
- ❑ 22% of older people live on their own.
- ❑ Single pensioner households (26% of all households in Brent) have the greatest costs for repairs.
- ❑ 16.4% of older people only households are people from Black communities.
- ❑ 65% of older people only households are owner occupiers: the greatest number of households that experience fuel poverty are among owner-occupiers.
- ❑ 28.5% of older people only households live in council or housing association properties.
- ❑ 6% of Brent's unfit housing is lived in by older people (500 homes); 4% are single people households.
- ❑ In late 1990's, just over 4,500 older people households needed adaptations to their home eg wheelchair access, stair lift.
- ❑ Provision of supported housing is 40% below the London average for older people, 80% below for frail elderly people and there is no supported housing for older people with mental health/dementia needs.
- ❑ Shortage of sheltered housing and extra care sheltered housing in Brent.

### **Disability**

- ❑ 1852 older people have a high level of disability.
- ❑ 30% of older people have special needs relating to mobility, sight or chronic illness.
- ❑ Using national levels of dementia, it is likely that 2576 older people have the illness, with 1420 of them aged 80+ years.
- ❑ Numbers of older people with drug or alcohol abuse are not known
- ❑ 3,000 older people each year supplied with community equipment, and number appears to be rising in 2004.
- ❑ Of 416 older people who are blind or partially sighted 172 are aged 75+ years. Of these 100 are thought to be living in the community with no support.
- ❑ It is likely that 2000 older people in Brent are severely or profoundly deaf.
- ❑ Based on national statistics, up to 1344 men and 3359 women in Brent over 65 years suffer from incontinence.
- ❑ One in three women and one in twelve men over 50 years are affected by osteoporosis and almost half of all women experience an osteoporotic fracture by the age of 70 years. After an osteoporosis fracture, 50% can no longer live independently.

### **Transport**

- ❑ 37.7% households do not have a car in Brent (3<sup>rd</sup> lowest level in Outer London)
- ❑ Public transport links are good with buses running north to south and east to west, three lines of the London Underground run through the borough, and the North London and Silverlink rail services cross Brent.

**Community safety:**

- Neighbourhoods have high levels of fear of crime.
- 'Distracted burglary' is high for older people.
- 40% of Brent residents will not leave their home at night for fear of crime<sup>5</sup>.
- 26% of those aged 55 years or over do not go out after dark.

3.2 Results of surveys and consultations

The Pensioners Forum is regularly consulted on a wide range of issues, including citizenship, social inclusion and health matters. It is an established user forum which lets the Council know what issues are relevant to older people, including Black and minority ethnic elders and how the Council can provide better services. There is a range of other consultation and planning forums involving users and Carers, listed in appendix 1.

A number of service user surveys are undertaken by Social Services and are referred to in section 5.

**Older people want:**

In 2004 older people told the council members task group on *The Quality of Life for Older People* that they want:

- Health
- Safety and security
- Mobility
- Companionship
- Participation in leisure activities

**Carers want:**

- Information on health and social care
- Advice
- A listening ear
- Respite
- Training

**Deprivation – people want:**

- Financial help
- Residents of South Kilburn, a particularly deprived area (now part of a major re-generation scheme), want<sup>6</sup>: leisure area exclusively for older people, health centre catering for the specialist needs of older people, special ground floor flats adapted to the needs of the elderly'.

**Health** - A survey in 2001 of the health needs of older people in Brent and Harrow found:

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<sup>5</sup> Residents attitude survey (2002), conducted by MORI on behalf of Brent Council (conducted every three years)

<sup>6</sup> Older Persons Housing Strategy Brent 2003-2008

## Joint Commissioning Strategy for Older People

- ❑ African-Caribbean and Asian people have particular health needs, and reported poorer health than older White people
- ❑ 12% of refugees scored 0 on the scale which equates to 'worse than dead'
- ❑ Older people in the north of the Borough felt the most well

Further details are provided in appendix 3.

### **Housing and homelessness**

- ❑ To have an element of choice over where they live – many single Irish men prefer Kilburn/Cricklewood area, and older African-Caribbean people prefer Harlesden area.
- ❑ Housing Benefit to be paid correctly.
- ❑ Locata<sup>7</sup> to be more accessible.
- ❑ Practical help in the home eg minor repairs, changing light bulbs, with gardening.
- ❑ Good quality sheltered housing when required. In local research older people said they preferred to stay in their own accommodation rather than move to sheltered housing. The exception was for some Asian people who favoured a culturally specific scheme. This conflicts with national research that suggests that sheltered housing offered at the right time is accepted. That implies a need for an increase of units to 2878 (150% increase). The Gerard Court planning inquiry found no demand for private sheltered housing.
- ❑ Realistic options to downsize as well as rooms for family members.
- ❑ Older people in privately rented accommodation and owner-occupiers are less well supported than those living in council and housing association properties.
- ❑ Tenant satisfaction has risen in 2003/04.
- ❑ Users of Supporting People value the flexibility in services ie support when they need it and not when they do not.

### **Disability**

- ❑ 100 older people living alone with a visual impairment. Many need help in reading and advocacy, small home maintenance, and opportunities to go out. Similar services are needed for older people with a hearing impairment

### **Social care needs**

- ❑ Socially isolated people, including those with mental health problems, or visual and auditory difficulties need practical help eg in dealing with correspondence, form filling, paying bills; and emotional support eg befriending, some advocacy support.
- ❑ Older people with alcohol problems, especially among single and poorly housed Irish men, need more outreach support and better access to statutory agencies including sympathetic GPs<sup>8</sup>

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<sup>7</sup> The West London choice based lettings scheme that enables people on the housing register to bid for Council properties

<sup>8</sup> Cricklewood Homelessness Concern, St Mungo's, Willow Housing

## Joint Commissioning Strategy for Older People

- ❑ Older Asian people living with their family want specialist Asian support workers to read correspondence etc concerning matters that they do not want always to share with family members.
- ❑ Day Services Workshop (2003) identified need for: opportunities for learning, choice between multi-cultural and specialist (language, mental health) services, more provision in the north of the Borough, greater user involvement in shaping services, input from health professionals, better catering and staffing ratios.

**Transport** - Views expressed at the first meeting of the Brent Public Transport Forum (July 2004) included:

- ❑ Buses to better serve the hospitals and also Chalkhill Estate
- ❑ Bus stops for Willesden and CMH poorly located
- ❑ Lack of orbital routes in Brent – North London line poor
- ❑ Bus shelters – not all stops have them and some are vandalised
- ❑ Few stations have lifts
- ❑ Low floor buses often have ramps that do not work
- ❑ Brent poorly served by black cabs

### **Community safety**

- ❑ Older people who feel most threatened by crime are:
  - those living in neighbourhoods with high levels of social housing (street crime) and residents who own their own home (burglary)
  - women more likely than men
  - Indian residents (two-thirds of whom feel threatened)
- ❑ Older people are targets for distraction burglary
- ❑ Older people want more police on the beat

3.3 Additional perspectives - A Joint Review of Brent Social Services in 2003 identified:

- ❑ Historically high use of residential care and continuing care with few nursing home places in the Borough
- ❑ Relatively few older people were supported to live at home, with fewer people receiving home care than in the 'comparator' group
- ❑ Need to review day services

3.4 Conclusions

### **Demography**

- ❑ Likely increase in number of frail elderly people, mostly women, living alone, requiring intensive support – need to identify them, and collaboratively target resources.

### **Ethnic diversity**

- ❑ Relatively high (and growing) percentage of Black, Asian and Irish older people – need to ensure all services fully recognise and respond to diverse racial and cultural needs and preferences; active implementation of the Council's Race Equality Scheme.

### **Deprivation**

- Particularly high among single older people - need to maximise income (grants, benefit claims and processing more quickly), and assets for owner-occupiers (equity release).
- Range of groups with particular needs and disadvantages (eg Black and other ethnic minorities, people with chronic conditions and severe disabilities, Carers). Need better information (in all relevant languages and forms) and targeting of health, social care and housing resources to those in greatest need, on low income, in poor housing, and with no or poor social networks.
- The effect of long-term poverty on health, particularly in old age and for some women and ethnic minority elderly people, can be acute if they have not been able to save for old age.

### **Carers**

- Of 22,900 Carers in the Borough, only 1042 are registered with the Carer's Centre and only 154 Carers assessed by Social Services in 2003/04 – need to better identify and support Carers.

### **Housing and homelessness**

- Delay in adaptations, especially for owner-occupiers – service being improved eg reduced delays year by year.
- Possible under-provision of sheltered housing – needs to be investigated further.
- Under-provision of 'floating support' for older people, particularly for those in the private sector.
- Poor quality of housing and fuel poverty have health implications.
- Shortage of properties which provide level access or can be adapted to meet the needs of people who have mobility difficulties.

### **Social care provision**

- Concentrated in the south of the Borough, where deprivation greatest but fewer older people compared with the number of older people in the north.
- Need for more outreach, befriending support and practical assistance, particularly for isolated older people who are vulnerable; no volunteer bureau in Brent.
- Need to provide greater flexibility in care packages eg using Direct Payment scheme.

### **Health**

- Reducing the number of people who have chronic heart disease, incontinence, malnutrition, diabetes, and falls will reduce admissions to hospital, nursing and residential care, enabling more people to remain healthy at home.
- Need to reduce the time older people wait in hospital accident and emergency departments.

## Section 4 Current provision and service gaps

### 4.1 Current provision

4.1.1 This health and social care commissioning strategy for older people takes account of the wider context of corporate prevention strategies and initiatives that help promote independence and wellbeing, and encourage healthy living and community participation. Services are outlined in section 5 and appendices 4, 5, 8. They include:

- Health promotion and primary care services
- Sports and physical activity strategies
- Encouragement of life-long learning
- Promotion of active citizenship
- Regeneration, transport and crime prevention schemes
- Housing improvement initiatives
- Support to the voluntary sector

4.1.2 In addition, Brent Council and Brent PCT provides and commissions a range of services, specifically for older people. They can be grouped under four headings, with further details in section 5 and appendices 4, 5 and 6:

- Preventative services – to help older people remain outside the formal care systems ie when a full assessment of needs is not required:
  - Grants to voluntary organisations that deliver a range of support services to older people and their Carers (see appendix 8).
  - Housing grants to improve safety, security and warmth at home, and to improve the living environment for older people with physical disabilities eg 'handy-person' service.
  - Concessionary travel, taxi cards and 'Blue Badge' to facilitate travel, and encourage social inclusion and community participation.
  - Bathing service.
  - Community equipment ie aids and adaptations to enable people with physical disabilities to maximise independence.
  - Incontinence service, including products
- Service to enable older people to remain at home
  - Home Care
  - Nursing care at home
  - Meals service
  - Day Services – also supports Carers
  - Intermediate Care to help reduce the need for hospital or other institutional care
  - Community alarm service

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- Telephones – paying installation and rental
- Free TV licences
- ‘Floating Support’ ie outreach support
- Direct Payment service
  
- Services that provide care and support in other settings
  - Sheltered housing and extra care sheltered housing
  - ‘Supporting People’
  - Adult Placement Scheme
  - Residential care homes
  - Nursing care homes
  
- Other services
  - Specialist services provided by the North-West London Hospitals NHS Trusts and the Central and NW London Mental Health Trust
  - Multi-agency policy and procedures for the protection of vulnerable adults
  - Premises security arranged by Social Services eg when person goes into hospital unexpectedly
  - Burials and cremations for destitute people

### 4.2 Service gaps and unmet needs

- Preventative services - need to increase the range of preventative services in community care settings eg limited befriending and practical support services for vulnerable, isolated older people. What exists is ad hoc and uncoordinated, particularly for people in private sector housing. No Volunteer Bureau to recruit, train and support volunteers. Better recognise the link between deprivation and racial disadvantage in targeting of preventative services.
  
- Black and ethnic minority older people - need to develop more specific services for older people from Black and ethnic minority communities, ensure the Council’s translation and professional interpreter services are used (as appropriate), ensure that level 2 of the Equality Standard for Local Government is met (and exceeded)<sup>9</sup>.
  
- Community resources - need to better publicise the range of community resources available to encourage active living and community participation.
  
- Geography - limited range of services for older people in the north of the Borough.

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<sup>9</sup> Concerns assessment of Council services and consulting with the communities in Brent

## Joint Commissioning Strategy for Older People

- 'Floating support' services for older people – insufficient supply, especially for those living in the private sector, and what does exist needs to be better publicised.
- Specialist health services - under-investment in specialist health services, eg no service for early onset of dementia, incontinence, diabetic, nutrition services, services for people with alcohol problems, and respite care for Carers.
- Sheltered housing shortage – up to 500 units of adaptable extra care sheltered housing required.
- Contractual arrangements - by the PCT with independent nursing care providers need to be strengthened and developed to ensure quality services and value for money. Ensure all contract and Best Value reviews address race equality considerations.
- Need to make use of performance indicators for planning purposes.
- Whole systems capacity procurement needed to meets gaps in services at minimum cost.



Section 5 Developmental priorities

- Our commissioning priorities over the next five years are to:
  - Increase resources for the promotion of wellbeing among older people through prevention, rehabilitation, intermediate care, primary care and nursing care.
  - Reduce use of acute hospital beds.
  - Increase the supply of extra care sheltered housing, provide more hours of intensive support to enable people to live at home, and increase the number of people assisted through 'floating support', funded through the reduction of residential care beds.
  - Work with older people, their Carers and partner organisations to provide services that help reduce the need for older people to enter the formal care systems for as long as possible eg create a safer home environment, providing practical and financial assistance.
  - Empower and enable older people eg through Direct Payments, Expert Patients Programme and *Better Government for Older People*.
  - Ensure services address the needs of the increasing Black and ethnic minority older population.
  - Refocus services for Carers.
  - Establish closer collaborative partnership working with the voluntary sector to develop a strengthened prevention strategy, linked to the *Social Compact*.
  - Improve the range and co-ordination of mental health services for older people.
  - Actively explore working towards achieving a fully integrated service, with pooled PCT and Social Service budgets by March 2009 in order to use limited resources more effectively and efficiently.
  - Commission jointly in partnership with the Supporting People Commissioners where possible and appropriate.
  
- The *Supporting People's* priorities over the next five years are:
  - Review older people's services in 2005 to address the issue of high cost and low unit supply of provision in Brent, compared with the rest of London.
  - Increase provision for frail elderly people.
  - Increase floating support.
  - Plan and deliver for diversity, ensuring Black and ethnic minority issues are addressed in providing housing support.
  - Provide more services for older people with alcohol problems.
  - Provide low level preventative support, particularly for those in the private sector.
  - Increase involvement with the Single Assessment Process.

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- This section is set out to reflect *National Standards, Local Action*, and the *National Standards Framework for Older People* and includes ways in which Brent PCT and Brent Council will meet national performance targets through its commissioning strategy.

## Joint Commissioning Strategy for Older People

### 5.1 Health and well-being of the population

Our priorities – Help promote independence among older people:

- Reduce the incidence and effects of strokes, including better management of diabetes
- Reduce the inequalities in health outcomes by targeting resources
- Improve the physical and psychological wellbeing of older people
- Create a safe environment
- Establish a closer collaborative partnership with the voluntary sector to strengthen a prevention strategy, linked to the *Social Compact*
- Empower older people through *Better Government for Older People*

#### 5.1.1 Reducing the incidence and effects of strokes

- GP practices are establishing clinical audit systems for stroke, and a Primary Care stroke register is being developed to record patients who are at high risk. This is linked to primary care prevention eg blood pressure monitoring and prescribing, and the National Services Framework Standards.
- A stroke specialist neurologist has been appointed at North West London Hospital Trust. From October 2004 the PCT will fund a Stroke Co-ordinator post to ensure primary and secondary protocols are in place for stroke care and patients are treated according to need. The post-holder will be part of the new Brent Model for Rehabilitation and Intermediate Care Services. A Stroke plan will be developed in July 2005, within the strategy of the new Brent Model, to include plans for a post stroke rehabilitation group, and training and support for Carers.
- As part of the development at Willesden Hospital, there will be six stroke beds, most of which are likely to be used by older people. There will be no specialist stroke services in the general hospitals because the Brent Model for Rehabilitation and Intermediate Care will ensure that stroke care is provided as seamless care across primary and secondary care with care pathways identified for the patient journey.
- Two audits of stroke services at Central Middlesex Hospital recommended the appointment of a dedicated social worker. During 2005/07, the PCT will review specialist care management services for stroke patients.

#### 5.1.2 Better management of diabetes

- The Diabetes Strategy (2003/06) targets include establishing a Brent-wide practice based diabetes register by 2006, and completion of a baseline assessment to determine diabetes prevalence and to assess the content, quality and location of diabetes services in primary, secondary, tertiary and community

## Joint Commissioning Strategy for Older People

settings. By March 2005, the PCT will check service usage by older people.

- In 2004/05, the PCT made funds available to employ a Retinal Screening Programme Manager and will fund equipment to enable it to meet retinal screening targets.
- In 2002, Brent's Race, Health and Social Care Forum made a number of visits to offer advice on health matters, including diabetes, in places where older Black and Asian people tend to congregate. Elders Voice and New Testament work in partnership to provide diabetes awareness, prevention and control sessions.

Targets	Description	2003/04	Target 2004/05	Target 2005/06	Target 2006/07	Target 2007/08
T25	By 2006, a minimum of 80% of people with diabetes to be offered screening of diabetic retinopathy	64%	72%	80%		
	100% coverage of those at risk of retinopathy by the end of 2007					100%

5.1.3 Hypertension, high cholesterol, smoking and thrombosis are addressed in the General Medical Services and Chronic Heart Disease Management Strategy.

5.1.4 Reducing mortality from cancer

- In 2002/03, an additional £489,000 was made available for cancer services allocated to enhance services at local hospices, community palliative care (including psychologists), acute Trust specialist palliative care teams (including training). Increased investment is planned for Hammersmith Hospital to meet waiting time targets for Brent patients. A part-time palliative care nurse has been funded from the PCT's 2004/05 budget to support the Continuing Care Team, and to provide education and training to care home staff.
- 'Palliative Care Pathways', a *Living with Cancer* project funded by the Lottery, has been set up by Brent and Harrow PCTs, Social Services, NW London Hospitals, St Luke's Hospice and Cancer Black Care. It is establishing culturally sensitive palliative care pathways, rapid response services to enable people to die at home (eg up to 24 hours intensive home care, nursing and social care support), information and research. The intent is to ensure permanent improvements in joint working leading to greater equality of access to services. The service started in September 2004 and has funding until December 2005. The pilot will be assessed with a view to continuing funding by the PCT and Social Services.

## Joint Commissioning Strategy for Older People

### 5.1.5 Reducing inequalities in health outcomes by better targeting of resources to those with the greatest need

- Deprived areas
  - The 2004/05 Health Promotion strategy includes on-going Healthy Living initiatives in the most deprived areas and estates in Brent, and funds a number of Living Well projects, some specifically targeted at Black and ethnic minority groups.
  - There is a new bus service 'BrentLink', arranged by Brent Council, provided by Brent Community Transport, linking the deprived estates in the south of the Borough with the Central Middlesex and Willesden Hospitals.
  - In South Kilburn, Brent PCT and Council are working with New Deal for Communities to improve the health and environment for older people in the area. Services planned include a Healthy Living Centre and Social Services support for Elders Voice's Healthy Pensioners service. The PCT is responsible for the Healthy Harlesden project that is linked to the Harlesden Renewal Area for which Brent Council gives priority for Small Works Grants. The Council holds forum events in the Regeneration Areas, and employs 'walking talkers' to communicate with hard-to-reach groups.
  - The Council's Sports and Physical Activity Strategy (2004-09) has identified older people as one of the five target groups on which to focus additional development work in order to help improve physical activity levels, reduce inequalities, improve health and encourage community cohesion. The Sports Service will be working closely with the PCT.
- Older people who live on their own, on low income
  - Provision of a safe and warm home environment. Initiatives include:
    - Smoke alarms – Social Services works closely with the Fire Brigade which meets groups of older people and fit fire alarms free of charge through its Community Liaison Service; and the two agencies are developing a single assessment process.
    - 'Staying Put' for minor repairs – arranged by the PCT and Council (Shepherds Bush Housing Group), service to be reviewed in January 2005 for possible further year funding.
    - Handy-person and gardening service - provided by Elders Voice which has been provided with some short-term additional funding in 2004/05.
    - Small Works Grants - focus on health and safety works, home security (with protection against racial harassment a priority), bed blocking and 'single issue' unfitness (eg when a

- property can be made fit through a single piece of work such as rewiring).
- Disabled Facilities Grant - waiting list for OT assessments has been significantly reduced by Housing employing additional staff and will be further reduced during 2004/06. This is the largest such programme in London.
  - Combating fuel poverty - Housing plans to work with the PCT (Public Health) to target prevention of fuel poverty among older people with the greatest health needs; and has commissioned them to assess the health impact of housing grants for vulnerable people 60 years and older. 'Heatstreets', a partnership between Brent Council and Powergen (for loft and cavity wall installations) will be rolled out in early 2005.
- Support to isolated older people through 'floating support' initiatives:
    - In 2004, additional resources were made available to assist older people who are deaf (PCHA), have a visual impairment (Middlesex Association for the Blind), have alcohol problems or self-neglect (St Mungo's and Social Services).
    - Discussions taking place with Willow Housing to provide 'floating support' targeted at providing short-term assistance for older people leaving hospital.
    - Better publicity of these services by the end of 2004.
    - Review of Supporting People for older people due by the end of 2004, which will identify gaps and priority needs.
    - Brent Housing Partnership specialist support Team for its vulnerable older tenants (can support 45 people at any one time, but estimated over 300 need support).
  - Other support for isolated older people
    - Social Services has two care managers/welfare officer posts to work with hard or difficult to reach older people. It is often those who are owner-occupiers and whose housing is in a poor state of repair, so they have a strong link with the Housing Department.
    - Community alarm scheme, provided by Harrow Helpline. Brent is keen to expand the service, and will be making a bid to the Department of Health (via the Integrated Community Equipment Partnership Board) for the tele-care funds the Department is making available.
  - Helping to maximise income – initiatives include:
    - Joint Works and Pensions/Social Services visits – Brent is part of a national pilot to be reviewed at the end of March 2005. The advantages of the scheme that there is a single assessment process, joint provision of information, and fewer opportunities for fraud.

