



Haringey Council

NOTICE OF MEETING

Scrutiny Review – Access to Services for Older People

MONDAY, 17TH DECEMBER, 2007 at 11:30 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Councillors Bull (Chair), Adamou, Alexander and Wilson

AGENDA

1. APOLOGIES FOR ABSENCE

If any

2. URGENT BUSINESS

The Chair will consider the admission of any late items of urgent business. (Late items will be considered under the agenda item where they appear. New items will be dealt with at item 9 below).

3. DECLARATIONS OF INTEREST

A Member with a personal interest in a matter who attends a meeting of the authority at which the matter is considered must disclose to the meeting the existence and nature of that interest at the commencement of that consideration, or when the interest becomes apparent.

4. MINUTES (PAGES 1 - 14)

To approve the minutes from previous meetings.

5. OLDER PEOPLE'S SERVICES RESOURCES (PAGES 15 - 26)

To hear from Tom Brown (Interim Assistant Director, Adult Services) with regards to resource allocations for the Older People's Service.

6. TEACHING PRIMARY CARE TRUST RESOURCES (PAGES 27 - 28)

To hear from Alex McTeare (Head of Strategic Commissioning – Adults and Older People, Haringey Teaching Primary Care Trust) with regards to resource allocations for services for older people.

7. PARTNERSHIP WORKING

To hear from Tom Brown and Alex McTeare on partnership working between Haringey Older People's Services and Haringey Teaching Primary Care Trust.

8. SUPPORTING PEOPLE

To hear evidence from Matthew Pelling (Supporting People Commissioning Manager) with regards to services provided for older people.

9. FEEDBACK FROM THE OLDER PEOPLE'S COMMISSIONING PANEL

To hear feedback on the Commissioning panel

10. NEW ITEMS OF URGENT BUSINESS

11. DATE OF NEXT MEETING

Monday 14th January – To be confirmed

Yuniea Semambo
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Wood Green N22 4HQ

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**Access to Services for Older People
Panel Meeting
15th October 2007**

Present: Cllr Bull (Chair), Cllr Adamou, Cllr Alexander, Cllr Wilson, Celia Bower (OP Forum), Alex McTeare (PCT), Robert Edmonds (Age Concern), Tom Brown, John Haffenden, Verlyn Cowell, Chris Henderson, Maureen Dewar, Loyda Fanusie,

Agenda Item	Notes	Action
Apologies	Zeedy Thompson Hazel Griffiths Manuela Toporowska	
Urgent Business	None	
Declarations of Interest	None	
Scope and Terms of Reference	Inclusion of Black and Minority Ethnic communities and geographic equity is welcome, discussion as to whether inclusion of gender balance in services should also be looked at. Agreed that the review will remain open minded and flexible throughout to allow for other areas to be incorporated where appropriate.	

<p>Older People's Service Presentation</p>	<p>Tom Brown, Acting Assistant Director for Adults, Adult, Culture and Community Services (ACCS) Directorate spoke about the Older Peoples Service and the pathways taken by those accessing the service.</p> <p>Anyone over the age of 65years who is deemed as vulnerable is eligible for an assessment of need.</p> <p>Referrals generally come from other professionals and members of a person's family with the first point of contact being either the Initial Contact Team or the Stuart Crescent Health Centre. Assessment is then made as to whether Social Services is the most appropriate place (as opposed to health or the Department for Work and Pensions) and also ascertain the urgency of the person's situation.</p> <p>If it is found that Social Services is the appropriate place then the complexity and urgency of the case is and whether intervention from for example the Voluntary sector is more appropriate.</p> <p>The service endeavours to complete an assessment within 28days. This assessment includes detailed discussions with relevant parties, judgements on risk and a persons needs in relation to all aspects of their life are looked at and the four bandings of the Fair Access to Care Services (FACS) applied. Aim to try and reach a consensus with a person as to the best course of action.</p> <p>Haringey operates within the Substantial and Critical bandings of FACS).</p> <p>Unless there is clear urgency the case then goes to the Commissioning Panel in order to consider the allocation of services. The impact of providing or not providing a service is considered here.</p> <p>Both in-house and external providers are approached to see whether any of the</p>
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	<p>low level needs can be met.</p> <p>A review is undertaken after 6-8 weeks and then approximately once a year. If the person's needs are more complex then contact is more regular. If a person's situation changes then contact is more frequent. This is often brought to light by a person's carer or someone at a centre the person attends e.g. a day centre.</p> <p>A Higher Needs Panel also exists. This panel is a multi-disciplinary, multi-agency group where people's needs are assessed as to whether they meet the NHS Continuing Care Criteria for funding. This is where the need is deemed to be primarily health.</p> <p>Ideal outcome = Independence.</p> <p>Carers</p> <p>The assessment also takes into consideration the Carers needs. Noted that carers provide a valuable service which saves a lot of money.</p> <p>Discussion Points</p> <p>Funding</p> <p>The only external funding that is received is from government grants. Examples of this are the Carers Grant and the Access and Systems Capacity Grant. At present these are ring-fenced grants.</p> <p>Discussion as to whether it is possible to find out how many people present at Critical and Substantial. This will be investigated and will report back to the panel.</p> <p>Most authorities have a Commissioning Panel. Advantages of this include:</p>	<p>Tom Brown/Melanie Ponomarenko</p>
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	<p>Equity and consistency of decision making.</p> <ul style="list-style-type: none">➤ Objectivity when looking at cases.➤ Ensures that all options have been looked at.➤ Ensures that the quality of assessment is high as it acts as a check on the process. <p>Approximately 50% of those coming into contact with the service are filtered out before assessment. Discussion surrounding what happens to these and as to whether they are borderline eligible for services, also whether they would be likely to come back to the service at a later date should their situation deteriorate. Analysis is not always possible due to resources. Noted that health and social services jointly need to improve the management of people with lower levels of need in order to prevent them from moving into the higher level needs areas.</p> <p>The Social Care workforce in Haringey does reflect the diversity of the borough, this has been officially audited. There are also good links in place with faith groups and voluntary agencies which are able to reach the harder to reach groups.</p> <p>There are budgetary issues in the service. It is impossible to predict how many people will come into the services within a year, at the same time there is set budget for the service. Budget monitoring takes place on a regular basis, however due to the statutory requirement to provide a service to those who meet eligibility criteria there is a frequent overspend.</p> <p>An overview of the Access Pathways Project, currently taking place in Adult, Culture and Community Services was given by John Haffenden (Assistant Director, Commissioning and Strategy):</p>	
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	<p>Current routes into services are complicated and do need to be simplified.</p> <p>The end vision of the project is for universal services to be accessed by all, this includes those will lower level needs who are not eligible for a social care package. Emphasis is on preventative services.</p> <p>Current work includes looking at what is being done across each of the services in the ACCS Directorate and where the access points are. Service directories are being looked at. The Older Peoples service has a directory; it would be useful if every Councillor had a copy of this for when they are speaking to residents.</p> <p>Voluntary and community organisations will also be included and an aim is to ensure that the staff working in the Directorate will know what services are provided here.</p> <p>Noted that Melanie Ponomarenko has joined to Project Board so that the review and the project share information.</p>	<p>Tom Brown</p>
<p>Draft Review Timetable</p>	<p>Panel Members attendance at a Commissioning Panel meeting to be arranged asap. This will be Members only.</p> <p>Cabinet Member for Adult Social Care and Well-being to be invited to speak at a Panel meeting.</p> <p>Commissioners and Providers to be invited to panel meeting.</p>	<p>Melanie Ponomarenko</p> <p>Melanie Ponomarenko</p> <p>Melanie Ponomarenko</p>