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- 'HouseProud' – an equity release scheme to assist owner-occupiers improve the condition of their home (ie a means to help fund adaptations and repairs) that Housing is publicising.
- Housing grants (see above)
- Older people with several chronic conditions and/or severe disabilities
  - Housing is promoting the Fuel Poverty programme, particularly among older people, and seeking additional funds for a 100% energy efficiency grant for people aged 70 years and older who live in private sector housing.
  - The PCT's Care Co-ordination Service is identifying through its contacts with primary care and GP's, older people who are initially frequent users of hospital emergency services and seeking to prevent possible admissions, linking them to community based resources. A Willow Housing support worker is linked to the team.
- Health needs of Black and ethnic minority older people
  - The new GP contract requires them to record the ethnicity of patients, and the Board will receive regular monitoring reports.
  - The 2003/08 Housing Strategy for older people includes the development of an elders and diversity strategy, based on mapping needs and consultation, due in 2004.
- Homeless people, refugee and asylum seekers
  - The Personal Medical Services for homeless people, refugees and asylum seekers started in October 2003, funded by Brent PCT. It provides two one-stop local Primary Care Centres to improve access to health care and mainstream services, and aims to strengthen primary care, integrate primary and secondary care, and integrate health and social care. At present it is proving difficult to get GPs to take these groups on to their lists, and there is a perceived need for more counselling sessions and link workers. In 2005/06 the service will be evaluated by PCT. In April 2005, the PCT will fund a dual diagnosis worker, linked to the Drug Action Team, Substance Misuse and CMWL Mental Health Trust.
  - Services funded by Housing to help prevent homelessness and assist homeless people include: targeting 'floating support' for people in the private sector; funding a hostels co-ordinator, day and advice centre at Cricklewood Homeless Concern; identifying accommodation in the private sector as an alternative to bed and breakfast; rent deposit scheme; lay advocacy service to prevent evictions.

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5.1.6 Improving the general wellbeing of older people - to help reduce social isolation and mental deterioration through improved community engagement. Current initiatives and plans include:

- Improving community engagement and participation
  - Brent's Crime and Disorder Reduction Strategy is intended to combat crime and anti-social behaviour, and help create a safe environment.
  - The Sports Strategy gives priority to older people. As a small example, when the swimming pool at Willesden Sports Centre temporarily closed, the Council funded membership of a private club to a group of early morning older women swimmers to enable them to continue swimming.
  - Accessible transport initiatives include establishment of the Public Transport Forum (July 2004) and the new 'Brentlink' service. Other transport services are Dial-a-Ride, taxi card scheme, concessionary fares, and Blue Badge.
  - A-Z sign-posting booklet of all services and agencies of relevance to older people in Brent will be distributed (30,000 copies) by the end of 2004. This initiative was the result of a Council Member Task Group which identified that although there are many community resources in the Borough, they are not well known.
  - *Quality of Life for Older People* – the PCT and Council have recently agreed to joint membership, and a reading group of older people has been established recently.
- Reducing the risk of depression, deteriorating mental health and feelings of suicide.
  - The PCT has a contract with the Central and North West London Mental Health Trust (£2,738,279) to provide a range of specialist mental health services in both hospital and community settings, that includes: assessment beds, day hospital places, community psychiatric team and Admiral Nurse service.
  - In 2004/05, the PCT made a commitment of a further £50,000 funding for the year and thereafter £100,000 recurrent annual expenditure to set up a psychiatric liaison service. The service will provide specialist psychiatric input for older people with mental health problems receiving in-patient care at Central Middlesex Hospital.
  - Social Services provides an Approved Social Worker specifically for older people.
  - Service benchmarking across Social Services and the Trust has been completed, with plans to develop a virtual integrated model. This model was discussed in a workshop held at the end of November 2004/ A series of action points were identified at the workshop which will be taken forward with the relevant will be taken forward with the relevant stakeholders.



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- Draft protocols are in place and being piloted by GPs for the diagnosis, treatment and care of older people with depression or dementia; and by CNWL and Social Services for care management. The primary care protocols were recently approved by the PCT and a roll out is being agreed.
- Non-health services to help prevent the onset of mental health problems, particularly among isolated older people, are limited. The Council funds Samaritans of Brent, Brent MIND and there are some outreach and 'floating support' services. These services also help older people with mental health problems to maintain independence. Befriending services are patchy, ad hoc and difficult to access, unless the person is linked to a community or religious group. Better targeting of preventative services is needed.
- Malnutrition can be both a cause and result of depression, lead to falls and pseudo dementia symptoms. The PCT Trust has a small dietetic service but no dedicated dietetics service for older people<sup>10</sup>, although in 2004 it made some additional funding available to work with residential and nursing home providers. The PCT will seek to increase the dietetic service to target older people in the community.

### 5.1.7 Prevention policy and promotion of independence

- In 2005/06, Social Services will develop a prevention strategy, in line with *Fair Access to Care*, and appoint a lead officer.
- Remodelled collaborative partnership working with the voluntary sector:
  - Brent Social Services funds and works with a diverse range of voluntary organisations in the Borough (see appendix 8). There is a special projects officer who provides advice and support to smaller groups; and the Council has a central grants unit.
  - Older People's Services intends to work with a smaller number of the larger and more robust voluntary organisations, helping them to build their capacity. This will be most evident in the development of day services.
  - In 2004, the Brent *Social Compact* was launched.
- Protection of vulnerable adults
  - *Protection of Vulnerable Adults in Brent*, based on *No Secrets* was launched in Autumn 2003. Copies of the full policy and procedures, summary version and 15,000 leaflets were widely distributed. The policy and procedures were recommended by the Commission for Social Care Inspection to the Department of Health as an example of good practice.

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<sup>10</sup> Two such posts have been funded by Westminster PCT

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- The multi-agency Adult Protection Committee and operational sub-group are active bodies. They have commissioned 18 training sessions in the last twelve months, attended by 683 people from all care sectors. Further training has been commissioned for 2005.
  - Brent is a pilot for a Department of Health project looking at how data on adult protection is collected and monitored, and which may lead to the development of national performance indicators.
  - The Adult Protection unit is based within Older People's Services.
- Social Services provision that does not require a full needs assessment include the bathing service and provision of community equipment, and are detailed in section 5.4. Details of the PCT's Care Co-ordination Service are provided below and in appendix 5.

### 5.2 Supporting people with long-term conditions

#### Our priorities:

- Actively explore working towards achieving a fully integrated service, with pooled PCT and Social Service budgets (Section 31 arrangements) by March 2009 in order to use limited resources more effectively and efficiently.
- Increase resources for prevention, rehabilitation, Intermediate Care and nursing care, in order to support the reduction of acute hospital beds.
- Reduce the number of residential care places by increasing the number of extra care sheltered housing, providing more hours of intensive support and increasing the number of people assisted through 'floating support'
- Reduce the incidence of falls
- Empower and enable older people through eg the Expert Patients Programme

5.2.1 Reducing growth in emergency hospital admissions and re-admissions, length of stay and improved patient experience are among the aims of the Brent Model for Rehabilitation and Intermediate Care Strategy. Brent PCT, Social Services and Housing partners work collaboratively to ensure government targets are met and user experience is positive.

- Guidance to Health professionals
- Brent PCT (Public Health team) is undertaking research to better understand the reasons for the relatively high levels of emergency admissions of older people into hospitals in Brent.
  - From the second half of 2004/05, the PCT is funding two GPs with a special interest in older people (GPwSI) to work with GP practices and front line primary care staff to:
    - develop and deliver high standards of care for older people;
    - contribute towards preventing the inappropriate use of the ambulance service and attendance at accidents and emergency departments;

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- reduce hospital admissions and re-admissions and the inappropriate use of acute services;
  - promote independent living in the community.
  - An older people's physician has been appointed to provide advice and to increase Intermediate Care at home.
  - The PCT will be working with GPs that choose 'practice based commissioning'.
- Delayed discharges - there has been a multi-agency Up-front Agreement (Delayed Discharge Act) on the use of the hospital discharge grant that includes prevention of admissions. Social Services have purchased six transitional beds at CMH and Northwick Park Hospitals to ensure appropriate assessments are completed and community care packages arranged. In 2005/06, alternative transitional bed provision will be outside the hospital settings, in the private sector, to be used as a step-down facility. The shortage of continuing care nursing beds in Brent is a key factor for some delayed discharges but Social Services has a target (2004/05) to ensure no more than 17 delayed discharges in any one week.
- Services provided:
- Care Co-ordination Service (4.5 Co-ordinators and team manager) for people who do not qualify under *Fair Access to Services*, funded by PCT to work with GPs to reduce emergency admission to hospitals. In 2005/06, the PCT will consider increasing staffing based on an impact analysis.
  - Collaborative Care Team that promotes early discharge and works with A+E to help prevent hospital admission – joint PCT/SSD/Acute Trust funded.
  - Social Services Intermediate Care Team - four workers recruited to hospital teams (2004/05) to assist with hospital discharges.
  - Intensive Home Care packages – funded by SSD and PCT (when nursing support is required).
  - Housing linkages:
    - Housing is linked to the hospital discharge meetings. The Private Sector Information Unit has offered private sector accommodation to Social Services to block book for this provision.
    - Willow support worker based with Social Services to assist on housing for hospital discharge.
    - Pilot scheme with Willow Housing (until end 2004), providing 'floating support' for up to 4 weeks. There are discussions with Willow which is keen to extend the scheme.
    - 'Staying Put' and handy-person services.
- Length of hospital stays will be reduced significantly with the development of the Brent Model for Rehabilitation and Intermediate Care (see next section).

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- Patient experience should improve:
  - As a result of the above initiatives
  - Re-engineering of Northwick Park Hospital (2005/08)
  - Patient Public Involvement Strategy and the setting up of Patient Forums and local consultation

Targets	Description	2003/04	Target 2004/05	Target 2005/06
LDP: 16d	Delayed transfer of care (number of delayed transfers of care per 100,000 population aged 65 years or over) – by 25% compared to 2002 baseline	2.3%	1.57%	1.5%
T23	Less than 1% growth in emergency admissions each years	1.0%	1.9%	2.7%
T23	No growth in re-admissions each year	-1.2%	-2.4%	-3.6%

### 5.2.2 Intermediate Care

- The Brent Model for Rehabilitation and Intermediate Care Strategy (2004/09) is in the process of being finalised. It proposes major reform and modernisation of prevention, rehabilitation and intermediate care services, to provide an integrated, whole systems approach to health and social care so as to ensure a smoother pathway of care for older people. Key elements include:
  - Re-development of Willesden Community Hospital (due to open in June 2005) and Central Middlesex Hospital (due to open in Spring 2006) and creation of closer linkages between the two.
  - Extended service delivery to 24/7 through extension of out-of-hours district nursing service.
  - Increase in rehabilitation and community support resources eg Social Services will invest in services at home (home care, meals service).
  - Increase in extra care sheltered housing - a bid has been submitted to the Department of Health for Blatchford House (St Raphael's Estate) to be developed for Intermediate Care and for people with dementia, providing more intensive support services.
  - Active partnership working across all care sectors.
  - Common location for a range of complementary services eg Collaborative Care Team, Care Co-ordination Service, Falls team and Social Services managers.
  - Section 31, protocols and care pathways between the PCT, NHS Trusts and Social Services leading, in stages, to a fully integrated intermediate care service by April 2006; and linked to housing and support services.
  - Reduction in average in-patient days from 22 to 12 days.
  - Reduction of 35 continuing care beds (14 of which were closed in August 2004 at CMH).

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- Working with the Central and North West London Mental Health Trust to explore how the needs of older people who have mental health problems can be met within the overall whole-systems approach. This will take account of current and planned specialist liaison posts.
- In mid 2004, the Council set up a Scrutiny Task Group<sup>11</sup> to review Intermediate Care provision, including co-ordination between agencies. The group is seeking the views of service users. A report is expected in early 2005, to be considered by the LIT.

Targets	Description	2003/04	Target 2004/05	Target 2005/06	Target 2006/07	Target 2007/08
T16a	Intermediate Care capacity expanded, in terms of beds and places					
NHS target	By 2008, reduce emergency inpatient bed days by 10%  Brent PCT targets for 2004/06		19% for 65yrs+ & 10% for 75yrs+	23% for 65yrs+ & 15% for 75yrs+		

### 5.2.3 Falls service – by minimising the likelihood of falls, we can help reduce admission to hospital and long-term nursing or residential care.

An integrated Falls team will be in place from the second half of 2004, funded by the PCT, consisting of a co-ordinator and two part-time therapists, in order to ensure an integrated pathway is established across primary and secondary care. The team, part of the Brent Model for Rehabilitation and Intermediate Care, will link with community based organisations, medicines management service, Integrated Community Equipment Service, Social Services and Housing.

Targets	Description	2003/04	Target 2004/05	Target 2005/06	Target 2006/07	Target 2007/08
LDP: T26	Integrated Falls Service established across local health and social care system			√		

### 5.2.5 Comprehensive and holistic assessments, care plans and reviews

- Assessments - general
  - PCT assessment team, with an old age physician funded by the PCT (from second half 2004) to support the multi-disciplinary continuing care assessment team.

<sup>11</sup> Includes social services, non-decision making Councillors, PCT and the Quality of Life Panel

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- Since April 2004, Brent PCT and Social Services have operated under the Continuing Care criteria set out by North-West London *An agreement and assessment tool for NHS and Continuing Care for younger adults and older people with physical disabilities, learning disabilities or mental illness*. In June 2004, using the self-audit of implementation, Brent achieved a rating of 'good' (band 4) in its local implementation. Although not mandatory, Housing will be involved in the SAP, in order to ensure that older people in Brent receive the best possible service.
- The Single Assessment Process (SAP) is being rolled out during 2004/05, and will be fully implemented in April 2005. Section 31 for pooled budget arrangements for free nursing care is expected to be in place by March 2005, with the local authority as lead agency.
- Information from the SAP is circulated in paper format which is not ideal. A computer system is unlikely for the next ten years, although North-West London Health Authority aims to produce an interim solution by April 2005.

Targets	Description	2003/04	Target 2004/05	Target 2005/06	Target 2006/07	Target 2007/08
PAF: E61	Assessment of new clients aged 65 years and over (per 1,000 population aged 65 years or over) – no. of completed assessments during the year	62 ...	35 ...	45 ...	50 ...	55 ...

**Note:** The drop in assessment targets is because the 2003/04 figure includes reassessments and the 2004/05 and later target are only for new clients.

- Assessment of Black and ethnic minority people - In 2003/04, Social Services received 6,411 referrals of older people. A quarter of the referrals were of White British people, 32% did not declare or ethnicity was not known, and the remaining 57% were from ethnic minorities.

Targets	Description	2003/04	Target 2004/05	Target 2005/06	Target 2006/07	Target 2007/08
PAF: E47	Ethnicity of older people receiving an assessment (% of BME elders receiving an assessment)	1.03 ...	1.1 ...	1.2 ...	1.3 ...	1.3 ...
PAF: E48	Ethnicity of older people receiving services following an assessment (% of BME elders receiving services following assessment, divided by % of BME elders receiving an assessment)	0.94	1.1	1.2	1.3	1.3

- Assessments of Carers - 154 Carers are recorded as having their needs assessed by Social Services in 2003/04. The previous IT system only recorded Carers who wanted an individual assessment and most preferred it to be part of the assessment of the person(s)

## Joint Commissioning Strategy for Older People

they cared for. From December 2004, an improved information system will be available (Framework i<sup>12</sup>). All Carers will be offered an assessment, linked to SAP, and records maintained for reporting and monitoring purposes. The Carers Strategy (2004/05) recognises that work is required, and will be undertaken to better identify Carers in Brent and their needs.

Targets	Description	2003/04	Target 2004/05	Target 2005/06	Target 2006/07	Target 2007/08
PAF: D42	Carer assessment (number of informal Carers receiving an assessment as % of the total number of clients and carers receiving assessments)	33	35	This performance indicator is to be replaced in 2004/05 – see under support for Carers in section 5.4 below		

- Speed of assessments and statement of need and service - a copy of the Social Services care plan is sent to every service user who receives a full assessment. Some services are provided that do not require a full assessment and care plan eg bathing and community equipment.

Targets	Description	2003/04	Target 2004/05	Target 2005/06	Target 2006/07	Target 2007/08
PAF: D55	Acceptable waiting time for assessment for new clients (average % of assessments commenced within 48 hours and completed within 4 weeks)	66	72	80	90	100
LDP: T24		...	...	....	.....	.....
PAF: D39	% of people receiving a statement of their needs and how they will be met	93	96	96	96	96
PAF: D56	Acceptable waiting time for new clients of care packages (for new older clients, % for whom the time from completion of assessment to provision of all services in the care package is less than or equal to 4 weeks) + 70% within two weeks	81	75	75	75	75
LDP: T24		...	....	....	....	....

- Assessments leading to provision of services - Social Services has implemented the Government's policy *Fair Access to Care Services*. In common with most local authorities in London, Brent meets needs in the Critical and Substantial bands. For older people, the out-turn in 2004/05 is expected to be 80%.

Targets	Description	2003/04	Target 2004/05	Target 2005/06	Target 2006/07	Target 2007/08
PAF: E50	Assessment of adults and older people leading to provision of service (% of assessments which lead to service being provided) - for older people	66	55			
				80	80	80

<sup>12</sup> New database performance management system

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### □ Reviews

- In 2003/04, Social Services had 2,692 cases open for review, 50% of which were reviewed and re-assessed. Reviews have tended to show increase in dependency, changed needs and requests for enhanced services. Changes in IT and process pathways will record more accurately the review figures.
- In accordance with the Council's Race Equality Scheme (2004-06), Social Services community care teams monitor by ethnicity the number of clients who after review no longer need a service; and those who no longer receive services because they no longer meet the *Fair Access* to care criteria.
- The PCT is in the process of reviewing all its continuing care provision to establish needs and quality of service, and expects all the reviews to be completed by mid 2005.

Targets	Description	2003/04	Target 2004/05	Target 2005/06	Target 2006/07	Target 2007/08
PAF: D40	Clients receiving a review (adult and older clients receiving a review as a % of those receiving a service)	42 ..	70 ...	80 ...	90 ...	100*

\* 'Blob' rating not yet known

### □ Proactive support with a key worker co-ordinating services

- In 2003/04 Social Services provided active care management support to 808 older people (29% of its known cases) for those with very complex needs. All other cases are allocated for review and emergencies are dealt with on a Borough wide duty basis.
- For those not eligible under its criteria for Social Services support, the PCT-funded Care Co-ordination Service provides key workers to co-ordinate and arrange services. In 2004, the service won the Queen Mother's Award for Intermediate Care (London region). Each of the five Care Co-ordinators has a caseload of about 30. Further details are in appendix 5.

### 5.2.4 Expert Patient's Programme helps enable people with long-term conditions to take more control of their health.

In 2003, Brent PCT Trust ran six pilot programmes, mainly attended by older people. They were oversubscribed and seen as a great success, leading to Brent being chosen as one of three PCT Trusts in the country to run two additional programmes, one of which was cultural specific targeted at hard-to-reach groups (refugees, asylum seekers and the Muslim community). There are six accredited volunteer tutors, three of whom are in their 60's. At present, the Department of Health is evaluating these pilots.



## Joint Commissioning Strategy for Older People

As part of Brent Model for Rehabilitation and Intermediate Care strategy, the PCT will commit £5,000 annually to the Expert Patient Programme.

### 5.2.5 Nursing and residential care

- Brent PCT and Social Services work collaboratively in arranging continuing care beds eg through jointly funded continuing care assessment team and joint assessment panel. The continuing care pathway is in place, and by March 2005 there will be Section 31 arrangements for free nursing care with Social Services as the lead agency.
- Residential care
  - Apart from Knowles House, (Social Service in-house provision), residential care is provided by the independent sector, all within or on the borders of Brent. All are 'spot' purchases as this allows for greatest flexibility and value for money.
  - Most users are 75 years or older, and reflect the ethnic distribution within the older population.
  - In 2003/04, 63 older people were provided with temporary residential or nursing home care.
  - Social Services intends to increase resources for more extra care sheltered housing and intensive home care and to reduce the number of residential care beds funded.
- Nursing care places
  - All provision, apart from three PCT block contracts for older people with mental health needs (145 beds) are purchased on a spot basis. At present, the PCT is consulting on new contracts for nursing care.
  - The PCT anticipates increased use and expenditure on nursing care beds (approximately a further 22 beds per year ie £600,000 pa to be funded from the nursing support at home budget), in order to:
    - support the reduction of acute hospital beds (at CMH and Willesden Hospitals)
    - recognise the likely increase in the number of older people with complex needs.
- The relative expense of residential and nursing care beds (average cost £18,000 for residential care and £30,000 for nursing care per person per year) is due to a shortage of provision in and around the Borough. The 2005/06 Social Services budget anticipates a fee increase of approximately 2.76%.