	<p>Coordination of a list of places for panel to visit to be drawn up and scheduled in.</p> <p>Consideration to be given to the panel members having lunch at age concern to enable them to talk to people there.</p>	<p>Melanie Ponomarenko</p> <p>Melanie Ponomarenko</p>
<p>Date of Next Meeting</p>	<p>19th November 2007 10:00-12:00</p>	
<p>New Items of Urgent Business</p>	<p>None</p>	

**Scrutiny Review - Access to Services for Older People
Panel Meeting
19th November 2007**

Councillors present: Cllr Bull (Chair), Cllr Adamou,

Others attending: Robert Edmonds (Age Concern), Andy Briggs, Diana Edmonds, Delia Thomas, Melanie Ponomarenko, Douglas Maitland-Jones

Agenda Item	Subject/decision
1.	Cllr Alexander Cllr Wilson Manuela Toporowska (Haringey Forum for Older People)
2.	Urgent Business None
3.	Declarations of Interest None
4.	Minutes Carried forward to next meeting
5.	Overview and Feedback from Commissioning Panel Carried forward to next meeting
6.	<p>Libraries</p> <p>Diana Edmonds (Assistant Director Culture, Libraries and Learning) gave evidence and answered questions on the work currently undertaken by the Libraries services.</p> <p>There are significant pockets of libraries usage by Older People throughout the borough. For example, Tottenham, Coombes Croft, Highgate and Muswell Hill.</p> <p>It is important that facilities in libraries are 'easy' for Older People e.g. accessible, toilet facilities, chairs the correct height.</p> <p>Older People's capabilities are taken on board when ordering stock, for example large print and cassettes.</p>

IT training courses take place in all libraries. IT is an important aspect of many Older People's lives as it can be used for social interaction, staying in contact with family, doing on-line shopping etc. Prevents Older People from being isolated. There are large keyboards to assist.

Special Services include a mobile library for those who are housebound. Information on these people is kept on a database and referrals come through Adult Services and by self referral. Once a person has been referred they are visited by a staff member to discuss their requirements, they are then visited once a month with new material.

Noted that this service could link up with Meals on Wheels who are aware of housebound people, and also by visiting day centres to increase awareness of the service.

Information and learning include 'Happy Heart days'. These are sessions which aim to help people keep mobile.

Good relationship with Age Concern, who can book courses for Older People.

Drop-ins, coffee mornings and other social interaction settings are being encouraged.

Link with the Access Pathways Project currently being undertaken in Adult, Culture and Community Services.

Newspapers are supplied taking into consideration the desires of the local community, for example Cypriot papers. Books are also supplied in community languages.

Discussion points

Libraries are more than providers of books; they are also a good contact point with residents in the borough.

Noted that libraries are also an access to warmth for older people. This is especially the case in some areas of the west of the borough, for example Highgate, where older people are often equity rich and cash poor.

Diana Edmonds will speak to teams at the Haringey Teaching Primary Care Trust to ensure that they know what services are provided.

Not all libraries are currently accessible for older people, for example Highgate does not have accessible toilets.

	<p>There is currently no written 'plan' in place to link libraries with the wider well-being agenda.</p> <p>There are currently two well-being suites (Marcus Garvey and Wood Green Library). These run sessions such as Massage where residents are also taught massage techniques linked to their well-being.</p> <p>Noted that aspects of life-long learning could be improved.</p> <p>Action points</p> <p>What are the numbers of Older People that use the services provided by libraries?</p>
<p>7.</p>	<p>Leisure Services</p> <p>Andy Briggs (Head of Sports and Leisure Services) gave evidence and answered questions on the work undertaken by Leisure Services.</p> <p>Issues in raising the usage of Leisure centres by Older People: There is a perception by Older People that Leisure Centres are for younger people. Raising awareness and breaking down the barriers. For example, people understanding what they can access. Transport issues Confidence, in that older people can find going to a leisure centre daunting.</p> <p>The Active Card is only used by 5% of the over 65yrs of age population across the borough. There is a perception that parking is not free for those using Tottenham Green, this is not the case. Those over the age of 65yrs also get a free parking notice with their Active Cards.</p> <p>All facilities are Disability Discrimination Act (DDA) compliant. There are hoists in place to assist people getting into pools, also areas with no steps and women only sessions.</p> <p>There are specific sessions provided for older people and there are sessions which are free of charge.</p> <p>Not all sessions are conducted within the Leisure Centres. This year the service began to go out to the Community. For example into Care Homes. These include Cranwood, Red House and</p>

Broadwater Farm, where one hour sessions take place each week to raise awareness of the benefits of keeping active and also to promote movement. These are conducted by the services fitness instructors, attended by 5-8 people and feedback received is good.

The service would like to build on this but the funding is not available at present.

Scope for greater link up between leisure and libraries in the homes visited.

The gym at Tottenham Green is used by a high number of people who are 50 years of age and above. For as many people who use the gym there are likely to be as many again who do not necessarily have the confidence to attend. This is also a barrier which needs to be overcome.