## Joint Commissioning Strategy for Older People

Targets	Description	2003/04	Target 2004/05	Target 2005/06	Target 2006/07	Target 2007/08
PAF: C26	Admissions of supported residents aged 65 or over (per 10,000 population aged 65 or over)	81.7 .....	80 .....	75 .....	70 .....	70 .....
PAF: D37	Availability of single rooms (% of single adults and older people going into permanent residential and nursing care who were allocated single rooms)	100 .....	100 .....	100 .....	100 .....	100 .....
PAF: B13	Unit cost of residential and nursing care for older people (average gross weekly expenditure per person on supporting older people in such care)	485 ..	524 ..	538 ..	550 ..	567 ..

### 5.2.6 Shifting the balance of care

- The joint commissioning strategy is intended to increase the empowerment and self-determination of older people, and to improve outcomes for users. Ways in which we are seeking to shift the balance of care to meet these aspirations and NHS targets include:
  - Greater use of intensive home care packages
  - Brent Model for Rehabilitation and Intermediate Care services, including provision of out-of-hours nursing service
  - Extra care sheltered housing and floating support
  - Greater provision of housing grants
  
- Over the last ten years, Social Services has had a clear strategy to commission high quality flexible services and to move away from traditional in-house provision. This has resulted in seven residential care homes being re-developed through partnership with Willow to provide high quality residential care meeting new residential care standards and the gap for mental health needs (eg Lawnfield). At the same time the housing strategy has been to improve the quality of the sheltered housing stock, resulting in 720 newly refurbished sheltered housing and extra care sheltered housing units. The commissioning intentions have and will continue to be a mixed market of care, keeping one in-house residential care home (Knowles House). In order to improve the range of services provided, an options analysis is being taken on this home.
  
- Brent has always had a vibrant and very diverse voluntary sector. It receives from Brent Council's corporate voluntary sector unit as well as from Social Services funding, advice and guidance in order to strengthen the capacity of the voluntary sector. Social Services, as part of its commissioning strategy to improve the range and outcomes for users, has moved towards service level agreements with voluntary sector providers. In order to secure services for older people from the Asian and African Caribbean communities, Social

## Joint Commissioning Strategy for Older People

Services is making significant capital investment into a multi-cultural day centre (Alric Centre in Harlesden) to be run by two voluntary sector providers (Asian People's Disability Alliance and WISE – West Indian Self Effort). This represents long-term support of these organisations and significant investment to improve quality of provision.

Targets	Description	2003/04	Target 2004/05	Target 2005/06	Target 2006/07	Target 2007/08
T22	By March 2006, increase the number supported intensively to live at home to 30% of total being supported by social services at home or in residential care; and by 2008 to increase to 34%	31.4	32	35	35	35
NHS target	By March 2008, 38% of those needing intensive support living at home rather than in residential care + 1% increase annually in 2007 and 2008	75	89	90	91	92

### 5.3 Access to services

Our priority: To improve user access to services

#### 5.3.1 Reducing waiting times for treatment

- All NHS Trusts were required to achieve by March 2004 a maximum wait of 17 weeks for an out patient appointment, to reduce the number of those waiting over 13 weeks in order to progress towards a maximum wait of 12 weeks for an out-patient appointment by December 2005. Since August 2004, no-one has waited more than 17 weeks for an outpatients appointment at Brent hospitals, and the numbers of people who waited more than 13 weeks dropped by 53% in March 2004, compared with March 2003. In September 2004, approximately 600 people were waiting over 13 weeks but the Trusts are well on course to meet government targets by the end of 2005.
- It is anticipated that access to services will be improved by:
  - The Brent Model for Rehabilitation and Intermediate Care strategy which anticipates:
    - Systematised rapid assessment in a timely and effective manner
    - Speedy cross-referrals to agencies
    - Ease of access to appropriate services and specialist opinion
  - Appointment of two specialist GPs and a consultant physician for older people.

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- The research being undertaken by the PCT into the use of accident and emergencies services by older people in Brent.
- A-Z sign-posting booklet on the range of local community resources.

### 5.3.2 Problem drug users – alcoholism

- There is a problem of alcohol abuse, particularly among single Irish men in the Kilburn area, but the extent has not been quantified. The PCT is in the process of developing an alcohol strategy (2004/06).
- Services currently provided to help meet needs include:
  - Joint Drugs and Alcohol Team (DAT) which has agreed to fund a post to work in Social Services, specifically for older people with alcohol problems.
  - Brent Alcohol Counselling Services, Cricklewood Homeless Concern (day services and outreach) and St. Mungo's (registered care home fully occupied, and new short-term outreach, floating support service for older people). Brent Council provides some Supporting People and grant funds for these services.
- The Older Person's Housing Strategy Brent (2003/08) has proposed that three workers be employed to assist older people with alcohol problems, linked to Brent Housing Partnership, the private sector and sheltered housing. The review of *Supporting People* might enable resources to be shifted towards this area of need.
- Discussions are taking place on developing part of a sheltered housing unit for older people with alcohol problems with the emphasis on support rather than expectations of rehabilitation.

### 5.4 Patient/User experience

#### Our priorities:

- Empower and enable older people through eg Direct Payments, Expert Patient Programme
- Refocus services for Carers
- Establish close collaborative partnership working with the voluntary sector
- To commission jointly in partnership with *Supporting People* commissioners, where possible and appropriate, services based in sheltered housing for frail older people, services that support people to move back from hospital stays, home improvement agency services, and warden call alarm services

## Joint Commissioning Strategy for Older People

### 5.4.1 Patient experience and increasing choice

- Ways in which the views of older people on the services they receive are sought include:
  - Patient Advice and Liaison Service (PALS) - provides confidential advice and support to patients, relatives or Carers if there are concerns about any services the PCT provides. Regular sessions are held in the five localities and outreach sessions at Brent Association for Disabled People, to make the service more accessible to hard-to-reach groups.
  - Regular use of a range of consultative forums eg Patient Consultation, Race, Health and Social Care, Pensioners forums, see appendix 1.
  - Social Services undertake regular surveys of service user views. They are referred to further on in this section and in appendix 5.
  - Social Services and the PCT actively involve users in the contract tendering processes eg Home Care, Meals Service, Incontinent Service.
  - Complaints are received, analysed, reported on and action plans drawn up, as appropriate, to make improvements. Further details are included in appendix 5.
  
- Targeted information and support processes
  - The PCT makes available a range of leaflets for GP surgeries, clinics and hospitals. However, they are rarely in languages other than English<sup>13</sup>.
  - Many voluntary sector organisations distribute their leaflets through Council and Health service outlets.
  - Brent Council is funding an A-Z sign-posting booklet, with a contribution from the PCT, specifically for older people in Brent.
  - A reading group of older people is being piloted in 2004, funded and supported by Brent Council.
  - Brent Council has a translation unit, and much of its information material carries advice in the main languages spoken by Brent residents. Materials can also be produced in large typeface and on audio tape.
  - Brent Council has a professional interpreter service.
  
- The NWL Trust has multi-disciplinary protocols across clinical specialities to ensure patients receive appropriate care.
  
- Development of options and choices:

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<sup>13</sup> *A Medicines Management Vision for Older Peoples Services within Brent* – Brent PCT Trust and North West London Hospital Trust (10 November 2003). Most are NHS provided leaflets

## Joint Commissioning Strategy for Older People

- Joint protocols to improve care pathways for older people with mental health problems - some are in place and some are being developed.
  - The current review of Day Services is examining a range of options to improve user choice.
  - The intended expansion of sheltered housing and extra care sheltered housing and floating support will increase supported housing options for older people.
  - From April 2008, patients requiring hospital care will have the right to choose to have their treatment by any health care provider that meets Healthcare Commission standards and price. The PCT will pay travel costs. In 2003/04, Brent PCT funded services for older people in 65 NHS hospitals. See appendix 3 for further details.
- Champions for Older People in Brent are:
- Clinical Champions - Service Manager, PCT (IC) and Manager, CNWL Mental Health Trust (CW).
  - Non - Executive Board members - PCT and Central and North West London Mental Health Trust.
  - Brent Councillor.
- 'Modern Matron' – Brent PCT has agreed to fund a post.

### 5.4.2 Support for older people to live in their own homes – to support independence and choice.

- Home Care
- Social Services commissions the Home Care Service, to meet its needs and that of the PCT. A breakdown of service users in the period January-March 2004 is included in appendix 5.
  - A user satisfaction survey in 2002, in which just over half the users took part, found that 95% of users considered the service excellent, good or satisfactory. 34% rated it as excellent and only 4% reported it as poor. As a result there was a discussion with the service providers to develop action plans to implement key areas for improvement.
  - In February 2003, a further user survey was undertaken in line with government requirements to produce two Best Value Performance Indicators. There was a 57% response rate. 53% were extremely or very satisfied with the help they received from Social Services in their home, and only 2% were very or extremely dissatisfied.
  - The service is in the process of being re-tendered, offering five-year contracts. Service users are part of the evaluation process. It is expected that nine contracts will be let, including specific contracts for Intermediate care and extra care sheltered housing. Prior to the start of the new contracts in April 2005,

## Joint Commissioning Strategy for Older People

Social Service commissioners will provide training for the managers of the new service, to include issues surrounding the protection of vulnerable adults and promotion of continence.

- Social Services will continue to work closely with the Asian People's Disabilities Alliance in the recruitment of Asian home carers.
- The PCT will reduce its nursing care at home budget to approximately £300,000 pa in order to fund additional nursing care beds, but will review district nursing services and arrange hours more effectively.

Targets	Description	2003/04	Target 2004/05	Target 2005/06	Target 2006/07	Target 2007/08
PAF: C32	Older people helped to live at home (per 1000 pop 65yr or older)	89.8 ...	89 ...	95 ....	100 .....	100 .....
PAF: C28 LDP: A16b	Intensive home care (households receiving intensive home care per 1,000 population aged 65 or over)	15.3 ....	17 .....	18 .....	18 .....	18 .....
PAF: B11 LDP: T22	Intensive home care as a percentage of intensive home and residential care	31 .....	32 .....	32 .....	32 .....	32 .....
PAF: B17	Unit cost of home care for adults and older people – average gross hourly cost for home help/care	12 .....	14.64 ...	15.07 ...	15.53 ...	15.99 ...

### □ Meals Service

- Social Services commissions a Meals Service, most of which is provided in the person's own home (see appendix 5).
- A user satisfaction survey in 2001, based on half the service users, found that 94% thought the meals to be satisfactory, good or excellent. 70% rated the meals as excellent or good and 84% considered them good value for money. There are plans to conduct another user survey.
- Social Services purchase a range of meal types, to meet diverse dietary requirements including religious and cultural preferences, that are ready made and frozen. They are regenerated, in-house, and packed for delivery. A Best Value review recommended that the service remain in-house on grounds of value for money.
- Demand for the meals service is falling, partly because there is growing range of pre-prepared meals in shops and supermarkets. Social Services intends to consider options for alternative methods of production and delivery.

## Joint Commissioning Strategy for Older People

- Bathing service
  - The bathing service is jointly commissioned by Health and Social Services, with Social Services as the lead commissioning agency. Service use is outlined in appendix 5.
  - A user satisfaction survey in 2003, in which 56% of users took part, found that 96% were satisfied with the service they received.
  - The provider of the service, Quality Care, has four Investors In People awards.
  - The assessment priority for the Social Service occupational therapists is those who have complex needs, and as a result a long waiting list had developed among older people with lower needs. In order to address this, in 2004 Social Services agreed to train two Quality Care staff (trusted assessors) to undertake assessments of those with lower needs, and in the use of specialist bath equipment and fitting of equipment. The OT department assesses a percentage of service users and work with the trusted assessors to assure appropriate quality standards are achieved and maintained. As a result, there has been a reduction in the equipment waiting list and number of people needing an assisted bath, and has released OT time.
  - The service is to be re-publicised, targeted at district nurses and better promoted among Black and ethnic minority older people.
  
- Continence Service
  - The integrated continence care pathway is in place, in line with evidence based practice. In 2004/05, the PCT provided funding for an extra part-time post to provide more advice, training and support to care homes in Brent; and to train GP based nurses who undertake health checks on people aged 75 years, and offer initial advice.
  - The continence team runs clinics at Willesden and Wembley, and also commissions an incontinence products home delivery and laundry service. The contract for the incontinence products service was recently tendered, with users and carers involved in the process. There has been an annual 10% growth in the demand for this service in recent years.
  - Although national figures suggest that there may be 4,703 older people in Brent who suffer from incontinence, the service in Brent saw 1,266 older people in 2003/04. It reports there is no waiting list, people are normally seen within 48 hours, the service is widely publicised and has an open referral system.
  - In the second half of 2004/05, the PCT will fund an additional part-time nurse post, and as part of the de-commissioning of beds at St. Charles Hospital (Kensington and Chelsea PCT), two further nurses will be employed in 2005/06 to provide training within the independent sector.



## Joint Commissioning Strategy for Older People

### □ Housing schemes with built in support

There are four types of supported housing schemes for older people in Brent:

- *Supporting People*
- Sheltered housing
- Extra care sheltered housing
- Adult Placement Scheme

### □ *Supporting People*

- Provides practical housing support to vulnerable people. There are 13 providers of supported housing for 1,278 older people commissioned by Housing from the *Supporting People* budget. Most of the service is supporting people in sheltered housing and extra care sheltered housing, only with a small amount of floating support/outreach work to provide an 'early warning' mechanism if an older person seems to require more help. Service details are included in appendix 5.
- Apna Ghar provides outreach support to their tenants and acts as a managing agent on behalf of a number of other housing associations.
- The 2002 interim strategy for *Supporting People* was given a two star rating, the highest level achieved anywhere in the country. The current contracts with service providers are rolling ie not time specific, pending a review of the *Supporting People Strategy* in 2005. It is expected that following the review, 'steady state' contracts will be let for no more than two years, a local decision (by the Council, Health and Probation), as their own funding is annual and uncertain.
- A review of the current provision for older people, including ensuring equality of access, is in hand. A report is due in November 2004, and is expected to inform priorities for future needs and developments, and will be linked to the 2005 review. Initial findings suggest that the *Supporting People* commissioners will be asked to agree short-term ad hoc floating support services and support services for older people with alcohol problems. This could be funded either through the review of existing *Supporting People* services, or by a re-configuration of services to older people, or if additional resources become available.

### □ Sheltered Housing

- Public sector
  - There are 1059 units of sheltered/extra care sheltered housing for older people, the majority of which are owned and managed by Willow.
  - There has been a five-year re-development programme of sheltered housing, costing £20m, and now completed. All the Council owned sheltered housing and extra care

- stock was transferred to and developed by Willow Housing (part of the Network Group), providing 643 units in 21 schemes, and 77 units in two schemes that provide extra care. Part of one of the schemes is being set aside specifically for older Asian people. All the schemes include a day services or community centre. Two-thirds of the stock is in the south of the Borough.
- Development plans under active discussion between Housing, Willow Housing, Social Services and the PCT include increasing the number of sheltered housing units, and re-branding up to 500 units to extra care sheltered housing.
  - Usage of sheltered housing is being reviewed with attempts to make schemes that appear relatively unpopular more attractive - Housing in the lead, involving PCT, Social Services and Willow Housing.
  - Willow Housing will shortly carry out a survey among residents to assess what additional support may be required as tenants become frail. Housing will review the findings.
  - Housing is monitoring whether the needs of black and ethnic minority older people, and also that of older women are adequately addressed.
- Private sector
    - Three private sheltered housing schemes, and a fourth under development, are all owned and managed by McCarthy and Stone. They are in the North of the Borough: Bishops Court, Watford Road, Homefirs Court, Wembley Park Road, Padfield Court, Forty Avenue, Wembley and Preston Road (under development). Housing will be mapping the development of private sheltered housing schemes in the Borough.
  - Extra care sheltered housing
    - Provided by Willow Housing at Tulsi House (Wembley) and Rosemary House (Willesden). Elements of extra care are listed in appendix 5.
    - A joint Housing and Social Services panel considers nominations. Almost all the units are occupied. Willow is keen to provide services that will enable additional support to be provided as older people become more frail and to offer appropriate services to the ethnically diverse older population.
    - It is intended that, by March 2006, the number of extra care sheltered housing will be increased from 77 to 125 units. Three proposals are under consideration, and a bid is about to be submitted to the Department of Health.
      - Blatchford House (St Raphael's Estate) – to remodel ex-Brent bedsits to create 15 units for older people with

## Joint Commissioning Strategy for Older People

- dementia and intermediate care needs, with particular emphasis on the needs of Asian people. Supporting people revenue funding is attached.
- Melrose Avenue (Willesden) – to cater for the ageing population of people with learning disabilities. A PFI is attached to the site.
  - Roberts Court – the PCT has plans to develop a Healthy Living Centre, and the site can also provide 60 units of accommodation. Options under discussion include usage for intermediate care, elderly mentally frail and/or continuing care. Revenue funding is an issue to be resolved.
- Brent Housing and Social Services, with the PCT, will submit further grant bids for government funding, recently announced for 2006/07.
- Adult Placement Scheme ie living as part of another family in the community was set up in the early 1980's. The service is managed by the Learning Disability Partnership. There are 13 older people (with learning disabilities or mental health problems) who were placed with families through this scheme at a much younger age. There is limited scope for Social Services' Older People's Service to use this service due to the high level of needs now presented to them.
  - Day Services
    - The purpose of day services is to provide support, social contact and rehabilitation to older people; and also respite for Carers. It is a preventative service that encourages and supports social inclusion and life-long learning. Brent Adult Education Service provides a range of sessions throughout the whole sector for older people, including sessions at day centres.
    - There is a range of day services, mainly provided by the voluntary sector, including luncheon clubs and 'drop-ins'. Many have developed in an ad hoc way over the years, mainly in response to perceived needs and individual initiatives. Some are part-funded by grants, 'spot purchasing' and contracts by Social Services (see appendices 5 and 8) and by their own fund-raising efforts. However, as the population ages, all day centres are aware that people who attend require increasing amounts of personal care and support; and many are poorly equipped and resourced to meet those growing demands.
    - A number of specialist providers are contracted to provide services for the ethnically diverse range of older people in Brent. Social Services has committed significant capital investment (£200,000) to enable the Asian People's Disability Alliance and WISE to upgrade their premises (Alric Centre in Harlesden) and ensure compliance with the Disability Discrimination Act.
    - In 2004, Brent Social Services and PCT commissioned a review of Day Services, the impetus due to:

## Joint Commissioning Strategy for Older People

- Closure of Dollis Hill by the end of 2005 when the lease expires
- Recognition of increasing dependency of users
- Less than maximum usage yet waiting lists
- *Fair Access* framework sharpening eligibility for social care including day services, process for review of need and continuing eligibility.
- Day Services will be developed in the context of:
  - An integrated approach to supporting vulnerable people to live independently within the community
  - Providing assistance to prevent hospital admissions
  - Promoting effective rehabilitation and recovery
  - Minimising avoidable admission to long-term institutional care
  - Supporting Carers eg seeking to assist Carer's work patterns and providing extended services where possible.
- Based on extensive consultation with users, Carers and providers of day services, a report is due by the end of 2004 which is expected to:
  - Make recommendations for a service model for the future, including ensuring that people do not have to travel too far to day services centres.
  - Reflect Social Services plans (2004/05) to provide an additional 15 places per day for people with dementia.
  - Improve services for older people from ethnic minority communities.
  - Lead to Social Services working closely with a smaller number of voluntary sector providers that are robust, and able to attract funding from other sources to expand the health and social care economy. It will help enable them to meet the challenges of increasing user dependency and also statutory registration requirements.
- Support for Carers<sup>14</sup>
  - There is a range of services to support Carers of older people, listed in appendix 5. It includes:
    - Respite care at home provided by Brent Triangle and Brent Crossroads, for which there are long waiting lists. During 2005/06, Social Services intends to scope the need for and cost of providing respite at home on a 24 hour basis for Carers of older people (especially those with dementia).
    - Therapeutic day services, residential or continuing care respite funded by Brent Social Services and Brent PCT, dependent on assessed needs of service users. In the first six months of 2004/05, Social Services provided 475 day care sessions in order to support 20 Carers, and 490 respite residential nights to support 35 Carers.

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<sup>14</sup> Family and friends who provide unpaid care

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- Support and information services, are mostly provided by the voluntary sector, notably by Brent Carers Centre, which is part funded by Brent Council. In addition, Social Services has appointed a users and Carers development worker.
- A major focus of the 2004/05 multi-agency Carers strategy is to identify the number of Carers in Brent, understand their needs and ensure better planning for the development of services to meet their needs, actively involving carers in that process.
- By December 2004, Social Services will refocus services for Carers, linked to the Single Assessment Process to ensure that the assessment processes better identify the needs of Carers of older people.
- In 2004/05, Social Services allocated £104,618 of the Carers Grant to services that support Carers of older people. Nationally, the Carers Grant will be raised substantially in 2005/06, and therefore it is expected that additional resources will be made available to assist Carers of older people in Brent.