The service acknowledges that they have further work to do, for example at Park Lane and White Hart Lane centres. Provision will be developed in 2008.

There is a GP referral scheme in place with 9 surgeries on board. (this is funded through the Neighbourhood Renewal Fund and is a joint venture with the TPCT). This scheme consists of referrals for a 12 week cardiac programme with incentives included to encourage the person to continue using the gym afterwards. Staff are trained from within the NRF money and the aim is to keep these staff at the centres.

This is a scheme that the service would like to develop further including the possibility of extending it to other areas. For example to include the sessions at the New River Sports Centre for people who have had a stroke.

There are also free walking programmes in place.

Points of discussion

Noted that services available at Tottenham Green Leisure centre sound excellent.

There are more services here in comparison to other centres due to size and demand (there is a greater demand for services in Tottenham Green and if the service is able to provide those required then they do). At the same time the service believes that the infrastructure in Tottenham Green Leisure Centre needs investment.

The Business Development Manager is also the Champion for Older People in the service.

	<p>Issue rose that transport is also an issue for usage of facilities as is the timing of some of the services. For example, Aqua-cise is in the afternoons which are now during hours of darkness.</p> <p>Up to 50% of those using services are means tested/have concessionary prices.</p> <p>There is awareness that the subsidy needs to be reduced on the part of the council. There needs to be a move towards 'the ability to pay' so that those who really do need the help to pay only have to pay a nominal amount or nothing at all.</p> <p>Partnership working</p> <p>Greater investment in prevention is needed; the government needs to lead the way on this.</p> <p>The GP referral scheme is a good example of partnership working and this can be built on further.</p> <p>Noted that Broadwater Lodge has an accessible bus which is not used to full capacity. There is a possibility that this is the case with other buses across the Council. The idea that this could be used more flexibly was suggested. For example could it be coordinated by the use of a database or timetable?</p> <p>This could then be used to assist people accessing universal services.</p> <p>A defined well-being plan should be developed including looking at provision gaps.</p> <p>Where external funding can be applied for the service applies for it.</p> <p>There is a possibility of a link up between the 'Health for Haringey' projects and Leisure Services. 'Health for Haringey' projects have received funding from the Big Lottery Fund and are supporting 82 organisations in the community at present. This funding was acquired by Age Concern jointly with the TPCT.</p> <p>Action point</p> <p>What is the profile of those who use the Leisure Centres?</p>
<p>8.</p>	<p>Voluntary Sector</p> <p>The panel received evidence from Robert Edmonds, Director, Age Concern Haringey.</p>

Age Concern receives 60% of its funding from Statutory services including the TPCT and Adult Services. Other funding streams include Neighbourhood Renewal Fund and the Big Lottery Fund.

Age Concern Haringey has 22 staff members and 100 volunteers.

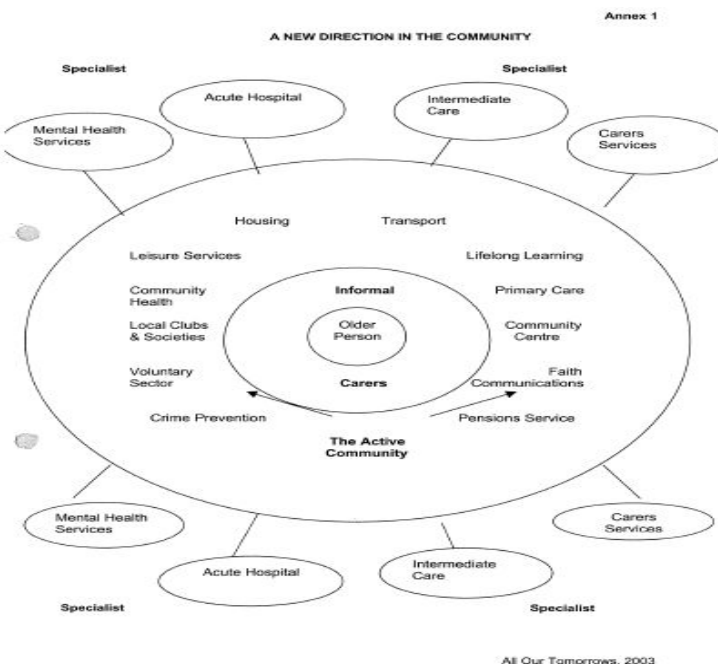
An Age Concern DVD was shown illustrating the impact that joined up services can have on an older person's life.

There is a belief that Haringey is making progress at a strategic level and that it is about joining up the dots.

The well-being and preventative approaches are to be welcomed. However there are concerns that the 1% increase announced for Social Care in the Comprehensive Spending review is not in keeping with inflation.

Advantages of the voluntary and community sector organisations include the fact that people are aware of other people's activity. For example, they are likely to notice when someone who regularly attends a day centre does not arrive.

Reference to Annex 1 in 'All Our Tomorrows' policy document. A New Direction in the Community model which places Older People at the centre.



Felt that more could be done across the partnership in terms of helping publicise services. For example Haringey Council advertises four drop in centres in the borough, where in reality there are more than fifteen available for people to attend. Why are they not being jointly advertised?

Issue that Older People are still not necessarily being seen as participating citizens.

Reference to the Projects for Older People Projects funding from the Department of Health, noted that this will be ring fenced but details were not available at this time.

There are potentially great benefits to be gained by the Befriending Service. 68 people are currently involved in this. Benefits also include:

A reduction in the risk of isolation

An increase in a person's confidence

The benefits can often take 6-8 months before they begin to take effect.

Belief that Haringey needs a number of Older People champions across the services to enable the desired vision to be achieved.

There is a need to bear in mind day opportunities, especially culturally specific ones like the Cypriot Centre and the Irish Centre, when considering the funding associated with Local Area Agreements. This will be a challenge.

Noted that HAVCO (Haringey Association of Voluntary and Community Organisations) has a Well-being Theme group which involves between 30-40 organisations.

This is a useful avenue for networking and for consultation.

There needs to be a shift in the way that older people are involved in the commissioning of services.

Older people should be consulted on which services should be commissioned.

Older People need to be asked 'How can I help you to get involved?' This would enable Older People to continue to feel that they have a role in society. They would be contributing to the services that they are receiving.

Important to note that front-line staff are key to the inclusion of Older People. It is these people who can identify when someone would benefit from services.

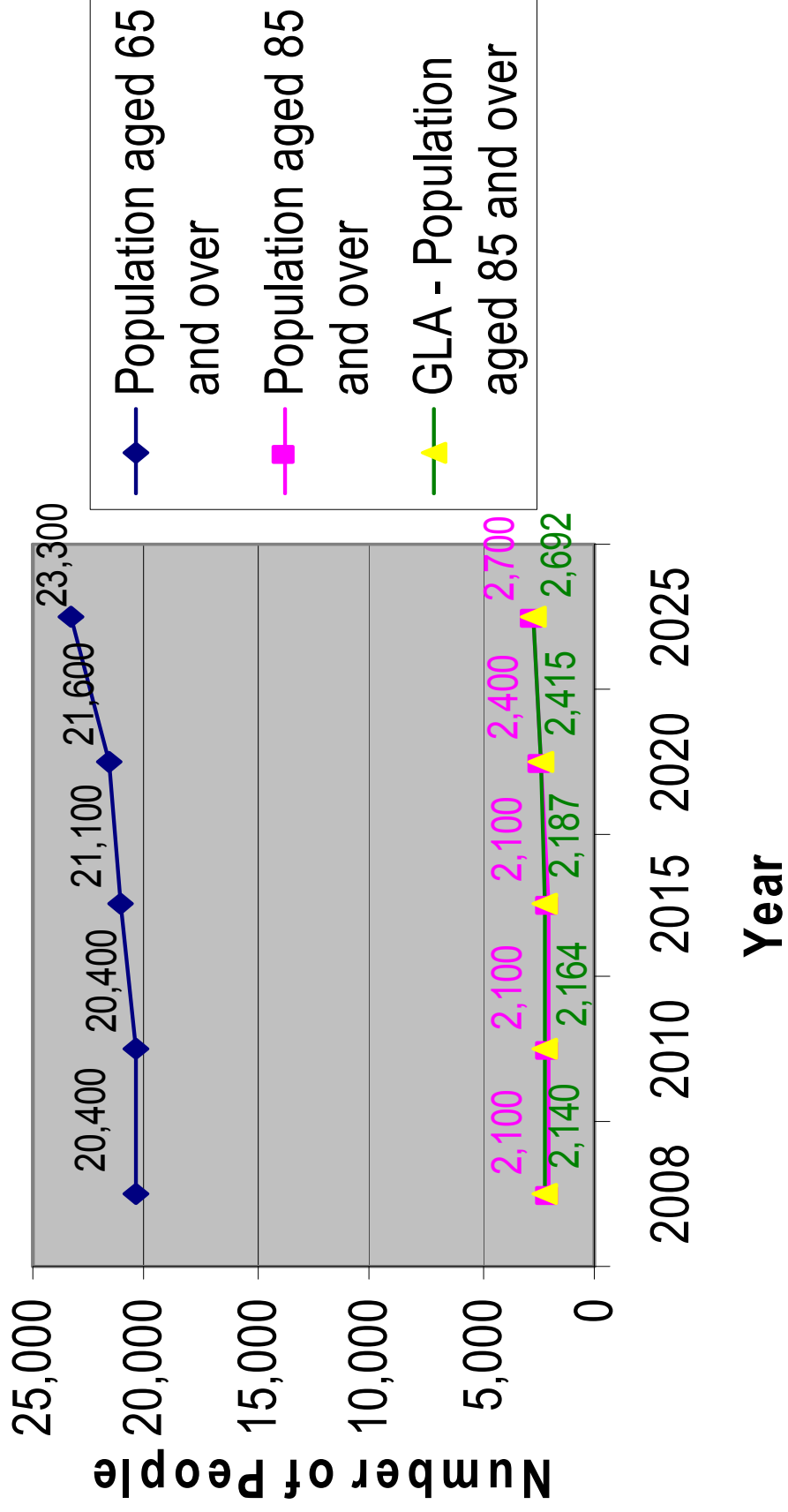
	<p>Belief that there needs to be greater linkage across the services and across the agencies. Also that there should be triggers in place which would help to identify when a person could benefit from services.</p> <p>Points of discussion</p> <p>Noted that any service is as only as good as their staff. For example it is vital that Social Workers are aware of what services are available as they have direct access to people. This includes people who are in the low and medium bandings of the eligibility criteria of the Fair Access to Care Services Criteria.</p>
9.	<p>New Items of Urgent Business</p> <p>None</p>
10.	<p>Date of next meeting</p> <p>Monday 17th December 2007</p>