Targets	Description	2003/04	Target 2004/05	Target 2005/06	Target 2006/07	Target 2007/08
LDP: T16c	Carers receiving services (number of carers receiving breaks services through Carers grant)	1768	1915	See note below		
	Older People	668	686			

There is a new PAF indicator for 2004/05 and beyond re: the number of Carers receiving a specific service as a percentage of clients receiving community based services, irrespective of the funding sources. Targets for future years will be identified in Spring 2005.

- Direct Payment
  - Older people who have been assessed by Social Services and meet the eligibility criteria for a care package can choose to have the funds that would be spent on that care package to arrange services themselves. The take-up has been relatively low; only six older people have chosen to do so, largely because of frailty and reluctance to take on responsibility for employing care workers and keeping financial accounts.
  - Social Services is committed to empowering older people to maintain independence and self-determination, and considers Direct Payment a key component of this strategy. To improve uptake:
    - In April 2004, an independent advice and support agency, Penderels Trust, was commissioned to raise awareness, provide information and advice and long term support for users of the scheme. As part of the communications strategy to raise awareness among users, Carers and representative organisations, Penderels is visiting groups and has produced a leaflet.
    - All Social Service care managers proactively offer Direct payments as a service option where appropriate.

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- Brent Social Services has been successful in a joint bid to the Department of Health with the National Development Team to pilot new ways of arranging packages of care through care brokers. Whilst this focuses on people with learning disabilities, the lessons and projected outcomes will be relevant to older people.
- Challenging targets have been set and Social Services is determined to meet them, with close monitoring of results including monitoring of take-up by ethnicity. If targets, set out below, are exceeded, more funds will need to be invested in the service.

Targets	Description	2003/04	Target 2004/05	Target 2005/06	Target 2006/07	Target 2007/08
PAF: C51	Direct payments (adults and older people receiving DP per 100,000 population aged 18 or over)	18 ..  (28 adults 6 OP)	23 ..  (50 adults 30 OP)	36 ...  75 adults	48 ...  100 adults	

### □ Equipment and adaptations

- The Physical Disabilities and Sensory Impairment Service (Social Services) provides the Integrated Community Equipment Services, with Section 31 arrangements for a pooled budget in place since April 2004. The intent is to reduce hospital admissions and facilitate discharges.
- In the first quarter of 2004, demand for the service increased by almost a third, mainly as a result of Health referrals. It is anticipated that demand will continue to rise as we place greater emphasis on prevention, rehabilitation and Intermediate Care.
- Modernisation of the joint equipment store will include a new computer system in early 2005, to help improve the efficiency and effectiveness of the service.
- Part of the Delayed Discharge Grant was used to employ a senior occupational therapist (OT) and to train nine trusted assessors (Social Services care managers) for simple aids. This has speeded up the assessment process and freed up OT's to concentrate on people with more complex needs.
- There is on-going work between Social Services and the Private Housing Services to streamline and improve the process from assessment to approval for grants and major works.

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Targets	Description	2003/04	Target 2004/05	Target 2005/06	Target 2006/07	Target 2007/08
PAF: D38/54 LDP: T24/A16b	Equipment and adaptations costing less than £1000 delivered within 7 days	93.3/ 78.3 ....	90 .....	91 .....	92 .....	

NB: Definition changed in 2003/04, and now concerns all equipment provided within 7 working days after agreement to provide equipment.

### 5.5 Medicine management

- Medicine management cuts across all the above priority areas and is a fundamental component of each of the standards in the *National Service Framework for Older People*.
- A *medicines management vision for older people services within Brent* was developed in November 2003 by the PCT Trust and the North West London Hospital Trust. It stated:
  - there is .... considerable unmet need within services for older people. The specialised needs of the diverse, multicultural and mobile population, with respect to illness and medicine use in Brent have added local pressure to the provision of pharmaceutical services.*
- The review noted:
  - Medication review by GPs – despite an incentive scheme, reviews were carried out on ad hoc basis.
  - Primary care pharmaceutical service provision – there was no formalised process for carrying out medication reviews within community pharmacy settings.
  - Medication reviews by Practice Support Pharmacists in the PCT – carried out on an ad hoc basis.
  - Provision in secondary care – need to improve timeliness of discharge information, particularly medication information between primary and secondary care. There was also a need to provide access to consistent medicines management services whenever an older person came into contact with a pharmacist or other health care professional, in the care pathway.
- The vision is to provide an integrated medicines management service, ensuring equal access to pharmaceutical care wherever the patient resides. Pharmacists will provide care centred around the patient, rather than around the institution where they are based.
- The following proposals were recommended, and they will be considered as part of the 2005/06 Local Delivery Plan budget bids:
  - Medication management and review services continue to be provided from GP practices, but also provided in the patient's home, liaising with Carers and voluntary services as well as social and health care providers in primary and secondary care.

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- Community pharmacists to continue to provide patient support through their pharmacies, but in addition able to provide continuity of care to patients either in their own homes or in nursing homes and also provide support to Carers.
  - Practice and community pharmacists to have access to intermediate care and hospital health professionals, and “empowered to receive communication” from multi-disciplinary health and social care professionals when the patient moves around the health and social care system.
  - Hospital pharmacists to provide continuity of care, having access to primary care pharmaceutical records. When the patient leaves hospital, they will be referred to their practice or community pharmacist, ensuring timely and efficient transfer of information, as well as continuity of care. The system will also operate on admission to hospital.
- All the providers of the Home Care service have a medication policy, and part of the care plan for users of the service is to check on the wellbeing of the older person, including assisting them to have a GP check.



# Joint Commissioning Strategy for Older People

## Section 6 Underpinning structures

### 6.1 Contracting arrangements

#### Our priorities:

- Use limited resources more effectively and efficiently
- Actively explore working towards achieving a fully integrated service by March 2009
- Commission jointly, and in partnership with Supporting People Commissioners, where possible and appropriate
- Actively involve service users and their Carers in the commissioning processes
- Remodel partnership working with the voluntary sector
- Establish and implement mechanisms to consult with independent sector agencies

- Services are commissioned and arranged on the basis of:
  - Assessment of needs, within legislative requirements and local criteria for a service. In Social Services, every person automatically has an individual placement service contract. All users and carers are given a copy of their assessment care plan, details of their financial assessment and calculation of their contribution.
  - Views and preferences of older people whenever possible, including commissioning culturally specific services eg involving users in tasting panels for the meals service, extensive involvement in the review of day services, being part of the tendering process for home care and incontinent service, regular user surveys.
  - Availability of provision from whatever sources, provided it meets national service standards and reflects Best Value principles. All contracts are 'spot' purchases, apart from three PCT 'block' contracts for EMI nursing homes and Social Service's contract with Willow Housing. Most of the PCT services are provided by NHS Trusts, using Service Level Agreements. Contracts comply with European legislation, NHS procurement guidelines and Brent Council's Standing Orders.
  - Preference is given to services provided in the Borough. There is a shortage of residential and nursing care beds in Brent but the intent to move towards extra care sheltered housing and the aspiration to develop Roberts Court will provide more continuing care resources within the Borough.
- Ways in which relationships are built and maintained include:
  - Regular commissioner/provider forum meetings (usually held quarterly).

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- New draft contracts have been issued by the PCT for consultation with providers.
  - In May 2004, the *Social Compact* was launched in Brent, to promote collaborative working and shared goals, shared resources, training, improved communications and consultation. The focus is on supporting the development of community groups, to develop a shared vision and commitment to working together in a spirit of openness. The strategic document is being sent to 1000 local community and voluntary groups, businesses and public service providers.
  - Annual joint review between Housing, PCT and Social Services, to include Brent Housing Partnership and Willow Housing, to share data, identify practical issues and agree joint solution.
  - In order to help further the commissioning strategy, Social Services intends to fund and work more closely with a small number of voluntary sector providers, particularly in the provision of day services.
- Providers are expected<sup>15</sup> (and have been advised eg reflected in contracts) to ensure that they:
- Keep full and accurate records and provide quarterly reports
  - Develop feedback mechanisms for users and their carers – to be developed by the PCT in 2005/06
  - Agree information-sharing protocols with commissioners
  - Take a more proactive approach to alerting commissioners to spare capacity they may wish to use eg by setting up on-line ‘vacancy catalogues’
  - Are prepared to take the initiative to help commissioners address information issues
- Joint commissioning and formal protocols – current arrangements are set out in appendix 1. It is intended to develop further Section 31 arrangements for joint commissioning as follows:
- By end 2004: commissioning and paying for free nursing care
- By April 2006: All intermediate care, including home care, all residential and nursing care
- By 2009: All other health and social care services for older people ie day services, respite care, mental health services, grants to the voluntary sector.
- Lead agency will be determined following government decisions on *The New Vision for Adult Social Care*.
- Information
- Social Services is upgrading its management information system (Framework i).
  - The PCT is upgrading its local IT system with the view that any single assessment requirements will be met.

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<sup>15</sup> *Building Capacity and Partnership in Care* (Department of Health) October 2001

## Joint Commissioning Strategy for Older People

- The IT group at the North-West London Strategic Health Authority is exploring interim IT solutions for sharing information electronically and in a safe environment under the Data Protection Act.
  - During 2004/06, Housing will improve its information on needs, with a specific survey of older people and their housing needs, linked to the Willow mapping exercise.
- Quality Assurance and monitoring – part of the commissioning strategy is to assure quality and contract monitoring
- Social Services' Older People's Service has achieved ISO 9000/2000 for all parts of its services ie providers, assessment, care management, support and administration.
  - Older People's Services has a QA and contracts monitoring unit.
  - Social Services are in the process of implementing EFQM (the European quality management system – a comprehensive audit tool).
  - All regulated services are monitored by the Commission for Social Care Inspection, by Social Services through the annual care management reviewing system for individuals and quarterly provider returns on performance, and the PCT will have a new contract monitoring team in place by January 2005.
  - During 2004/05, Social Services and the PCT will review commissioning, contracting and monitoring arrangements. Social Services will establish more robust business planning systems that provide linked plans at all levels. The PCT review of contracts includes an assessment of race and equality impact.
- Cross-boundary and regional commissioning
- Within Social Services – Service users known to other service units are 'transferred' to the Older People's Service when they reach 60 years (for women) and 65 years (for men), through negotiation with and agreement by the Service Unit Manager. Exceptions are if an older person has a sensory impairment (the specialist team continues to arrange services); and in the provision of community equipment for older people, for which funding and provision is by the Physical Disability and Sensory Impairment Service Unit.
  - Regional relationship – to share information and good practice, and to jointly commission, for example:
    - Housing is encouraging a West London strategic approach to older person's housing.
    - North West London Strategic Health Authority convenes joint Health and Social Service groups eg older people's strategy group and older people's lead meetings.
- The above arrangements will be looked at in the light of the efficiency recommendations in the Gershon Report.

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### 6.2 Finances

- Details of the current level of spend by Brent Social Services and Brent PCT, service usage and providers for older people are given in appendix 6. As a summary, the identifiable spend on services for older people, and commissioning costs in 2004/05 are given below. It should be noted that these figures greatly understate the full extent of expenditure on service for older people, because the cost of most generic services provided by the PCT and Council cannot be identified by the age of the service user.

Agency	Cost of commissioning	Value of services purchased/provided
Health - Continuing Care** - CNWL Mental Health Trust - Equipment at home	Not available	£10,426,066 £2,788,279 £215,000
Social Services - Older People's Services - PD/SI re equipment - Grants to vol. orgs (OP)	£4,170,850*	£23,180,980 (net) £141,450 £451,441
Housing – Supporting People	Not available	£1,125,000
Total of the three agencies		£38,328,216

\* Includes care managers, management, finance, IT, administrative and monitoring costs

\*\* Only includes continuing care, free nursing care, contribution to bathing service and voluntary sector grants. NB: Does not include OT's, Willesden Hospital beds, general primary health care, acute health care services, Intermediate Care

- 2004/05 budget increases (over 2003/04):
  - Brent PCT allocated an additional £115,000 for older people services, and made a commitment of £325,000 for 2005/06.
  - The Social Services' budget for older people's services was increased by 7% for concessionary fares and 12% for all other services.
- Anticipated financial position:
  - It is difficult to predict the level of funding likely to be available for commissioning over a five year period. The PCT and Council are dependent on government financial decisions and grant allocations that are generally announced on an annual basis, although some three-year financial decisions were announced by the government in mid 2004. However, the Gershon Report, published at about the same time, identified significant efficiency savings that government departments have

## Joint Commissioning Strategy for Older People

agreed to implement (see appendix 6). Decisions will be taken at local level as to how much money will be allocated to services for older people. Furthermore, it is difficult to be certain of the accuracy of inflation projections.

- At present, both the Council and PCT budgets are under considerable pressure.
- What is thought likely for the budgets for older people in Brent for 2005/06 and beyond:
  - PCT – no overall change in budget from 2004/05 but increase in nursing care budget and reduction in home nursing care spend.
  - Social Services – increase of 2.7% a year in real terms every year to 2007/08, with 2005/06 bid of 3% increase over 2004/05 budget for home care and general fee increase of 2.76% for residential and nursing care assumed.
  - Supporting People – overall reduction in 2005/06 of 7% in real terms (not necessarily 7% reduction affecting Older People).
- Government grant funds:
  - Funds that Brent will bid for include:
    - Extra care sheltered housing – for 2006-08, £60m is available nationally. (An application for 2005/06 funds has been submitted).
    - Telecare and social alarm service to support older and vulnerable people in their home – for 2006-08, £80m is available nationally.
  - Brent Council and Brent PCT will submit bids for these and any other appropriate grant funding that might be available in order to further its commissioning priorities.
  - Increased grant funding that Brent hopes to be allocated includes:
    - Carers Grant – to be increased nationally from £85m to £185m in 2005/06.
- Planning cycles - At present the planning cycles of the PCT and Social Services do not coincide. The Joint Commissioner at the PCT intends to set up joint business plans between the PCT and Social Services for 2005/06 and beyond. From April 2005, there will be joint quarterly reporting of budget spend and activities to Health and Social Care Partnership Board, Social Services Committee and the PCT Board.

6.3 Workforce

- Current staffing levels for the commissioning function:

Types of staff	Health	Social Services
Commissioning staff	1 Joint Commissioner	
Contract staff incl. monitoring	0*	4
Care Managers		59
Support staff for Care Managers		4
Generic support workers		30.5**

\* The PCT will have a contracts and monitoring unit for all client groups in 2005/06.

\*\* Includes 17 finance staff who will be moving to central generic functions in December 2004, and six staff who run the Chronically Sick and Disabled Persons Act services.

- The national shortage of professional health and social care staff, and increasing requirement for staff to adapt and be multi-skilled, to reflect changing needs, has been recognised by the Department of Health which issued targets and guidance to the NHS in 2003<sup>16</sup>.

Key elements, with action checklists were:

- recruitment of more staff
  - working differently
  - making the NHS a model employer
  - ensuring the NHS provides a model career
  - modernising pay
  - modernising learning and personal development
  - modernising regulations
  - modernising workforce planning
  - improving staff morale
  - building people management skills
- Brent PCT initiatives include:
    - All health staff have had their job descriptions and competencies reviewed, before the 1 December 2004 completion date.
    - Work Life Balance introduced
    - Work with the Learning and Development Unit to introduce NVQs for community workers to improve recruitment and retention
    - Negotiations with Cambridge University to introduce a two year diploma course in contracting and commissioning, expected to start in 2005/06
    - Some pilots to take develop skills of generic workers carrying out health care assistance and home care tasks. These

<sup>16</sup> *Delivering the HR in The NHS Plan 2003*

## Joint Commissioning Strategy for Older People

have been short lived due to the need to have in place first a clear career progression

- Brent Social Service initiatives include:
  - NVQs training as part of the commitment to improving the quality of all care staff across the sector, and to improve recruitment and retention, includes support staff and managers (level 4) and those working in provider services (level 2/3)
  - Post qualification training for all social workers has started and is on-going
  - Work Life Balance introduced
  - Social Services staff survey - 44 of 132 staff in Older People's Service returned questionnaires. Survey completed and published, and managers are currently working on action plan to address gaps as appropriate.
  - Consultation with staff and trade unions to improve the profile of unqualified care managers. As a result, they take on OT 'trusted assessor' functions, have been trained and re-graded.
  - Anticipated change in the skills mix eg duty liaison officers, single assessment work will increasingly be carried out by trained staff other than qualified social workers, the latter focusing on work with older people who have more complex needs.
  - As part of the recruitment and retention strategy, Care Managers were re-graded in order to remain competitive with neighbouring Boroughs.
  - Part of Oxford University research study looking at the skills mix in the public sector – initial report due in January 2005.
  - Training is offered to all providers eg in the protection of vulnerable adults.
  - In 2003, Social Services' equalities in workforce planning was included as a good practice example in the SSI/NHS WDC/TOPPS Workforce Planning toolkit publication.
  - The Department has a workforce stability action plan (2004/05) with targets to recruit and retain high quality staff, provide effective management and support for staff and improve workforce planning.
  - Specific initiatives in the Older People's Service also includes: easing staff transfers from agency to permanent posts; ensuring all new managers/supervisors are able to use the Supervision Toolkit effectively; auditing implementation of the supervision policy and practice as part of the quality audit plan; providing mentoring arrangements.
  
- Joint initiatives include:
  - Anticipated relocation of Social Services' Older People's staff to new Willesden hospital site, ie co-location with Health provider staff.

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- Will be considering the implications of further integration between Social Service and Health providers.
- Innovative Best Value review looked at the OT service and identified actions to improve on the integrated approach.
- As part of the *Social Compact*, the Council and PCT have made a commitment to help build the capacity of the voluntary sector.



Section 7 Implementation of the strategy

**Summary of key milestones**

Key dates		Activity	Lead responsibility
Year	Month		
2004	Nov.	Review report of Supporting People current provision for older people	SP
	Dec.	Additional Health posts in place - Stroke Co-ordinator, Old Age Physician and staff for continent, palliative care, falls services	PCT
	Dec.	Home Care – evaluation of tenders and award of new contracts	SSD
	Dec.	Day services – strategic report presented	SSD/LIT
2005	Jan.	Start mapping possibilities for full integration of services	SSD/PCT
	April	Joint quarter reporting on budget spend and activities to PCT + SSD Boards	PCT/SSD
	April	Section 31 arrangements in place for Continuing Care with free nursing care	SSD
	April	PCT's approved independent provider list for independent care homes	PCT
	April	New Home Care service providers start	SSD
	April	SAP fully operational	PCT/SSD/ Housing
	April	Finalised Health/Social Service protocols in place for mental health services for older people	PCT/SSD
	April	Integrated PCT/NHS Trusts with SSD team for Intermediate Care	PCT/SSD
	April	Dual diagnosis worker funded, linked to DAT, Substance Misuse and CMWL Mental Health Trust for refugees and asylum seekers	PCT
	April	Consider findings of the Scrutiny Task Group re Intermediate Care	LIT
	April onwards	Implementation of NW London HA interim IT solution	PCT
	July	New Willesden Hospital opens	PCT
	July	Stroke plan agreed	LIT
	June/ Aug	Review Palliative Care Pathways project and consider funding future	PCT/LIT
	June/ Aug	Completion of PCT funded Continuing Care provision	PCT

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	Sept.	Redevelopment of Northwick Park Hospital begins	PCT
	Dec.	Closure of Dollis Hill day centre	SSD
2005/06		Personal Medical Services evaluated	PCT
		5 year Supporting People strategy developed	SP
2006	March	48 additional extra-care sheltered housing units	Housing
	Spring	New BECaD at CMH opens	PCT
	April	Section 31 arrangements for: all remaining Intermediate Care, Home Care, support of sheltered housing, all residential and nursing care	PCT/SSD
	Dec.	Alcohol strategy agreed	PCT/LIT
2007		Review of specialist care management services for stroke patients	PCT
2008		Completion of new Northwick Park Hospital	PCT
2009	March	Fully integrated PCT/SSD service for older people	SSD/PCT

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APPENDIX 1 SUPPORTING DATA FOR SECTION 1

1. Multi-agency and user forums in Brent, include:

Local Strategic Partnership - brings together the public, private, voluntary, community sectors and local communities to ensure different initiatives and services support each other and work together to improve the borough. The four multi-agency groups cover: health and social care; crime prevention and community safety; local housing, environment and transport; education and life long learning

Other multi-agency forums, include:

- Black and Minority Ethnic User Forum
- Brent Homelessness Forum + subgroup (Health and Homelessness Forum)
- Brent multi-agency Adult Protection Committee and operational subgroup
- Brent Pensioners Forum and Brent Pensioners User Forum. Brent Pensioners Forum has a weekly column in the local paper, used to share information on health and social care matters
- Brent Public Transport Forum
- Carers Forum and Carers Priority Action Group
- Housing and Social Services Forum + Housing and Social Services Liaison Group
- Housing Crime Focus Group
- Primary Care Locality Forums
- Private Housing Forum
- Race and Health Forum
- Supporting People Forum
- User Forum established with Brent Carers Centre

A range of ad hoc consultation events are organised from time to time, for example in November 2003 when a stakeholder meeting was arranged to discuss the initial draft of this joint commissioning strategy.