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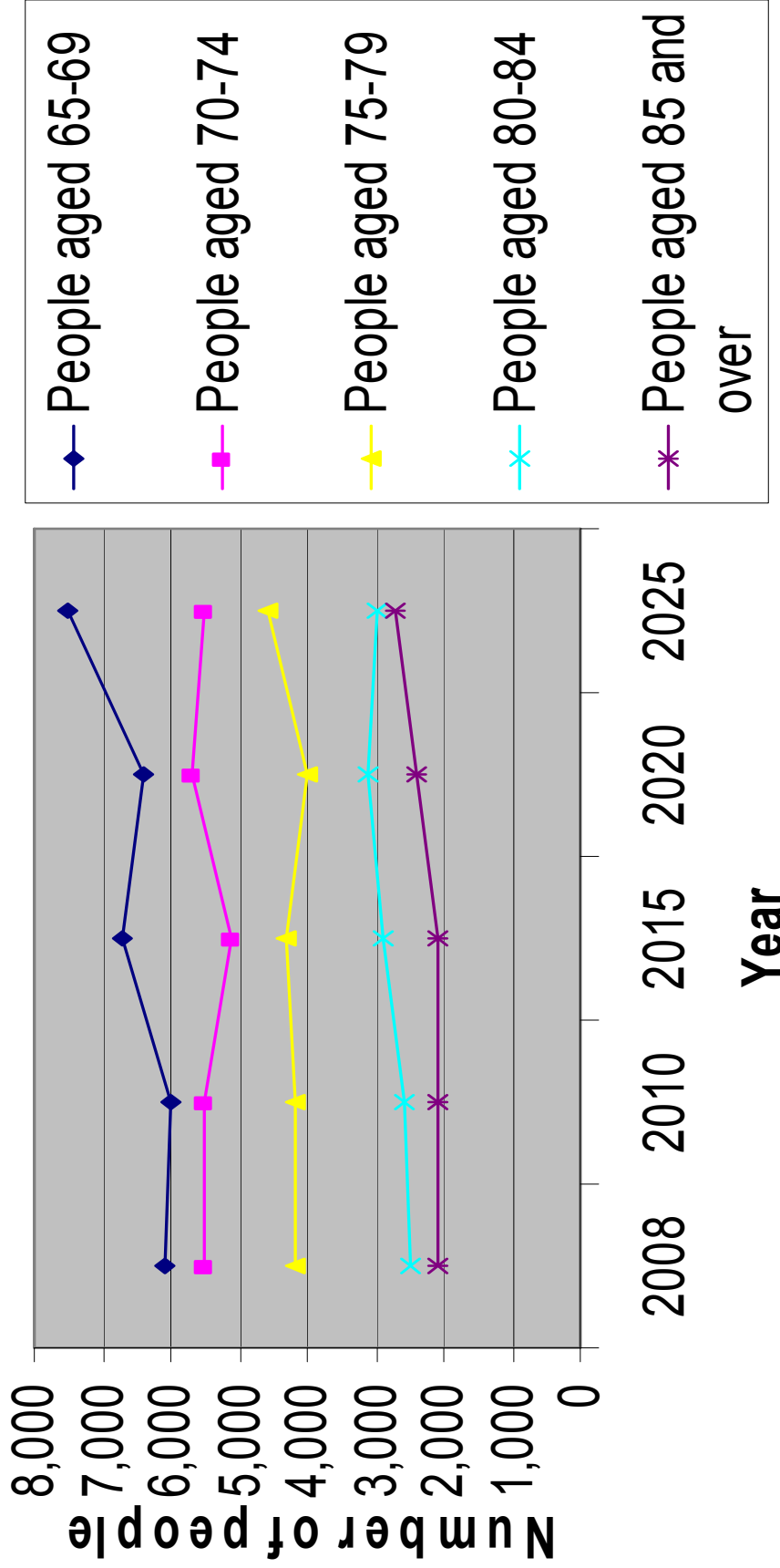
Care Services Improvement Partnership

Projecting Older People Population
Information System

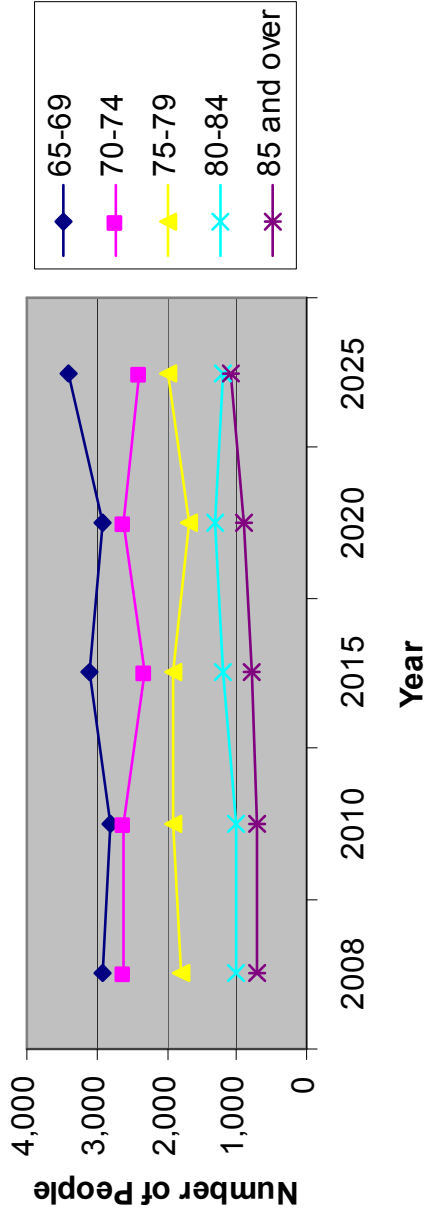
Population projections for those aged 65 yrs and above 2008-2025



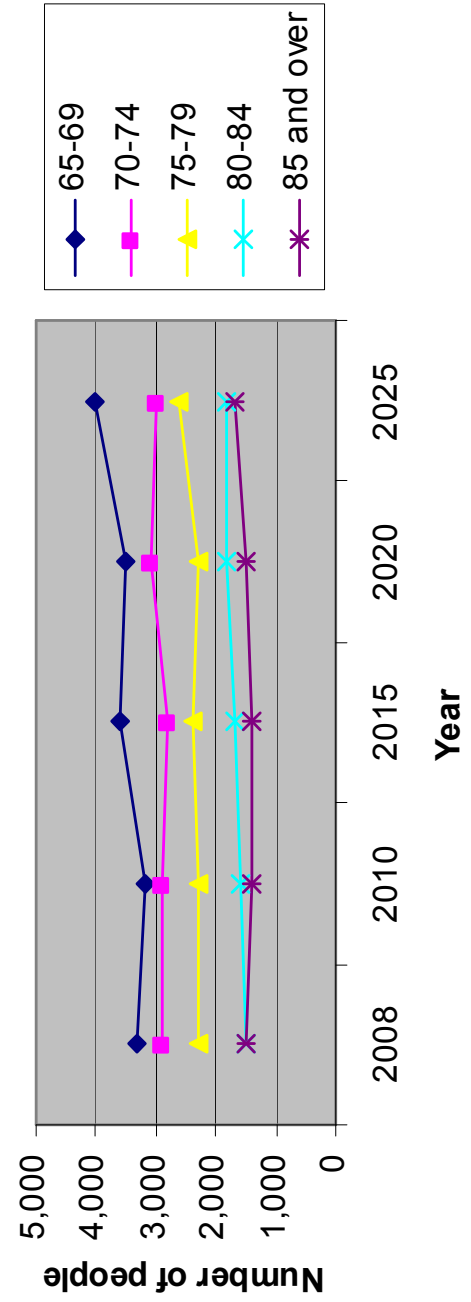
Population Projections of 65yrs+ in five year age bands