2. Policy and strategy initiatives, relevant to older people in Brent, developed after widespread involvement and consultation with all stakeholders, including users and carers and representative organisations, also informed this joint commissioning strategy. They include:

- Brent Council Corporate Strategy (2002-06)
- Community Plan and Local Strategic Partnership (2003-08)
- Supporting People's Strategy (2002-05)
- Brent Housing Strategy (2002-07)
- The Older Persons Housing Strategy (2003-2008)
- Brent Housing Diversity Strategy (2003-04)
- Crime and Disorder Reduction Strategy (2002/05)
- Brent's Race Equality Scheme (2004-06)

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Diversity Reference Group (Brent Council)  
Neighbourhood Renewal Plans (annual plans)  
Health Improvement Plan  
Health Promotion Strategy (2004/05)  
Brent PCT local delivery plan  
Carers Priority Action Group Strategy (2004-05)  
Protection of Vulnerable Adults in Brent - multi-agency policy and procedures (October 2003)  
London Borough of Brent Fuel Poverty Strategy (April 2004) – written by Energy Solutions NW London (formerly Brent Energy Network) in consultation with Brent Council  
Brent's Regeneration Strategy (2001-2021)  
Health Promotion Strategy (2004/05)  
A Strategy for Sport & Physical Activity in Brent (2004-2009)

### 3. Brent Older People Local Implementation Team – terms of reference:

#### Aims and objectives:

1. The purpose of the Local Implementation Team (LIT) is to identify how the requirements of the National Service Framework for Older people, NHS Plan and other relevant government legislation can be put into practice in Brent's Older People Services.
2. On behalf of the Brent Health and Social Care Partnership Board to be the lead group on the development of local service delivery plan and the commissioning of appropriate services for older people that supports independence, are prevention centres and would assist appropriate and timely discharges from hospitals.
3. The group has responsibility for informing and consulting with relevant stakeholders in Brent on this work.
4. Brent's overall older people strategy is laid out in the Local Implementation Plan. The group is responsible for the production of a work plan each year to ensure that the requirements of the NSF and NHS Plan are put into practice.
5. The LIT has responsibility for ensuring that services are monitored and evaluated to ensure that they are meeting NSF and NHS Plan requirements.
6. The LIT is responsible for identifying gaps in service provision and for creating a strategy to deal with this and provide them within available resources through prioritisation.
7. The LIT is responsible for ensuring that services are developed to meet the needs of different communities within a framework of culturally sensitive services.
8. Ensure that commissioners and providers work together to assist the development of culturally sensitive services and the extension of choice.
9. The LIT is responsible for making decisions on services to be provided and for commissioning services.
10. Provide recommendations to the Health and Social Care Partnership Board on strategic, operational and financial issues.

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11. Ensure that the whole system is working together to develop a mixed economy of care to meet the needs of older people that promote cost effective solutions for Brent residents.

Delegated authority of the LIT- reports to the Brent Health and Social Care Partnership Board.

Decision making process – all decisions by consensus. If members disagree and are unable to reach a decision then it should be referred to the Health and Social Care Partnership Board for clarification and way forward.

Frequency of meetings – every six weeks, with any additional meetings at the discretion of the Chair/Vice-Chair.

Membership – senior officer level, from Brent Council (Social Services, Planning, Housing), PCT, Acute Health Service Trusts (NWLH and CNWL Mental Health), Housing Association (Willow), Voluntary Agencies (Brent Triangle, Brent Pensioners Forum, Elders Voice), Users and Carers, BME Groups (Chair of Health and Race Forum), Champions (Brent PCT and Brent Council non-executive members). In total: 24 members.

4. Brent Health and Social Care Partnership Board - aims:
  - To agree the overall strategic direction for the development of health and social care services and health improving initiatives in Brent, taking into account local needs, national direction and LSP priorities.
  - To ensure the implementation of the strategy by a variety of partnership structures.
  - To support the generation of whole-system solutions to problems within the health and social care system, whether these problems present with single- or multi-agency symptoms.
  - The group does not take budgetary decisions and cannot commit partner organisations' resources unless specifically tasked to do so.
5. Formal arrangements under Section 31 of the Health Act 1999, and protocols which delineate individual and joint responsibilities of each agencies are or will shortly be in place as follows:
  - (a) Section 31 arrangements:
    - Community Equipment Service from 1 April 2004 (SSD lead)
    - Free nursing care from March 2004 (SSD lead)
    - Single Assessment Process from March 2005
  - (b) Protocols
    - Mental health – agreement between Brent Council, Brent PCT, Central and North West London Mental Health Trust and North West London Hospitals
    - Delayed discharge reimbursement – Joint protocol by Health and Social Services with the North West London Hospital Trust and St Mary's Hospital

## Joint Commissioning Strategy for Older People

- Sheltered housing and extra care sheltered housing – Social Service nomination rights to Willow + joint Housing and Social Services panel for extra care referrals

APPENDIX 2 SUPPORTING DATA FOR SECTION 2

1. Relevant legislation

General applicability

Data Protection Act 1998  
Disability Discrimination Act 1995  
Health and Safety at Work Act 1974  
Human Rights Act 1998  
Race Relations Act 1976  
Race Relations (Amendment) Act 2000  
Sex Discrimination Act 1975

More specific legislation

Care Standards Act 2000  
Carers (Recognition and Services) Act 1995  
Carers (Equal Opportunities) Act 2004  
Chronically Sick and Disabled Persons Act 1970  
Community Care (Direct Payments) Act 1996  
Disabled Persons (Services, Consultation and Representation Act) 1986  
Health Act 1999  
Health Service and Public Health Act 1968  
Housing Act 1996  
Mental Health Act 1983  
National Assistance Act 1948  
National Assistance Act 1968  
National Assistance Act 1970  
National Health Service Act 1977  
National Health Services and Community Care Act 1990  
Public Health Act 1936  
Public Health Act 1961

2. Guidance

*The National Service Framework for Older People*<sup>17</sup> details eight standards:

- I. Age discrimination: NHS services will be provided, regardless of age, on the basis of clinical need alone. Social care services will not use age in their eligibility criteria or policies, to restrict access to available services.
- II. Person-centred care: NHS and social care services will treat older people as individuals and enable them to make choices about their own care. This is achieved through the single assessment process, integrated commissioning arrangements and integrated provision of services, including community equipment and continence services.

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<sup>17</sup> Department of Health (May 2001)



- III. Intermediate Care: Older people will have access to a new range of intermediate care services at home or in designated care settings, to promote their independence by providing enhanced services from the NHS and councils to prevent unnecessary hospital admission and effective rehabilitation services to enable early discharge from hospital and to prevent premature or unnecessary admission to long term residential care.
- IV. General hospital care: Older people's care in hospitals is delivered through appropriate specialist care and by hospital staff who have the right set of skills to meet their needs.
- V. Stroke: The NHS will take action to prevent strokes, working in partnership with other agencies where appropriate. People who are thought to have had a stroke have access to diagnostic services, are treated appropriately by a specialist stroke service, and subsequently, with their carers, participate in a multi-disciplinary programme of secondary prevention and rehabilitation.
- VI. Falls: The NHS working in partnership with councils takes action to prevent falls and reduce resultant fractures or other injuries in their populations of older people. Older people who have fallen receive effective treatment and, with their carers, receive advice on prevention through a specialised falls service.
- VII. Mental Health in older people: Older people who have mental health problems to have access to integrated mental health services, provided by the NHS and councils, to ensure effective diagnostic, treatment and support, for them and for their carers.
- VIII. Promoting an active, healthy life: The promotion of health and active life in older age. The health and well being of older people is promoted through a co-ordinated programme of action led by the NHS with support from council.

*National Standards, Local Action*<sup>18</sup> provides the framework that the Department of Health requires NHS organisations and Social Services to use in planning for the next three years and the standards which all organisations should achieve in delivering NHS care. The four broad priority areas are:

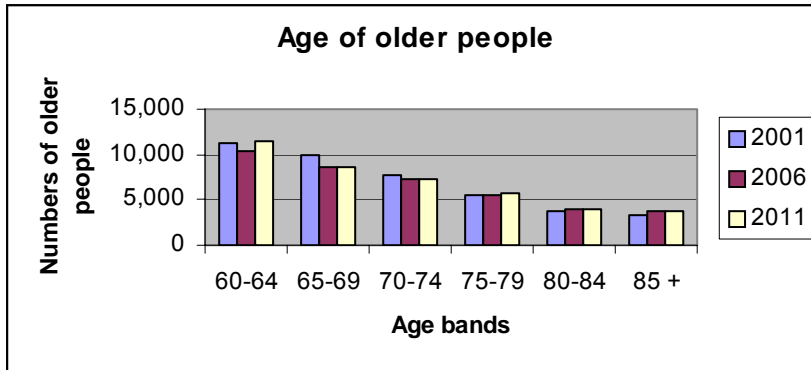
- Health and well-being of the population – ie health promotion and ill-health prevention, so that people are kept out of the care system wherever appropriate
- Long-term conditions – promoting better self-care and treatment in a community setting or in people's homes to avoid hospitalisation wherever possible
- Access to services – ensure people have fair and prompt access to care
- Patient/user experience – maximum information and choice, as well as positive experience so that service provision is more consumer focused

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<sup>18</sup> Department of Health (July 2004)

APPENDIX 3 SUPPORTING DATA FOR SECTION 3

1. Age - the breakdown by age bands and projection of the number of older people in Brent:



Age	2001 <sup>19</sup>	2006 <sup>20</sup>	2011 <sup>21</sup>
Under 60	222,037 (84.3%)	215,123 (84.5%)	217,732 (84.2%)
60-64	11,191 (4.2%)	10,282 (4.0%)	11,405 (4.4%)
65-69	9,990 (3.8%)	8,702 (3.4%)	8,670 (3.4%)
70-74	7,664 (2.9%)	7,269 (2.9%)	7,199 (2.8%)
75-79	5,478 (2.1%)	5,587 (2.2%)	5,747 (2.2%)
80-84	3,696 (1.4%)	3,973 (1.6%)	3,990 (1.5%)
85-89	2,291 (0.9%)	3,689 (1.4%)	3,793 (1.5%)
90 +	1,116 (0.04%)		
Total	263,463	254,625	258,536
Total 60 years +	41,426 (15.7%)	39,502 (15.5%)	40,804 (15.7%)

**NB:** The projections need to be treated with some caution as they were produced before the 2001 Census. The projections were based on an estimate for 2001 that the total population in Brent would be 250,578 (almost 13,000 less than the 2001 Census actual) and the number 60 years or more would be 39,505 (almost 2,000 less than the 2001 Census actual). Therefore, the projected older population is likely to be greater than that given above, by at least 2,000. The Office for National Statistics is expected to produce in Autumn 2004 projections based on 2001 Census.

2. Gender – gender balance of older people<sup>22</sup>:

Age	Men	Women	Total
60-64	5,452 (48.7%)	5,739 (51.3%)	11,191
65-69	5,040 (50.5%)	4,950 (49.5%)	9,990
70-74	3,654 (47.7%)	4,010 (52.3%)	7,664
75-79	2,297 (42.0%)	3,181 (58%)	5,478
80-84	1,477 (40%)	2,219 (60%)	3,696
85-89	702 (30.7%)	1,589 (69.3%)	2,291
90+	270 (24.2%)	846 (75.8%)	1,116
Total	18,892 (45.6%)	22,534 (54.4%)	41,426

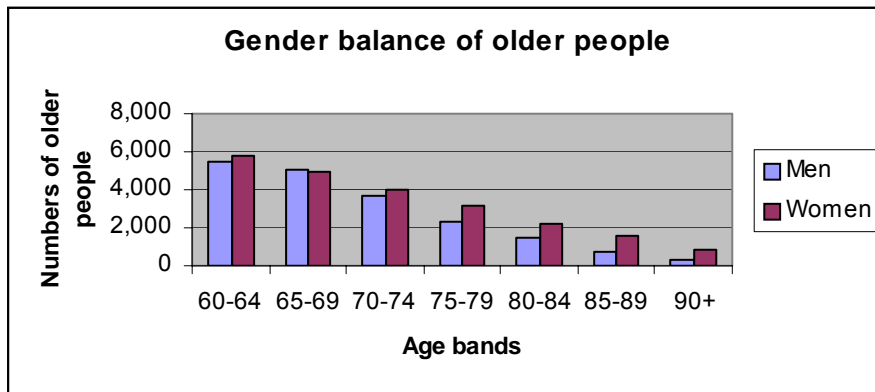
<sup>19</sup> Based on 2001 Census

<sup>20</sup> Produced by the London Research Centre, and reproduced in "Research on Older People's Housing Need" (L.B. Brent) July 2000

<sup>21</sup> Produced by the London Research Centre, and reproduced in "Research on Older People's Housing Need" (L.B. Brent) July 2000

<sup>22</sup> Based on 2001 Census

## Joint Commissioning Strategy for Older People



### 3. Ethnicity of older people<sup>23</sup>

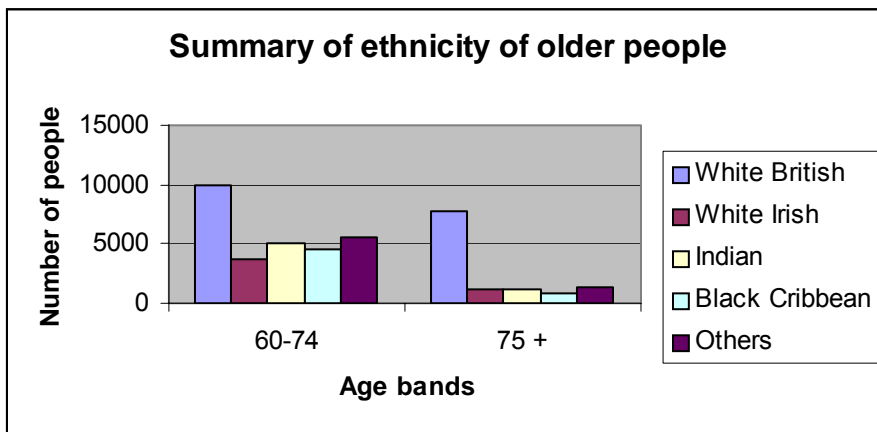
Ethnicity	Year age bands and percentage within each group							
	60-64	65-69	70-74	75-79	80-84	85-89	90&+	Total
White British	3281 29.3%	3300 33.0%	3336 43.5%	2955 54.0%	2338 63.2%	1655 72.3%	860 76.9%	17725 42.8%
White Irish	1515 13.5%	1330 13.3%	923 12.0%	620 11.3%	352 9.5%	221 9.7%	65 5.8%	5026 12.1%
Other White	789 7.1%	693 6.9%	457 6.0%	377 6.9%	195 5.3%	123 5.4%	65 5.8%	2699 6.5%
Mixed White + Black Caribbean	57 0.5%	58 0.6%	38 0.5%	31 0.6%	7 0.2%	3 0.1%	3 0.3%	197 0.5%
Mixed White + Black African	19 0.2%	11 0.1%	5 0.1%	6 0.1%	3 0.1%	-	-	44 0.1%
Mixed White and Asian	45 0.4%	40 0.4%	25 0.3%	13 0.2%	14 0.4%	3 0.1%	3 0.3%	143 0.3%
Other mixed	54 0.5%	50 0.5%	38 0.5%	21 0.4%	12 0.4%	4 0.2%	-	179 0.4%
Indian	2111 18.9%	1792 17.9%	1120 14.6%	661 12.1%	407 11.0%	129 5.6%	58 5.2%	6278 15.2%
Pakistani	352 3.1%	262 2.6%	126 1.6%	54 1.0%	27 0.7%	12 0.5%	7 0.6%	840 2.0%
Bangladeshi	47 0.4%	27 0.3%	10 0.1%	3 0.1%	3 0.1%	3 0.1%	-	93 0.2%
Other Asian	345 3.1%	284 2.8%	152 2.0%	87 1.6%	44 1.2%	9 0.4%	8 0.7%	929 2.2%
Black Caribbean	1809 16.2%	1702 17.0%	1105 14.4%	515 9.4%	209 5.7%	100 4.3%	36 3.2%	5476 13.2%
Black	450	271	169	67	35	9	8	1009

<sup>23</sup> Based on 2001 Census

## Joint Commissioning Strategy for Older People

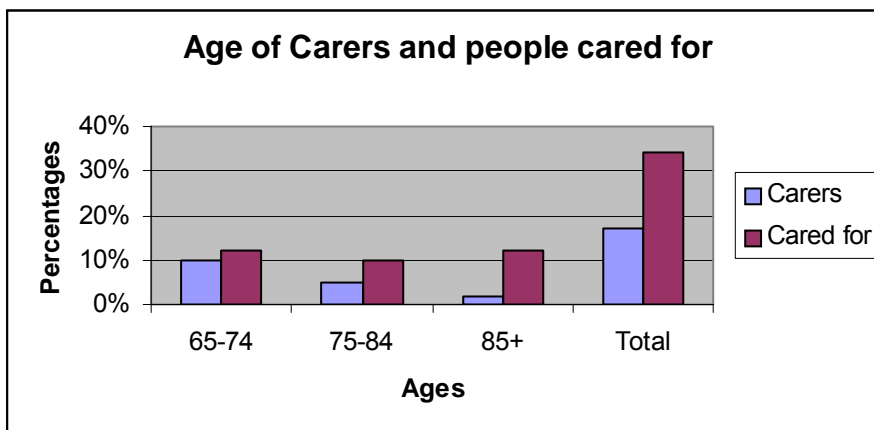
African	4.0%	2.7%	2.2%	1.2%	0.9%	0.4%	0.7%	2.4%
Other Black	50 0.4%	43 0.4%	41 0.5%	17 0.3%	15 0.4%	4 0.2%	3 0.3%	173 0.4%
Chinese	137 1.2%	65 0.7%	66 0.9%	29 0.5%	16 0.4%	6 0.3%	3 0.3%	322 0.8%
Other ethnic group	130 1.2%	62 0.6%	51 0.7%	19 0.3%	21 0.6%	8 0.3%	-	291 0.7%
<b>Total</b>	<b>11191</b>	<b>9990</b>	<b>7662</b>	<b>5475</b>	<b>3698</b>	<b>2289</b>	<b>1119</b>	<b>41,424</b>

### 4. Summary of ethnicity:



### 6. Carers – data from Brent Carers Centre (for period April-June 2004). Most of the data is not age specific.

#### (a) Age of Carers and people cared for by age bands:



#### (b) Ethnicity of Carers and people cared for:

Ethnicity	Carers	People cared for
African	9%	11%
Other Black	2%	-

## Joint Commissioning Strategy for Older People

Other mixed race	1%	2%
Other white	2%	4%
Caribbean	7%	6%
Cypriot	1%	2%
Indian/Indian/British	14%	26%
Kenyan	1%	-
Other Asian	2%	6%
Other Asian (Arab)	-	2%
Pakistani/Pakistani/ British	4%	7%
Somali	-	2%
White British	18%	20%
White Irish	3%	2%
Not known	36%	6%

(c) How Carers know about the Centre - most Carers are made aware of the Centre via other voluntary organisations (15%), GP surgeries (12%), Social Services (9%).