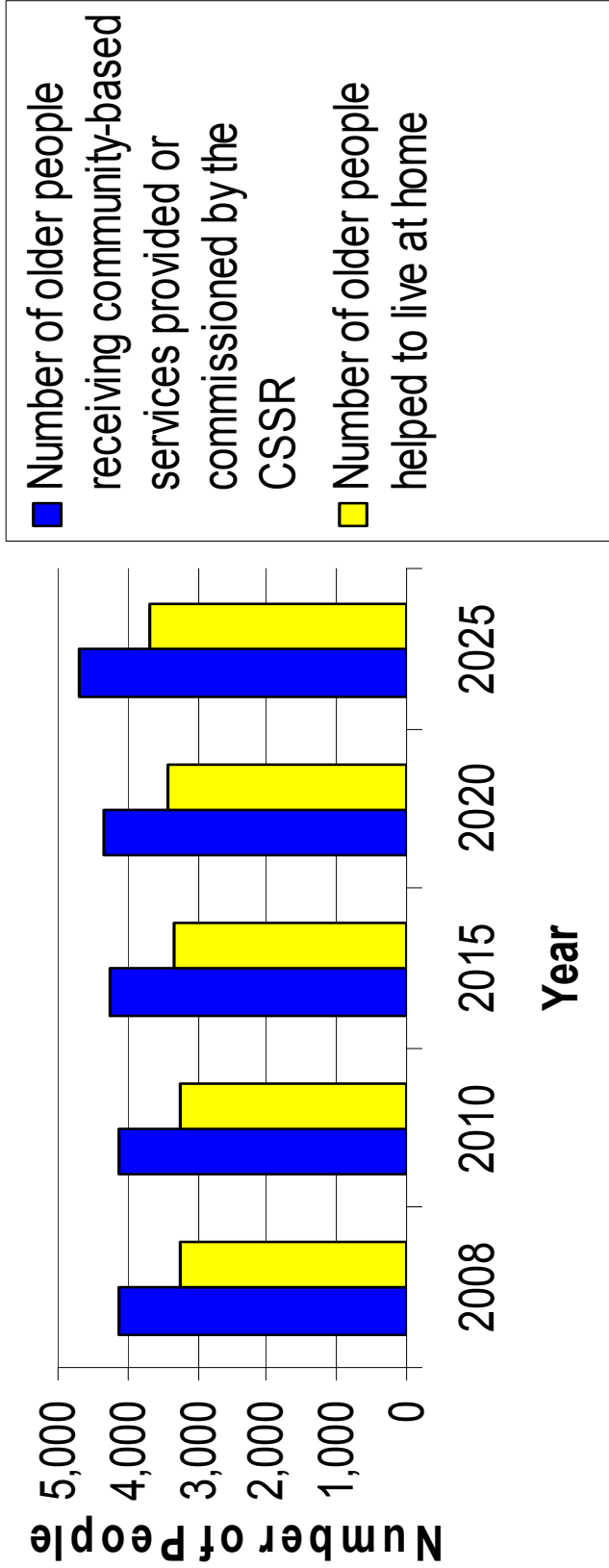
Populations projections of Males aged 65yrs+



Population projections of Females aged 65yrs+



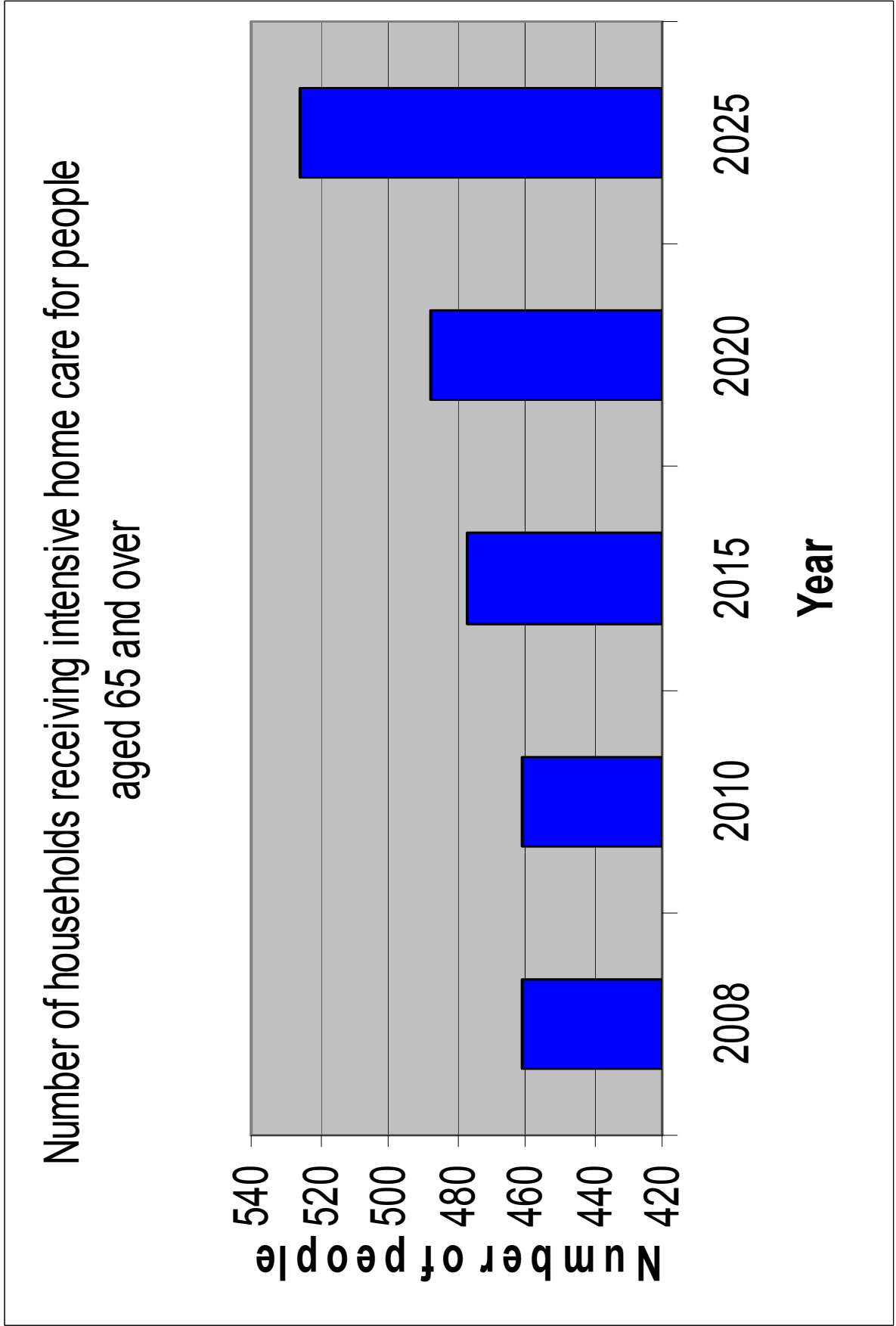
Projections of number of older people helped to live at home and number of older people receiving community based services provided by Adults Services



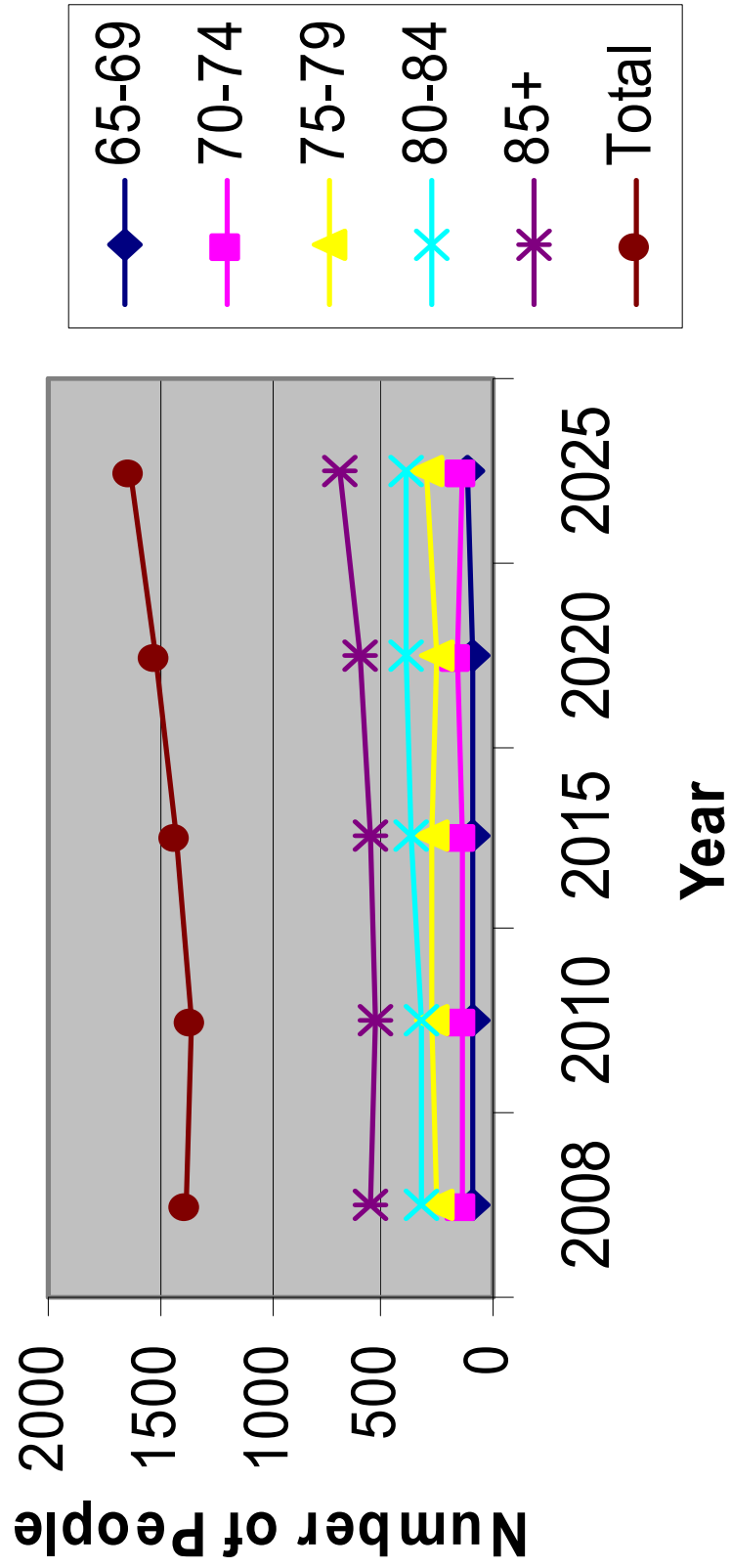
The information is taken from Community Care Statistics 2005-06 (Referrals, Assessments and Packages of Care for Adults), National Statistics/Health and Social Care Information Centre.

The Referrals, Assessments and Packages of Care Project (RAP) was developed to provide a coherent set of national statistics on adult community care, purchased or provided by Councils with Social Services Responsibilities (CSSRs).