### 7. Income - household income of older people<sup>24</sup>:

Household type	Average gross annual income <sup>25</sup>	Average net weekly income <sup>26</sup>	Average amount of savings
Single pensioner	£5,663	£172	£2,729
2+ pensioners	£7,130	£261	£5,749
Average for all households	£21,552	£361	£2,466

### 8. Possessions – from a national survey in 2000/01, comparing pensioners mainly dependant on state pensions and living alone with all households without children<sup>27</sup>:

Possessions	Pensioners mainly dependent and living alone	All households without children
Central heating	85%	92%
Car	15%	74%
Telephone	95%	96%
Mobile phone	5%	58%
Washing machine	74%	94%
CD player	23%	85%

<sup>24</sup> Older Persons Housing Strategy 2003-2008 (Brent Housing Service)

<sup>25</sup> Excluding benefits

<sup>26</sup> Including non housing benefits

<sup>27</sup> Quoted by Age Concern based on information from the National Office for Statistics

## Joint Commissioning Strategy for Older People

### 9. Location of older people by ward<sup>28</sup>:

Ward	Pensionable age	75+ years	85+ years
Alperton	1,426 (4.0%)	426 (3.4%)	90 (2.7%)
Barnhill	2,309 (6.4%)	1,065 (8.8%)	357 (10.5%)
Brondesbury Park	1,802 (5.0%)	729 (5.8%)	238 (7.0%)
Dollis Hill	1,634 (4.5%)	515 (4.1%)	109 (3.2%)
Dudden Hill	1,629 (4.5%)	543 (4.3%)	136 (4.0%)
Fryent	1,779 (4.9%)	685 (5.5%)	186 (5.5%)
Harlesden	1,391 (3.9%)	405 (3.2%)	97 (2.9%)
Kensal Green	1,421 (4.0%)	471 (3.7%)	134 (3.9%)
Kenton	2,000 (5.6%)	721 (5.7%)	211 (6.2%)
Kilburn	1,685 (4.7%)	531 (4.2%)	140 (4.1%)
Mapesbury	1,553 (4.3%)	533 (4.2%)	136 (4.0%)
Northwick Park	1,750 (4.9%)	570 (4.5%)	144 (4.2%)
Preston	2,045 (5.7%)	822 (6.5%)	242 (7.1%)
Queen's Park	1,478 (4.1%)	485 (3.9%)	119 (3.5%)
Queensbury	1,939 (5.4%)	689 (5.5%)	195 (5.7%)
Stonebridge	1,746 (4.9%)	499 (4.0%)	105 (3.1%)
Sudbury	1,830 (5.1%)	687 (5.5%)	212 (6.2%)
Tokyngham	1,829 (5.1%)	617 (4.9%)	167 (4.9%)
Welsh Harp	1,846 (5.1%)	708 (5.6%)	174 (5.1%)
Wembley Central	1,459 (4.1%)	401 (3.2%)	68 (2.0%)
Willesden Green	1,396 (3.8%)	461 (3.7%)	136 (4.0%)
Total	35,947	12,563	3,396

### 10. Household distribution in the Borough<sup>29</sup>:

Age Group	Number of households	% of households
Single pensioner	9,363	10.4%
Two or more pensioners	5,749	6.4%
No older person	74,568	83.2%
Total	89,680	100%

### 11. Distribution of older people only households<sup>30</sup> by area:

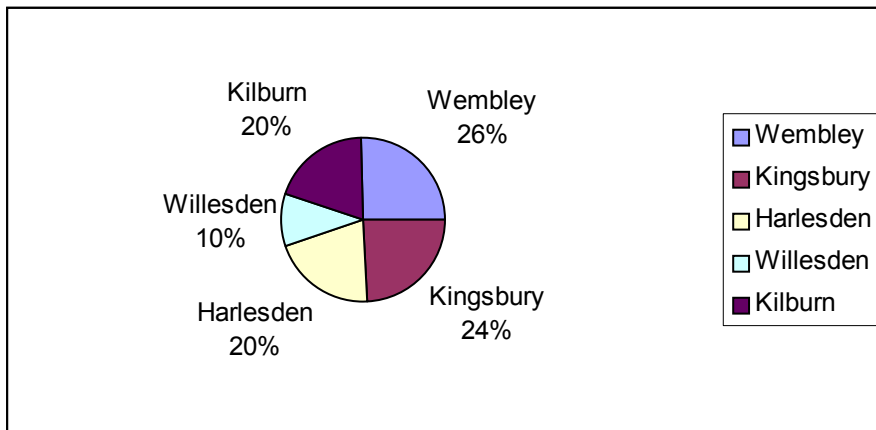
Area	Number of older person only households
Wembley	4,423
Kingsbury	4,146
Harlesden	3,552
Willesden	1,836
Kilburn	3,551
Total	17,508

<sup>28</sup> 2001 Census

<sup>29</sup> London Borough of Brent Private Sector Stock Condition Survey 2003

<sup>30</sup> London Borough of Brent Housing Needs Survey 2003

## Joint Commissioning Strategy for Older People



### 11. Age of household members and ethnicity<sup>31</sup>

Ethnic group	Age group			Total
	Older people only households + % in category	Both older and non older people	No older people	
White	11,495 (22.4%)	4,422	35,327	51,244
Mixed	732 (16.7%)	508	3,154	4,395
Asian	2,109 (8.4%)	5,861	17,135	25,104
Black	2,737 (16.4%)	1,881	12,074	16,692
Other	437 (14.9%)	226	2,275	2,937
All households	17,509 (17.4%)	12,897	69,966	100,372

### 12. Household tenure of older people<sup>32</sup>:

Tenure	Older person households				
	Older person only	Not older person only	Number of h/holds	% of total h/h with older person only	% of those with older persons only
Owner occupier (no mortgage)	10,484	13,586	24,070	43.6%	59.9%
Owner occupier (with mortgage)	888	33,662	34,550	2.6%	5.1%
Council	2,297	7,890	10,187	22.5%	13.1%
RSL (Registered Social Landlord)	2,698	9,777	12,476	21.6%	15.4%
Private rented	1,141	17,948	19,089	6.0%	6.5%
Total	17,509	82,863	100,372	17.4%	100%

<sup>31</sup> London Borough of Brent Housing Needs Survey 2003

<sup>32</sup> London Borough of Brent Housing Needs Survey 2003

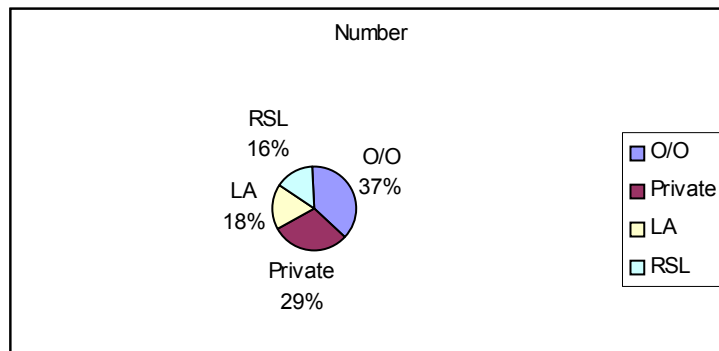
## Joint Commissioning Strategy for Older People

### 13. Quality of housing occupied by older people<sup>33</sup>:

House-Hold type	Non-Decent	Fail fitness	Fail disrepair	Fail modernisation	Fail thermal comfort	No. unfit housing	% of group in unfit housing
Single pensioner	46.3%	4.0%	11.6%	4.8%	41.7%	373	4.0%
2+ pensioners	21.8%	1.9%	2.8%	1.9%	21.8%	108	1.9%

### 14. Estimate of households in Brent that suffer fuel poverty, by tenure (based on national statistics)

Tenure	Number of all households in Brent likely to experience fuel poverty
Owner-occupier	7,212
Private rented	5,682
Local Authority	3,601
RSL	3,086



### 15. Housing - average cost of repairs for pensioner households, across all tenure type is<sup>34</sup>:

Household type	Urgent repairs	Basic repairs	Comprehensive repairs
Single pension	£1,901	£2,854	£3617
2 + pensioners	£1,115	£2,748	£3,852

<sup>33</sup> London Borough of Brent Private Sector Stock Condition Survey 2003

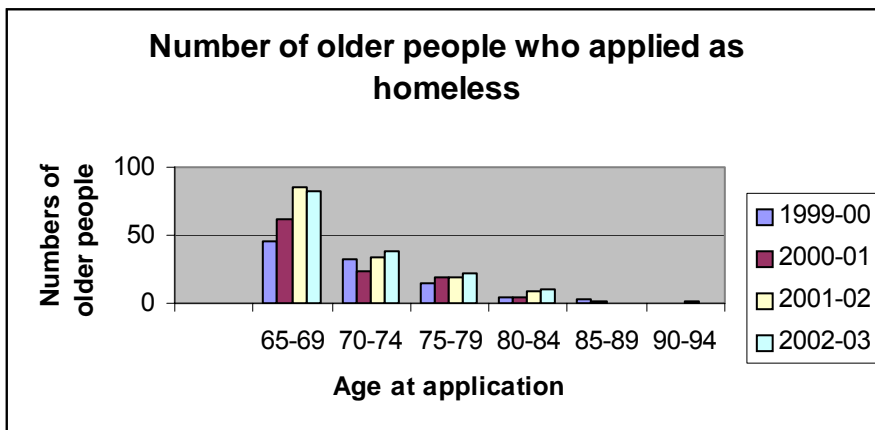
<sup>34</sup> Older Persons Housing Strategy 2003-2008



Joint Commissioning Strategy for Older People

16. Number of older people who applied as homeless<sup>35</sup>:

Age at application	1999-00	2000-01	2001-02	2002-03
65-69	45	62	86	83
70-74	32	23	34	38
75-79	14	19	19	22
80-84	5	5	9	11
85-89	3	1	-	-
90-94	-	-	1	-
Total	99	110	149	154

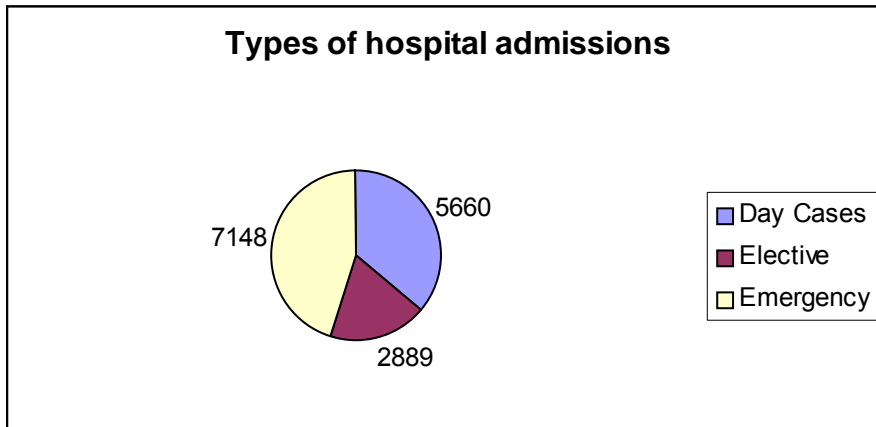


17. Number and percentage of people aged 65 years or older presenting as homeless in 2002-03, by ethnicity:

Ethnicity	Applications made	
	Number	% of total
White UK	12	7.8%
White Irish	7	4.5%
White Other	5	3.2%
Black Caribbean	32	21%
Black African	32	21%
Asian Indian	15	9.7%
Asian Pakistan	7	4.5%
Asian Other	12	7.8%
Other	3	1.9%
No data	29	18.8%
Total	154	

<sup>35</sup> Brent Homeless Resource Centre

18. Health – There were 15,697 hospital treatments of older Brent residents in 2003/04:



- Treatment provided at 65 different hospitals
- 28 hospitals provided emergency treatment only for 55 people
- 85% of hospital treatment is provided by three hospitals:

Hospital	Type of treatment			Total number	Comments
	Day Case	Elective	Emergency		
NW London Hospitals	3200	1393	5024	9617	4467 – general medicine/surgery + 1002 urology
St Mary's	525	582	1319	2426	475 cardiology + 428 general medicine
The Royal Free	873	118	342	1333	699 – nephrology
<b>Total</b>	<b>4598</b>	<b>2093</b>	<b>6685</b>	<b>13376</b>	

Of all hospital treatments provided to Brent residents, six specialities account for 58% of all cases:

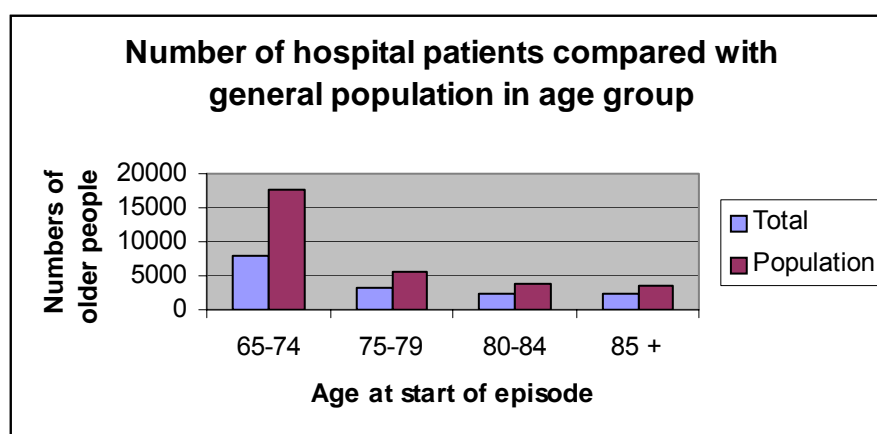
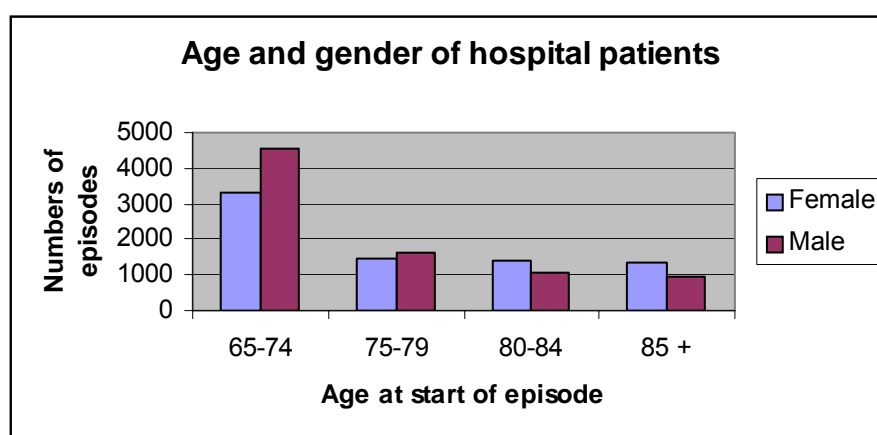
- General or geriatric medicine – 2347
- General surgery – 1710
- Ophthalmology – 1353
- Urology - 1347
- Cardiology – 1272
- Gastroenterology – 1098

## Joint Commissioning Strategy for Older People

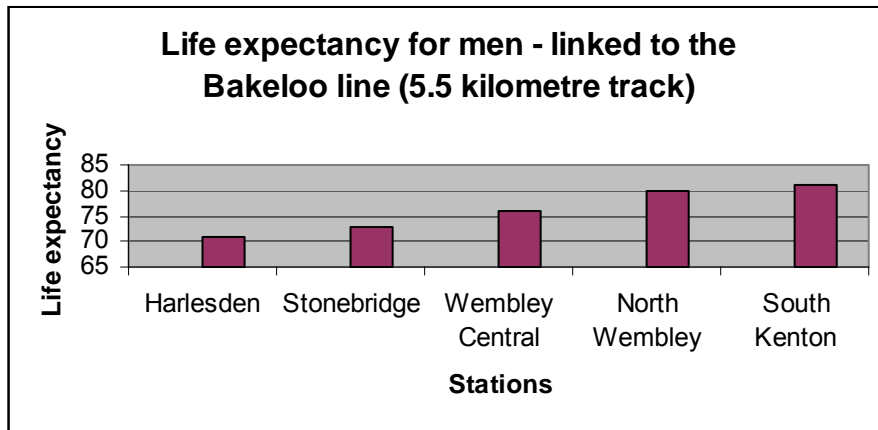
### 19. Age and gender of hospital patients:

Age – at start of episode	Gender		Total	General population in age band + hospital care percentage
	Female	Male		
65-74	3299	4532	7836 (50%)	17654 (44.4%)
75-79	1471	1646	3120 (19.9%)	5478 (57%)
80-84	1383	1083	2469 (15.7%)	3696 (66.8%)
85 +	1343	929	2272 (14.5%)	3407 (66.7%)
<b>Total</b>	<b>7496</b>	<b>8190</b>	<b>15697</b>	<b>30235</b>

NB: 11 people – gender not known



20. Health - Life expectancy for men, linked to the Bakerloo line<sup>36</sup>:



21. Chronic conditions - people aged 60 years or over with limiting long-term illness<sup>37</sup>.

Age	Residents in households			Residents in communal establishments <sup>38</sup>		
	Total	With limiting long term illness	% with limiting long term illness	Total	With limiting long term illness	% with limiting long term illness
60-64	11,121	4,124	37.1	67	53	79.1
65-74	17,478	7,458	42.7	159	125	78.6
75-84	8,892	4,957	55.7	236	230	97.5
85 & over	3,043	2,145	70.5	292	282	96.6
Total	40,534	18,684	46.1	754	690	91.5

22. Chronic conditions - estimated level of disability among older people in Brent for 2001<sup>39</sup>:

Age	Most disabled	Intermediate disability	Least disabled	Total disabled	'Fit'	Total population over 64 years
65-74	772	1,455	2,811	5,037	12,608	17,645
75 & over	1,080	1,957	3,865	6,901	5,662	12,563
Total	1,852	3,411	6,676	11,939	18,269	30,208

<sup>36</sup> Produced by Brent PCT

<sup>37</sup> 2001 Census

<sup>38</sup> Includes medical and residential care establishments, and others such as hostels

<sup>39</sup> Information prepared by Les Mayhew (CASS Business School, Professor of Statistics, Hon. Fellow FPH, Hon. Fellow Institute of Actuaries) – City University. Presented at Brent planning workshop June 2004 (NB: Figures for total disabled should probably read 5,038 and 6,902)

## Joint Commissioning Strategy for Older People

### 23. Six chronic diseases and likely experience of older people in Brent<sup>40</sup>

Number of diseases	Age 65-74 years	Age 75 years and over	Total aged 65 years or over
0	8,774	5,510	14,284
1	5,392	3,918	9,310
2	2,374	2,279	4,653
3	857	606	1,463
4	181	202	383
5	66	28	94
6	0	19	19
Number with chronic diseases	8,871	7,053	15,923
Total population	17,645	12,563	30,208

### 24. Special needs - estimates and projections of Brent's older population (65 years plus) in 2001 and 2006<sup>41</sup>:

Year	Disabled with learning disabilities	Disabled with dementia	Other elderly disabled	Total elders with special needs	Total population 65 and over	Rate per 1,000 of the population
2001	50	2,210	10,410	12,670	29,100	435
2006	50	2,220	10,460	12,730	29,200	436

25. Health of older Black and ethnic minority people - In December 2001 a survey was undertaken by the Brent and Harrow Health Authority to measure the health status of a representative sample of the older population (65 years and over) in the two Boroughs<sup>42</sup>. It was intended to inform planning and delivery of culturally competent services to meet the needs of the growing black and ethnic minority and refugee population in Brent and Harrow. The results were:

- Half the respondents reported problems with pain/discomfort, but the refugee community reported a higher level (78%)
- Half the respondents perceived that emotional, mental, social and physical factors affect their health, but the refugee community reported a higher level of anxiety/depression (67%)
- 20% mentioned financial factors and fear of violence

<sup>40</sup> Information prepared by Les Mayhew (CASS Business School, Professor of Statistics, Ho. Fellow FPH, Hon. Fellow Institute of Actuaries) – City University. Presented at Brent planning workshop, June 2004.

<sup>41</sup> London Research Centre Department of Housing and Social Research (February 2000) - now defunct

<sup>42</sup> Health Needs Assessment for Older People Resident in Brent and Harrow: results from a local questionnaire survey December 2001

## Joint Commissioning Strategy for Older People

- 10% are unable to keep warm in winter, particularly African-Caribbean older people (17%)
- One in three perceived their health was worse compared to a year ago, the highest percentage reporting this were of African-Caribbean origin whereas most white and Asian Indians reported "no health change"
- The white population reported the best perceived health with refugees the worst perceived health
- Older people in Brent North reported the highest health scores with those in Brent South the lowest

Health of Refugees and asylum seekers - the found that 12% of the refugees in the study scored less than 0 on the Eurocol range of scores which is "worse than dead state". Their health problems include (for all refugees):

- Chest/breathing problems including asthma and bronchitis (18%)
- Skin conditions including allergies (15%)
- Depression, bad nerves and anxiety (15%)

26. Social Service referrals of older people (2003/04) by age, and comparison with the relevant population (based on 2001 Census):

Age range	Number or referrals	Percentage of the referrals	Referral percentage compared with population age band
60-64	509	10%	8.9% (5,739 in population <sup>43</sup> )
65-74	1,581	31.1%	9.0% (17,654 in population)
75-84	1,829	36%	19.9% (9,174 in population)
85+	1,114	21.9%	32.7% (3,407 in population)
Not known	49	1%	
Total	5,082	100%	

<sup>43</sup> Based on 60-64 years for women only

APPENDIX 4 SUPPORTING DATA FOR SECTION 4

1. Generic services of benefit to older people include:

Health

- Public Health – health promotion ie education, training and campaigning activities to promote healthy living – see Health Promotion Strategy (2004/05).
- Personal Medical Services for homeless, refugees and asylum seekers.
- Service provision and developments set out in Local Health Delivery Plans for range of conditions eg Diabetes, Incontinence, Cancer, Coronary Heart Disease.
- Healthy Harlesden Project – includes mental health counselling provided by EACH.
- Brent Health Action Zone

Regeneration schemes:

- Wembley – some resources may be built for frail elderly people by a private contractor
- Barham Park – 13% of the 571 residents are older people, who should benefit from plans to re-develop the housing units
- South Kilburn – 21% are older people, with high levels of limiting long-term illness and single person households. Their needs will be taken into account in the plans.

2. Policy initiatives in place to improve services for older people

Housing

- Brent Council intends to bring 5,300 properties up to decent home standards by 2006, to include homes that older people live in.
- Improve and maintain the quality of the private sector stock, especially in the rented sector
- Tackle unfitness and worse repair, particularly in houses in multiple occupation
- Ensure that there is an active, accessible and high quality private rented sector that can meet a range of housing needs and markets
- Ensure that resources are used effectively to tackle the most serious problems and assist the most vulnerable eg Supporting People review of services for older people

Environment – Brent Crime and Disorder Reduction Strategy (2002-05)

- Consultation on the strategy, with revisions expected to concentrate on hard to reach groups, including older people.

## Joint Commissioning Strategy for Older People

- ❑ Burglary and robbery prevention leaflets, including in community languages, have been produced and distributed.
- ❑ Personal attack alarms to reduce fear of crime and help prevent actual crime have been obtained and distributed.
- ❑ Improved street lighting
- ❑ Anti-social behaviour being tackled, through Brent Anti-Social Behaviour Action Group.

### Sports and Physical activity

- ❑ Brent Council's Sports & Physical Activity Strategy (2004-09) has identified Older People as one of the five target groups on which to focus additional development work in order to raise their physical activity levels, reduce inequalities, improve health, and encourage community cohesion.

### Brent's Race Equality Scheme (2004-06)

- ❑ Level 1 of Equality Standard for Local Government achieved in March 2004, and aim to achieve Level 2 by March 2006 – ie assessment of services and consulting with local communities.
- ❑ Best Value process – Council ensures all project plans for BV reviews address race equality considerations.
- ❑ Equality Impact Assessments on strategies, practices and procedures to ensure there is no adverse impact on any one racial group.
- ❑ Specific targets for Social Services on monitoring by ethnicity the results of service reviews and uptake of the Direct Payment Scheme.
- ❑ Specific target for Housing to improve Black and minority ethnic council and private sector tenants' satisfaction.
- ❑ Translation and professional interpreting services in place.



APPENDIX 5 SUPPORTING DATA FOR SECTION 5

1. Improving community engagement – examples of community resources available in Brent to improve community engagement, promote health and well-being among older people as well as active citizenship:
  - Community based organisations (listed in appendix 8). Largely funded by Brent Council.
  - Sports and exercise - 33% discount on entry charges for older people at the Council's three sports and leisure centres: Willesden, Vale Farm and Charteris.
  - Life-long learning - Council run day and evening classes, on a range of academic, practical and leisure topics<sup>44</sup>. There are discounts for older people.
  - Library service - 12 libraries, and a homebound and mobile library service. The libraries offer loans of books, tapes, low cost internet access, and free telephone links to the One-Stop Shops.
  - Information is available can be obtained via the Council's website, libraries (leaflets and posters), six One-Stop Shops including telephone line for people who are deaf and a dedicated Gujarati line, general publications (eg annual A-Z of Brent Council services and quarterly *Brent Magazine* delivered to all households).
  - Social inclusion - many leaflets are available in a variety of languages and formats. A target that the Council has set for 2004/05 is to ensure that this is the case for all public information. The Council has language translation and professional interpreter services. All Council premises to provide disabled access by October 2004.
  - Promotion of active citizenship includes – various forums (see appendix 1), postal surveys on a range of issues
  - Help to maximising income - Brent Council provides a Pension Credit Application Line (Tel. 0800 99 1234), Brent's Citizens Advice Bureau is part funded by the Council.
  
2. Combating crime and anti-social behaviour, linked to the Council's Crime and Disorder Reduction Strategy. Council initiatives include:
  - Establishment of Housing Crime Focus Group, drawing together the main service providers
  - Specialist Neighbour Relations Team to deal with complex nuisance, harassment and domestic violence on a multi-agency basis
  - Seeking and applying Anti-Social Behaviour Orders, as appropriate
  - A Housing Crime Manager and two further posts have been created and appointments made to investigate hate crime in housing situations
  - Street drinking initiative in Kilburn
  - Increased use of CCTV

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<sup>44</sup> BACES – Brent Adult and Community Education Service

## Joint Commissioning Strategy for Older People

- Funding security works in public and private sector housing
  - Participation in Community Safety Forums by Housing
  - Council's Domestic Violence unit, and contribution to the funding of Brent's Victim Support Scheme
3. Primary care services specifically for older people includes:
- GP/practice nurse annual check-ups/screening for all aged 75 years and older (eyes, hearing, safe use of medication, blood pressure)
  - Flu jabs for people aged 80 years and over with intent that people aged 65 years and over will also receive the vaccination.
4. Housing related support:
- What it is:
    - Develops an individual's capacity to live independently in the community or sustains their capacity to do so
    - Provides support to an individual who might remain in or be admitted to institutional care or become homeless, or suffer tenancy breakdown if support were not provided
    - Based on agreement between the service provider and the user to provide and receive support, with agreed objectives
  - What can be provided:
    - Offering people help to manage budgets and accessing welfare benefits so they do not accrue rent arrears and lose their home
    - Offering people a service in their own home, tailored to their individual needs, similar to that offered to people in sheltered housing eg monitoring of well-being, community alarm, emotional support, warden services
    - Helping people maintain their own safety in the home
    - Helping people make and keep appointments, including going with them if necessary
    - Helping people gain access to other services they may need, including training, further education, health and social activities
    - Assisting people in planning their weekly meals, shopping and food preparation – but not doing it for them
  - What it does not cover:
    - Health and social care eg domiciliary care, meals on wheels, functional or specialist support
    - Personal care eg bathing, toileting
    - Housing management and maintenance duties
  - Supporting People services:
    - Covers low-level proactive support services – as above
    - Two types of services: Long term ie homes for life and sheltered accommodation; Short term ie floating support
    - Specific service examples also includes: visiting support, helping users establish personal safety and security, supervising and monitoring health and well-being, assistance with cleaning, running errands and good neighbour tasks

## Joint Commissioning Strategy for Older People

- Floating support
  - Available to people wherever they live ie can follow a person if they move (unless to a residential or nursing care home)
  - Lasts as long as the person requires but aim is to help the service user to become independent so they will no longer need support
  - Specific service examples also includes: help in furnishing the person's home, information on local facilities, access to health care, leisure, transport, support and activity groups, help in paying bills and debts, dealing with emergencies, help with filling in forms and tackling 'red tape', advocacy, building self-confidence, befriending and emotional support (ie someone to talk to)
  
- 5. Extra care sheltered housing – defining elements of extra care<sup>45</sup>
  - Living at home – not in a home
  - Having one's own front door
  - Provision of culturally sensitive services delivered within a familiar locality
  - Flexible care delivery based on individual need that can increase or diminish according to circumstance
  - Opportunity to preserve or rebuild independent living skills
  - Provision of accessible buildings with smart technology that make independent living possible for people with physical or cognitive disabilities, including dementia
  - Building a real community, including mixed tenures and mixed abilities, which is permeable to the wider community and benefits from the variety of provision available to all citizens
  
- 6. Housing grants
  - Mandatory Disabled Facilities Grants – up to £25,000 per applicant
  - Discretionary Disabled Facilities Grants
  - Relocation Grants – up to £5,000 – when a disabled person's home cannot reasonably and practicably be adapted to OT's requirements. Grant to pay the necessary fees if the householder decides to move to a suitably adapted or adaptable property (owner-occupiers and private tenants only)
  - Small Works Grants – up to £5,000 in any 3-year period if person vulnerable and works will lead to significant health gains. For minor adaptations, repairs, energy efficiency, home safety. Eligibility: person on income support for one year or more, and over 60 years where there are no other resident non-vulnerable joint owners + also for disabled people irrespective of any entitlement to Income Support. Only for owner-occupiers and tenants with repairing obligations. Priority given to applicants in Harlesden Renewal Areas.
  - Empty Properties Grant – available to landlords to convert a commercial property into one or more dwellings or to bring vacant dwelling back into residential use. Various conditions apply. Priority

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<sup>45</sup> *Developing and Implementing Local Extra Care Housing Strategies*, commissioned by the Housing Learning and Improvement Network as part of the health and Social Change Agent Team Programme within the Department of Health (2003)

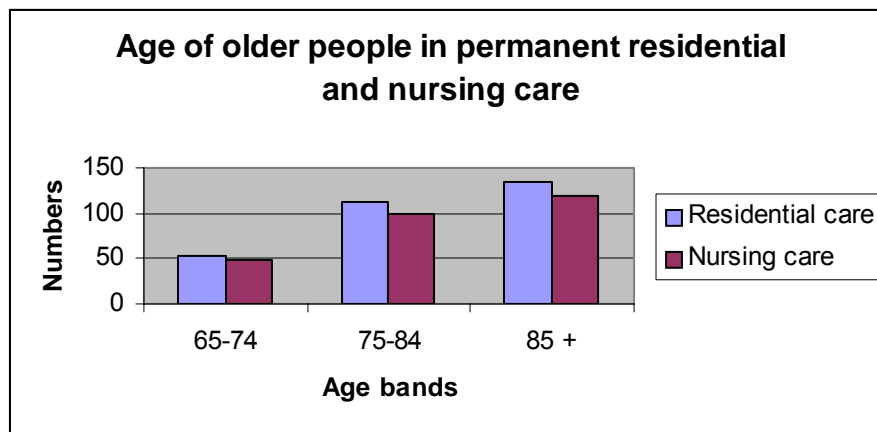
## Joint Commissioning Strategy for Older People

given to applications in the Harlesden Renewal Area, particularly for flats above shops.

### 7. Residential and nursing home care funded by Social Services, as at 31 March 2004 - number of older people, by types of placements:

Types of stay	Residential Care: Sector			Nursing Care
	SSD	Vol.	Private	
Permanent	32	12	257	269
Temporary	4	-	1	-

- 570 older people supported in residential or nursing care
- 120 older people in residential care placed outside Brent
- 111 older people in nursing care homes places outside Brent
- 231 people in total placed outside Brent ie 40%



Throughout 2003/04:

- Permanent admissions – 131 for residential care (turn-over 43.5%) and 121 for nursing care (turn-over 21%)
- Temporary admissions – 16 people with mental health problems in Social Service residential care homes; 20 people with physical disabilities in private residential care homes and 27 in nursing care homes.

### 8. Home Care

	Older people by disability			Total
	Physical Disability	Learning Disability	Mental Health	
Number of users	1170	9	37	1216
Gender breakdown:				
Men	336	3	13	352
Women	834	6	24	864

## Joint Commissioning Strategy for Older People

Age breakdown:				
60-64	36	2	3	41
65-74	227	1	11	280
75-84	473	4	15	492
85+	434	2	8	444
Service level contracted (hours per week)				
1-7	610	6	15	631
8-15	420	2	15	437
16-35	115	1	6	122
35 +	25	-	1	26
Ethnicity:				
Black African	21			21
Black Caribbean	135		12	147
Black Other	13			13
Asian Bangladeshi	2			2
Asian Indian	93		2	95
Asian Pakistani	11			11
African Indian	1			1
Asian Other	21		2	23
White British	535	3	12	550
White Irish (Born in Ireland)	85	3	4	92
White Irish (Born Elsewhere)	3		1	4
White Other (European)	108	1	3	112
Mixed White Black Caribbean	1			1
Mixed White Other	3			3
Chinese	2			2
Not Declared / Unknown	136		1	137

### 9. Meals Service

(a) Provision – for week beginning 25 October 2004

Types of meals	Location			Total provided
	Luncheon Clubs	Meals at home	Day Centres	
Standard/non-specific	68	2127	70	2265
Asian	3	257	49	309
Caribbean	139	268	38	445
Kosher	20	479	-	499
Halal	-	39	9	48
Total	230	3170	166	3566

- Approximately 185,432 meals are provided each year
- 89% of the service are meals delivered to older people at home
- Users can choose the meals they wish to receive

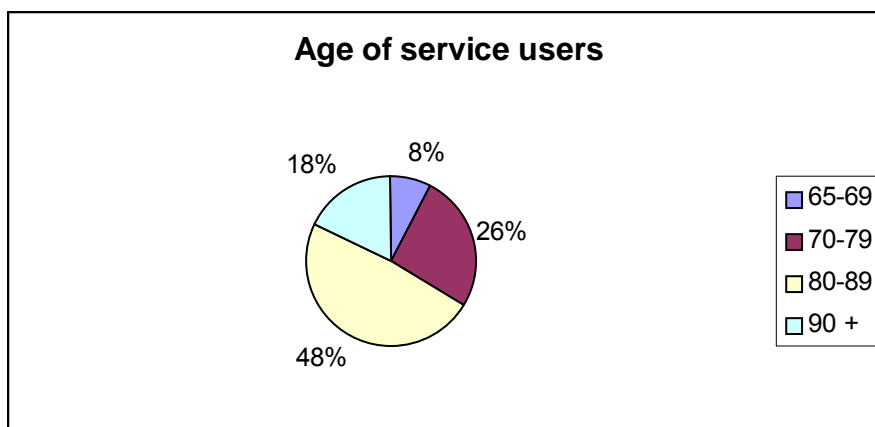
## Joint Commissioning Strategy for Older People

(b) Users of the meals at home service by ethnicity and gender:

Ethnicity	Gender		Total
	Women	Men	
Asian Bagladeshi	-	1	1
African Indian	1	-	1
Asian Indian	42	34	76
Asian Other	2	3	5
Asian Pakistani	2	2	4
Black African	1	5	6
Black Caribbean	34	31	65
Black Other	2	1	3
Mixed White and Black Caribbean	-	1	1
Mixed White and Asian	1	-	1
Mixed White Other	1	-	1
Not declared/Unknown	73	42	115
White British	265	133	398
White Irish (b. Ireland)	32	19	51
White Irish (b. elsewhere)	-	2	2
White Other (European)	63	30	93
Chinese	-	1	1
<b>Total</b>	<b>519</b>	<b>305</b>	<b>824</b>

- 63% of the users of the service are women
- 60% of the service users are either White British or White Other (European)
- 40% of the service users are from a range of ethnic minority groups, with Asian Indian (76), Black Caribbean (65) and White Irish born in Ireland (51) the largest of those groups.

(c) Age of service users:



(d) Number of meals per week delivered to older people at home:



- Almost 60% of users receive the meals service seven days a week and almost 22% five days a week.
- Most users of the service also receive the Home Care service.

10. Bathing Service - 2003/04:

Contract – Block contract for 15,600 bathing sessions + 339 ‘spot’ purchase

Referrals – 304 of which 250 were from Social Services

Service refusal – by 91 people (31 because it was no longer required + 60 because they only needed equipment)

Waiting list – 17 people

Service users – approximately two-thirds women and one thirds men.  
16% older Black people; 10% older Asian people, 7% older Irish people and over 50% older White European

11. Contenance Service – users of home pad (products) service:

- Between 1,466 aged 65 years and older - just under 5% of that age group.
- Breakdown of service users by ethnicity:
  - 50% - White, UK
  - 13.6% - Indian
  - 10.0% - Black Caribbean
  - 26.4% - Other/not known

## Joint Commissioning Strategy for Older People

### 12. Supporting People

Provider	Number of units	Contract value (£'000)	Notes
Willow Housing Ltd	743	695.09	
Brent Housing Partnership	225	90.04	
PCHA	75	140.47	Provides housing workers specifically for their older tenants
Bnai Brith JBG HA	61	13.51	Provides for older Jewish people
Willesden Free Church HA Ltd	40	7.04	
Irish Centre Housing	26	32.03	Provides for older Irish people
Innisfree HA	25	44.68	Provides for older Irish people
Fortunegate Community Housing	22	30.59	
ASRA Greater London HA	18	39.03	Provides for older Asian people
Spanish and Portuguese Jews	16	7.07	Provides for older Jewish people
Octavia Housing and Care	13	8.34	
The Abbeyfield (Kingsbury and Kenton Society Ltd)	8	9.84	Provides accommodation in Kingsbury and Kenton areas
Metropolitan Housing Trust	6	6.33	
Total	1278	£1,125,000	



## Joint Commissioning Strategy for Older People

### 13. Day services funded by Social Services

Name	Provider	Places	Average number of users*	Comments
Dollis Hill	In-house	35	125	
Westbrook		15	39	
Sudbury N' Centre	External/  Voluntary  Sector	31	28	Also provides bathing service
Asian Com. Care		38	27	For Asian people
BIAS		31	10	Irish people
WISE		26	6	African-Caribbean people
SNEH		14	4	Asian
African-Caribbean PO		10	2	African-Caribbean people
Jewish Care		5	5	Jewish people
Hamilton House		2	1	People with learning disability
New Testament		3	4	African-Caribbean people
Templeton House (in Barnet)		1	1	People with Alzheimer's
Grace Eyre Foundation		3	1	People with learning disabilities
Freemantle Trust		1	1	People with learning disabilities

\* Based on 2<sup>nd</sup> quarter 2004/05 (July-September 2004)

### 14. Day services – service usage (average in quarter July-September 2004)

Day Centre	Percentage usage
Dollis Hill	85.3%
Westbrook	73.7%
Sudbury N'hood Centre	60.0%
Asian Community Care	75.0%%
BIAS	76.3%

### 15. Services for Carers

#### □ Respite Care

- **Residential care** - Social Services funds up to 25 residential care places for respite care for older people who meet the eligibility criteria for services, including 6 places at Knowles House.

## Joint Commissioning Strategy for Older People

- **Respite at home** - Brent Triangle provides respite care in the home of the older person, including those who have dementia, enabling the Carer to take a break. In 2003/04, the PCT made a grant of £22,500, and Social Services £99,152 in 2004/05 (the whole of the Mental Health Grant. Waiting list of a year.
  - **Day services** – Social Service commissions Day services (see above).
  - **Day hospital** – Health commissions 15 places for older people with mental health needs at Belvedere Day Hospital.
- Other services for Carers in Brent include:
- **Counselling/support** - bereavement counselling, provided by Brent Bereavement Services. The PCT makes a grant of £20,965 (2003/04) and Social Service £15,055 (2004/05).
  - **Help with caring** - Crossroads (Social Services provided a grant in 2004/05 of £212,820 for all user groups). The PCT provided a grant of £16,000 (2003/04) for terminal care support.
  - In 2004/05, Social Services allocated £101,265 of the £503,674 Carers Grant to organisations for services specifically to help Carers of older people (20%). They were:

Organisations	Carers Grant
Elders Voice	£36,069
OPS	£38,148
FACCSD	£61,382

- **Information and support** – Brent Carers Centre received £59,029 of the Carers Grant. The Centre has Hindi, Urdu and Punjabi speaking support workers. It links with other voluntary organisations in the Borough that offer respite and befriending (eg Friends of African-Caribbean Carers of people suffering with dementia, Asian People with Disabilities Alliance), provides welfare benefits advice and support groups.

### 16. Integrated Community Equipment Service – use by older people

	2001/02	2002/03	2003/04	2004/05 projection (based on first quarter 2004/05)
<b>AGE</b>				
65 yr +	2410	3036	3071	3888
% all users	74.6%	74%	73.6%	74%
<b>GENDER</b>				
Men	889	882	915	1168
Women	1769	1862	1848	2320
Not known	252	292	308	372
<b>ETHNICITY</b>				
Black African	25	31	26	48

## Joint Commissioning Strategy for Older People

Black Caribbean	117	125	145	116
Black other	30	27	23	16
Asian Bangladeshi	1	4	2	4
Asian Indian	162	159	136	152
Asian Pakistani	21	17	14	4
Chinese	6	4	2	4
Asian other	53	53	53	28
White UK	711	731	605	640
Irish born	47	40	47	40
Irish – not b. in Ireland	85	56	46	56
White other	133	132	115	76
Not known	1514	1657	1857	2704

- The ethnicity of the majority of service users is not known
- Approximately two thirds of service users are women
- Two thirds of service users are 65 years or older

17. Care Co-ordination Service – PCT provided. The following is based on a report produced by the team leader in October 2004, summarising the first 165 patients/clients registered with the service between 16 February and 22 September 2004.

- Age of service users – 75% were aged 75 years or over:

Under 65 years	65-74 years	75-84 years	85 years and over
8 (4.8%)	33 (20%)	64 (38.8%)	60 (36.4%)

- Service use by gender – 102 women (62%) and 63 men (38%)
- Service users by ethnicity:

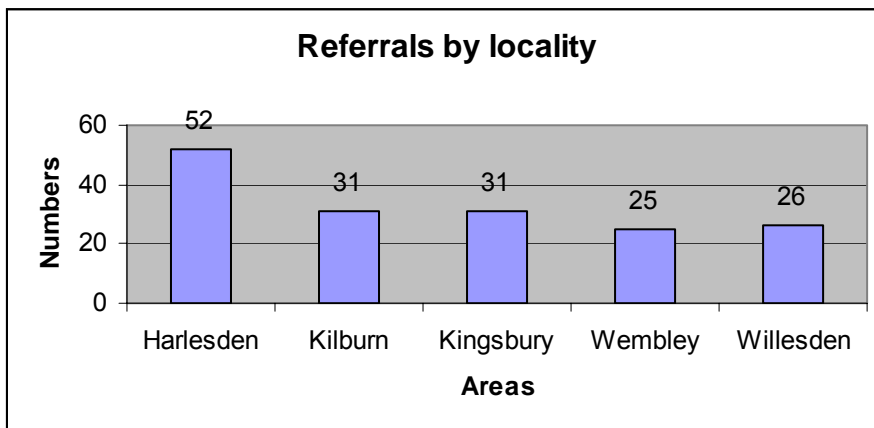
Ethnicity	Number	Percentage
White British	78	47.3
White Irish	12	7.3
Other White	4	2.4
White and Black African	1	0.6
White and Asian	2	1.2
Indian	8	4.8
Pakistani	3	1.8
Other Asian	3	1.8
Black Caribbean	23	13.9
African	3	1.8
Not stated	28	17.0
Total	165	99.9

## Joint Commissioning Strategy for Older People

- Almost half the service users were White British
  - Among the ethnic minority users, Black Caribbean were the greatest users of the service
- Source of referrals:

Referral sources	Number	Percentage
Not known	5	3.0
GPs	71	43.0
District nurses	18	10.9
Collaborative Care Team	10	6.0
Occupational Therapists	4	2.4
Community Rehabilitation Team	17	10.3
Community Physiotherapists	8	4.8
Development Workers	2	1.2
Pension Service	1	0.6
Robertson House	2	1.2
Practice Nurses	3	1.8
Practice Managers	2	1.2
Independent Living Team	1	0.6
Other	21	12.7

- Almost half the referrals were from GP's
  - No referrals were from the accident and emergency services
- Referrals by locality:



- Reasons for referral – most were for crisis prevention:

Reasons for referral	Number	Percentage
Crisis prevention	73	44.2
Prevention of admissions	20	12.1
Other	43	26.1
Crisis prevention/ Prevention of admission	7	4.2
Unknown	22	13.3

## Joint Commissioning Strategy for Older People

### □ Outcome of referrals:

Outcomes	Numbers	Percentage
Referral to Care Co-ordination Service	152	92
Not appropriate for service	8	4.8
Client refused intervention	4	2.4
Carer refused intervention	1	0.6
Not known	8	4.8

### □ Diagnosis of service users – ‘top ten’:

Diagnosis	Number	Percentage
Unspecified diabetes mellitus	8	4.8
Dementia	8	4.8
Parkinson’s Disease	5	3.0
Blindness and low vision	5	3.0
Hypertension	9	5.5
Heart failure	5	3.0
Stroke	8	4.8
Chronic obstructive disease	6	3.6
Arthritis	5	3.0
Abnormalities of gait and mobility	21	12.7
Not known/specified	85	51.5

- In over half the case the condition was not known, recorded or specified
- Most users referred to the service had abnormalities of gait and mobility
- 30% of clients had had a fall prior to intervention by the Care Co-ordination service

18. Complaints – annual and quarterly reports are produced by both the PCT and Social Services, giving an outline of the nature of the complaint and action taken as a result.

- PCT - In 2003/04, 256 formal complaints were received (50 concerning services directly managed by the PCT and 206 related to Family Practitioners) and 21 written compliments and positive feedback recorded for services managed by the PCT. There were five negligence claims, and a further seven claims were registered with the NHS Litigation Authority. The three top complaints about PCT services concerned: community child health, podiatry and district nursing; with wheelchair and independent living as fourth and fifth.
- Social Services – In 2003/04, there were 64 complaints concerning the Older People’s Service. 26 complaints concerned the quality of service

## Joint Commissioning Strategy for Older People

and 11 due to failure to communicate effectively. 53% of the complaints were made by service users and 23% by a relative who was not a current Carer. 13 complaints were fully upheld and nine partially upheld.

# Joint Commissioning Strategy for Older People

## APPENDIX 6 SUPPORTING DATA FOR SECTION 6

### Finances

- Services provided specifically for older people by Brent PCT and Brent Council – identifiable expenditure:

Service	Commissioner	2004/05 budget (£)*	Estimated no. of users	Providers
Grants to voluntary sector	SSD PCT	451,441 64,171		Not for profit
Concessionary travel + Taxi card	SSD	6,425,370	34,000 2,455	Transport for London
'Blue badge'	PCT SSD	12,300 17,500	7,790	
Bathing	SSD PCT	71,370 75,554	304 (15,939 baths)	Private
Incontinence products	PCT		1,466	Private
Meals	SSD	1,146,880	824	SSD
Home Care	SSD PCT (nursing)	5,000,120 898,356	1320 56	Private
Day Services	SSD	844,420 508,310	50 places 66 places	SSD Not for profit
Direct Payments	SSD	86,000	7	Not for profit
Community Equipment	PCT SSD	215,000 141,450	] 2704 ]	SSD
Community alarm	SSD	11,900	413	Not for profit
Telephones for clients	SSD	42,960	454	BT
Premises security	SSD	1,000		
Burials and cremations	SSD	32,260		Private
TV Licences	SSD	31,380		BBC
Supporting People	Housing	1,125,000	1278	Housing Associations
Residential and Nursing Care	SSD PCT	8,854,390 9,389,595	642 456	1 SSD home (39 places) - all others private
Care Co-ordination	PCT	200,000	282	PCT
Mental Health	PCT	2,788,279		CNWL Mental Health Trust
Total		38,435,006		

\* Net budget for Social Services

## Joint Commissioning Strategy for Older People

### □ July 2004 Government Spending Review:

#### Social Services

Especially to improve community care for the elderly, budget increase from £10.6bn (2004/05) to £12.5bn by 2007/08 ie in real terms an average annual rise of 2.7% per year.

#### Housing

4.1% increase for the next three years, with potential to boost social building by 40% to more than 45,000 units annually by 2008.

#### Health

7.2% increase per year until 2007/08

### □ Gershon Report: *Care Services Efficiency Delivery Programme*:

#### Housing

Housing Associations to save £830m annually by 2008 (8% reductions)<sup>46</sup>

#### Department of Health

Agreed target for efficiency gains of about £6.5m by 2007/08, of which over half will be cashable. Improved commissioning of social care to generate about 10% of the efficiencies.

#### Local Government

2.5% per annum to deliver £6.45bn of efficiencies (eg rationalisation of back office functions) and productivity by 2007/08. 35% derived through procurement such as adult social care.

Three year settlements in local government.

New trading powers.

Capacity Building Fund - £25m 2004/05 and 2005/06; continued support of £20m over 2006/07 and 2007/08.

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<sup>46</sup> Announced by John Prescott 22 September 2004





Joint Commissioning Strategy for Older People

APPENDIX 8 SERVICES FUNDED BY THE COUNCIL AND/OR PCT PROVIDED BY THE VOLUNTARY SECTOR FOR OLDER PEOPLE

Services specifically for older people

Organisation	Service provision	Funding – 2004/05 (unless otherwise stated)		Comment
		Amount £	Source	
African-Caribbean People's Organisation (ACPO)	4 day week pensioners luncheon and social club	5,071	Brent Council	Part of funding for young people and families
Age Concern Brent	Information, advice and advocacy + plans to develop voluntary work and training + provide lay assessors for care home inspections	88,700	Brent Council	
Arthritis Care	Information and support for people with arthritis	2,175	Transport grant	
Brent Indian Community Centre	Activities for older people include seminars on Asian healthy living, (including for diabetes), keep fit and luncheon club. Also language classes, + classes in Asian music, and computers	20,197	Brent Council	Part of funding also for services for young people, including children

## Joint Commissioning Strategy for Older People

Brent Irish Advisory Service (BIAS)	Project to help older people, including those with disabilities to increase participation through luncheon club, yoga classes, meeting places, library and drop-in advice	36,100	Brent Council	Part of funding also for welfare support and range of specialist services for Irish people in Brent, including assertive health, education, community safety and social care programme
Brent Pensioners Forum	Promotes welfare of pensioners + source of information + makes representations on behalf of pensioners in Brent	935	Brent Council	Funding for July 2004-March 2005
Brent Triangle	Provides respite care for older people with dementia	22,500 (2003/4)	Brent PCT	
Churchend and Roundwood Youth and Community Centre	Social and advice for all in local area, including keep fit sessions for over 50's, + bingo and helping older people get involved in social activities and feel less isolated	5,000	Brent Council	Part of funding for wider range of local activities
Crossroads	Services to help people with terminal care	16,000 (2003/4)	Brent PCT	
Elders Voice	Day services, outreach support, involvement in Healthy Living, handy-person and gardening schemes	156,959	Social Services, Mental Health Grant, Carers Grant, Vol. Sector funding	
FACCSD		61,382	Carers grant	

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Kingsbury Asian Elders Group	Run by and for older Asian people, mainly providing cultural programmes to help reduce isolation	1,600	Brent Council	
Magnolia Senior Citizens Club	Works with lonely, disabled and elderly members of the community to help them meet and socialise + outings an festivals	1,200	Brent Council	
Mission Dine Club	Luncheon clubs	11,016	Social Services grant	
Multiple Sclerosis Society		2,175	Transport grant	
New Testament Community Project	Promotes the interest of older people to retain their independence for as long as possible	67,285	Social Services grant + funding from vol. sector	
St Kitts and Nevis Friendly Association	Recreational, educational and cultural activities including luncheon club for older people, advice on health and education	700	Brent Council	Funding also for services for young people
Kokni Muslim Welfare and Youth Organisation	Range of cultural and recreational activities including luncheon club, periodic health checks and food and hygiene guidance to older people	1,500	Brent Council	Funding also for summer play scheme and educational trips

## Joint Commissioning Strategy for Older People

WISE	Day services	116,651	Social Services grant + transport grant	
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### Other voluntary organisations whose services and activities can benefit older people

Organisation	Service provision	Funding – 2004/05 (unless otherwise stated)		Comment
		Amount £	Source	
African Women's Care	Promotes health care needs of African women	4,000	Brent Council	Funding for July 2004-March 2005
Asian People Disabilities Alliance	Day services, information and advice, support	71,380	Carers grant	
Asian Women's Resource Centre	Works in partnership to deal with violence against women	10,000	Brent Council	
Association of Muslims with Disabilities (AMD)	Benefits advice, drop-in centre, luncheon club, open forums	10,000	Brent Council	
Black Disabled People's Association (BDPA)	Education, training mobilisation and politicisation	3,500	Brent Council	
Bengali Community Education Centre (BCEC)	Aims to improve the welfare, education, health and employment for the Bengali communities and others in Brent	13,000	Brent Council	
Brent Advocacy Concerns (BAC)	Advocacy for disabled people	27,620	Brent Council	
Brent Alcohol Counselling Services (BACS)	Counselling, arranging detoxification + help with domestic violence, poly drug use, mental illness	8,980	Brent Council	

Joint Commissioning Strategy for Older People

Brent Arts Council (BAC)	Umbrella organisation for over 40 recreational and professional arts organisations in Brent	10,000	Brent Council	
Brent Association for Voluntary Action (BRAVA)	Supports the voluntary and community sectors	30,000	Brent Council	
Brent Association of Disabled People (BADP)	Campaigns for the rights of disabled people + umbrella for 80 member organisations	153,190	Brent Council	
Brent Bereavement Services	High quality free professional support to any bereaved person + drop-in centre, telephone helpline, one-to-one sessions	1,063 20,965 (2003/4) 15,055	Brent Council Brent PCT Social Services	
Brent Community Housing Ltd	Housing co-operative that helps single people gain access to accommodation	11,500	Brent Council	
Brent Carers Centre	(a) Sign-posting, advice and information (b) Holiday (c) Consultation/training rep (d) Outings and support groups	(a) 5,708 (b) 24,335 © 13,539 (d) 15,447	Carers grant	
Brent Community Transport	Runs a subsidised transport service for SSD and their accredited organisations	155,711	Social Services grant	
Brent Indian Association	Advice on welfare benefits advice, housing, IT and immigrations + legal adviser	73,000	Brent Council	
Brent Mencap	Helping people with learning disabilities live as independently as possible	50,000	Brent Council	

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Brent Somali Community	Advice on housing, health, education, social services, immigration + interpretation	500	Brent Council	
Cricklewood Homeless Concern (CHC)	Support to homeless people including day services, housing advice, resettlement and domiciliary support + promotion of healthy living	10,000	Brent Council	
Energy Solutions NW London	Provides advice on energy efficiency and fuel poverty		Brent Housing	
Hindu Council (Brent) HCB	Promotion of cultural events, particularly Navatri Festival	4,000	Brent Council	
MATHEMATICS	Helps educate and host community events to the local Muslim people + active in home visits	1,788	Brent Council	
Middlesex Association for the Blind	Supports blind and partially sighted and deaf/blind people to lead independent lives + communication services	3,000	Brent Council	
Middlesex IteC Ltd (MITEC)	Delivery of a variety of ICT courses	40,863	Brent Council	
Pakistan Welfare Association	Advice and support to people + range of training, cultural activities for all ages	39,250	Brent Council	
Relate Central Middlesex	Counselling and mediation services	13,000	Brent Council	
RoadPeace	Support and information for bereaved and injured victims of road accidents and their families	2,000	Brent Council	
Samaritans of Brent	Listening ear, counselling and support for people who are suicidal, in despair or distress	16,300	Brent Council	

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Tricycle	Theatre, cinema, art gallery, café/bar, educational and social inclusion workshops	218,000	Brent Council	
Victim Support Brent	Helps victims of crime, with outreach service, schools project and workshops + seeking to expand to reach hard to access groups eg asylum seekers	38,500	Brent Council	





## Joint Commissioning Strategy for Older People

### APPENDIX 9 REGISTERED SERVICES DIRECTORY (from: Commission for Social Care Inspection – Harrow and Brent Office + supplementary information from Brent Housing)

#### Registered Homes for Older People: Care Homes for Older People Providing Personal Care

Name	Location	Number of beds
ABBEYFIELDS EXTRA CARE HOME – The Willows	Kingsbury	27 – long waiting list
12 BRIAR ROAD	Kenton	3
27 DONNINGTON ROAD	Kenton	3
EDWIN LODGE	Wembley	3
15 FORTY LANE	Wembley	3
HAZELWOOD HOUSE	Kenton	15
KINGS LODGE	Wembley	9
53 KINGSWAY	Wembley	2
LAWNFIELD HOUSE	Cricklewood	36
MANOR LODGE	Harrow	16
MAURVILLE	Harrow	16
THE MAYFIELD	Kenton	23
PARK LODGE	Wembley	3
PARK VIEW	Harrow	15
PRESTON LODGE	Harrow	6
RIVERVIEW LODGE	Kingsbury	32
ROSELAND CARE HOME	Kenton	10
SILVERDALE	Harrow	3
SISHA HOUSE	Willesden	3
SPANISH & PORTUGUESE HOME FOR THE AGED	Wembley	51 – generally fully occupied
ST ANNS RESIDENTIAL HOME	Wembley	6
ST. JOSEPH'S	Harrow	19
SWEETLAWNS	Harrow	6
THE LAURELS	Harrow	6
TOWER HOUSE	Willesden	7

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### Care Homes for Older People Providing Nursing Care

Name	Location	Number of beds
BUCHANAN COURT	Harrow	85
CARRICK NURSING HOME	Kenton	24 Speciality: Care of Older People and terminally ill people, over 60 years of age
CLAVERING NURSING HOME	Pinner	49 Speciality: Care of Older People with Dementia, & Mental Disorder over 65 years of age
CRAVEN PARK NURSING HOME	Harlesden	26 – generally fully occupied

### Care Homes for Older People providing Personal Care & Nursing Care

Name	Location	Number of beds
BIRCHWOOD GRANGE NURSING HOME	Kenton	35 personal care beds 115 nursing care beds Speciality: Older People in need of personal care, nursing care and 30 EMI places
KENBROOK	Wembley	37 personal care beds 15 nursing care beds Currently being refurbished to increase number of nursing beds and reduce personal care beds
MEERA HOUSE	Kingsbury	2 personal care beds 49 nursing care beds (16 beds – dementia). For Asian Gujarati speakers
WILLESDEN COURT NURSING HOME	Willesden	19 personal care beds 41 nursing care beds

### Care homes that provide nursing care for adults and older people

Name	Location	Number of beds
BROOK HOUSE	Wembley	49 Speciality: Older people in need of nursing care, (some over 55 years). Nursing care for up to 10 physically disabled adults – not dementia.
COPLANDS NURSING HOME	Sudbury	75 Speciality: Nursing care for older people, older people with dementia and physically disabled adults. Generally full + waiting list.

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Name	Location	Number of beds
MIDDLESEX MANOR NURSING CENTRE	Wembley	83 nursing care beds Speciality: Nursing care for older people, older people with dementia and physically disabled adults. Fully occupied + waiting list
SHAKTI NURSING HOME	Wembley	16 Speciality: Asian Community– Nursing care provided for Physically Disabled Adults (over 50 years of age) and Older Persons.
SHIVAM NURSING HOME	Wembley	15 Speciality: Asian Community– Nursing care provided for Physically Disabled Adults (over 40 years of age) and Older Persons
WALM LANE NURSING HOME	Cricklewood	21 Speciality: Care home providing nursing care for adults and older people

### Client homes for adults:

Care homes providing personal care for adults with a learning disability

Mental Health

Specialist homes for adults – RNIB, physical disabilities, physical and learning

Disability, nursing care for adults with learning disability, personal care for adults with alcohol dependent past/present

Not listed here, as most do not cater for older people

### Local Authority homes (Brent – homes for older people)

Name	Location	Number of beds
KNOWLES HOUSE	Harlesden	39 Speciality: Personal care of Older People with Dementia
MELROSE HOUSE	Willesden	Includes beds for older people with learning disabilities

## Joint Commissioning Strategy for Older People

### Nursing agencies

Name	Location
BSL Nursing Recruitment Limited	Willesden
Clinical Nurses Agency	Wembley
Guardian Healthcare UK Ltd	Kingsbury
Hesta Services Ltd	Harrow on the Hill
Just Care Services Ltd	Harrow
Luxmy Nursing Recruitment Ltd	Harrow
NCS Enterprise Ltd	Kilburn
Outsource 2 Solutions Ltd	Harrow
Parkwood Healthcare	Kenton
Peak Consulting Limited	Harlesden
SKL Professional Recruitment Agency	Wembley
Standard Nursing Agency	Wembley
The Yellow Ribbon Care Services Limited	Harrow
Vision Employment Agency	Neasden

### Domiciliary care agencies

Name	Location
Brent Care At Home	Wembley
Brent Crossroads	Willesden
Brent Triangle	Cricklewood
Carewatch (Harrow)	Harrow
Clover Residents Limited	Harrow
Community Careline Services Ltd	Kenton
Dina Seva Services Limited	Harrow
Enara Community Care	Wealdstone
Harrow Care At Home	Harrow
Harrow Crossroads	Pinner
Helpful Hands Homecare Ltd	Harrow
Jays Homecare Limited	Wembley
Lean On Me Community Care Services	Wembley
P & A Care Services Ltd	Harrow
Real Life Options	Kenton
SKL Professional Recruitment Agency	Wembley
Westminster Homecare Ltd (Harrow)	Wealdstone

APPENDIX 10

GLOSSARY OF TERMS

Intermediate care

Defined by the Department of health to describe services that meet ALL the following criteria:

- Targeted at people who would otherwise face unnecessary prolonged hospital stays or inappropriate admission to acute in patient care, long term residential care or continuing NHS in patient care
- Provided on the basis of a comprehensive assessment resulting in a structured individual care plan that involves active therapy, treatment or opportunity to recover
- Have a planned outcome to maximise independence and typically enabling patients, users living at home
- Time limited, normally no longer than 6 weeks and frequently 1-2 weeks or less
- Involve cross professional working, with the single assessment framework; single professional records and shared protocols

LIT – Local Implementation Team (PCT and SSD led with representatives from Brent Council, NHS Trusts and the community)

PCT – Primary Care Trust

Rehabilitation

“A process aiming to restore personal autonomy in those aspects of daily living considered most relevant by patients or service users and then family/carers” (King’s Fund, Sinclair and Dickinson 1998)

RSL – Registered Social Landlord, Housing Association registered with the Housing Corporation.

Sheltered and extra care sheltered housing

Supported housing for older people, self-contained flats with a warden on site and access to various levels of care provided by Social Services.

SSD – Social Services

APPENDIX 11 REFERENCES AND SOURCE MATERIALS

*A Better Life: Private Sheltered Housing and Independent Living for Older People* (McCarthy and Stone) November 2003

*Brent's Race Equality Scheme 2004-2006*

*Brent's Supporting People Shadow Strategy* (Brent Housing) 2002

*Building Capacity and Partnership in Care: An Agreement between the statutory and independent social care, health care and housing sectors* (Department of Health) October 2001

*Elders Assessment and Care Management Fundamental Service Review* (Brent Social Services) March 2002

*Fairer Access* (Department of Health) 2002

*Fuel Poverty Strategy (Energy Solutions NWL)*

*Housing and Older People* (Housing Corporation)

*Independent Review of Public Sector Efficiency* (Peter Gershon) HMSO July 2004

*Modernising Social Services – promoting independence, improving protection, raising standards* (Department of Health) 1998

*National Service Framework for Older People* (Department of Health)

*National Standard, Local Action – Health and Social Care Standard and Planning Framework 2005/06-2007/08* (Department of Health) July 2004

*Older Persons Housing Strategy 2003-08* (Brent Housing) 2004

*On the Mend: Hospital Discharge Services and the Role of Home Improvement Agencies* (Care and Repair England) 2001

*Out in the Open: Breaking Down the Barriers for Older People* (Department of Health) May 2000

*Practice Based Commissioning – Engaging Practices in Commissioning* (Department of Health) October 2004

*Preparing Older Peoples Strategies* (Office of Deputy Prime Minister, Department of Health and the Housing Corporation)

## Joint Commissioning Strategy for Older People

*Quality and Choice for Older people: Housing – A strategic framework*

*Residential Care, housing, care and support schemes, and Supporting People: A Consultation Paper* (Department of Health) 31 October 2001

*Should I stay or should I go?* (Care and Repair)

*Strategy for Funding Private Sector Renewal* (Private Housing Service)

*Supporting People: Policy into Practice* (Department of Environment, Transport and Regions) January 2001

*Take Your Choice – a commissioning framework for community care* (Audit Commission) 1997

*That's the Way the Money Goes – inspection of commissioning arrangements for community care services* (Social Services Inspectorate, Department of Health) July 1999

*The Age Agenda 2004* (Age Concern) 2004



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