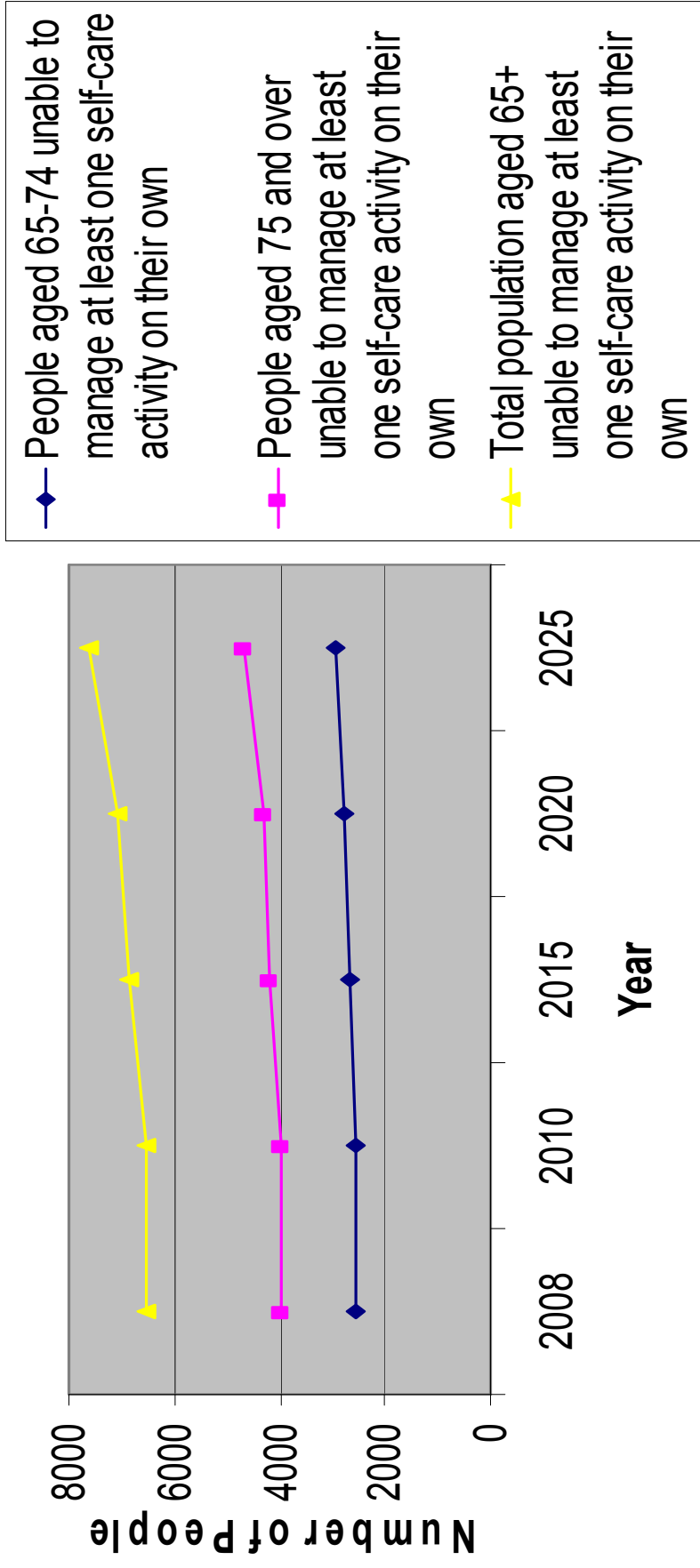
The 2005-06 RAP figures have been applied to the ONS 2005 mid-year population estimates of the 65 and over population, to give estimated projections of the numbers predicted to receive community-based services provided or commissioned by the CSSR, to 2025.



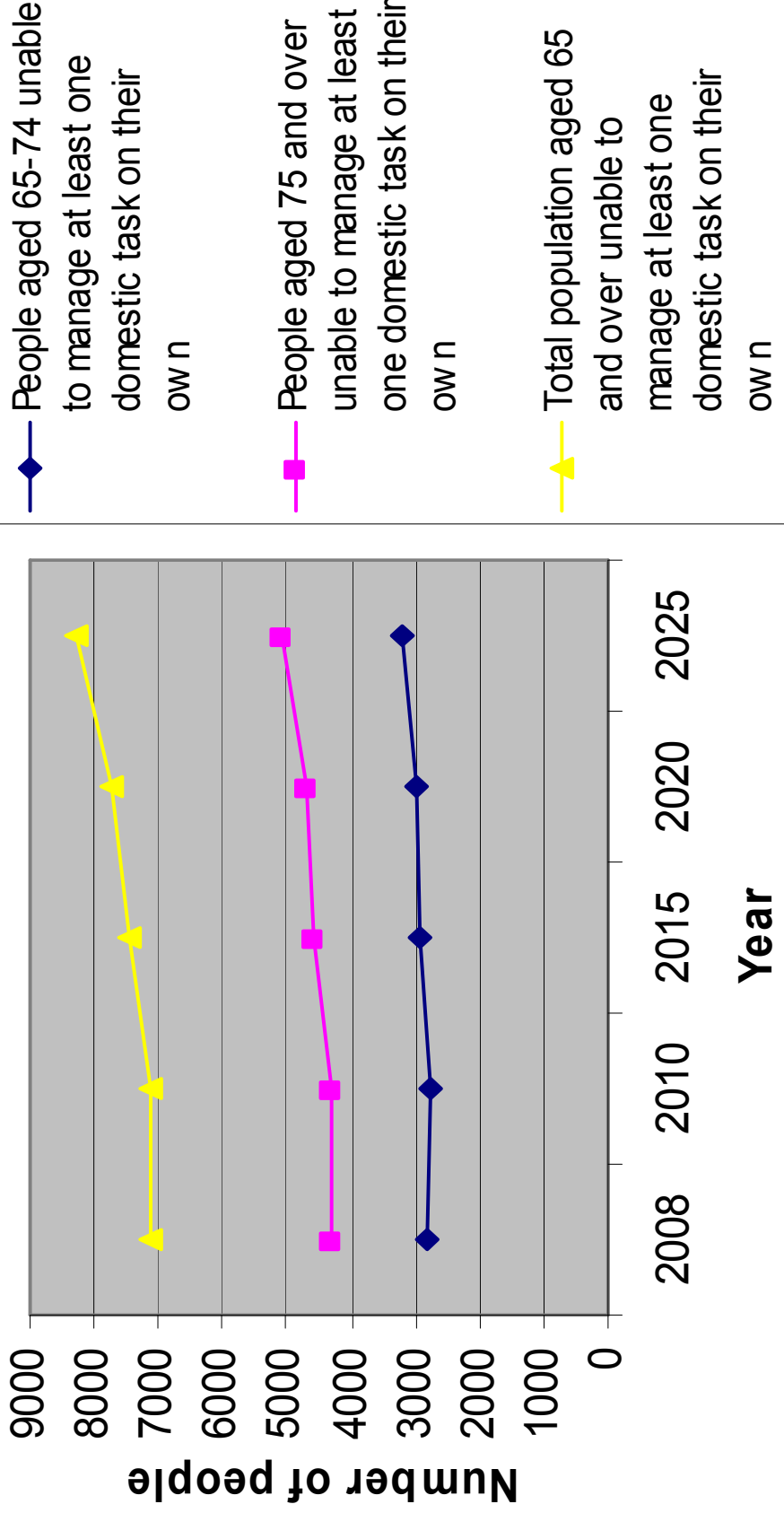
Number of People aged 65+ projected to have dementia



Projected number of people in Haringey aged 65 years of age and over unable to manage at least one self-care activity on their own by age group



People aged 65 years of age and over unable to manage at least one domestic task on their own



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Estimated Budget Per Service- Prevention

Service	% Proportion on Prevention per Service	Budget £000's
OP Total Expenditure		19811
OP - Drop-in Centres	2%	417
OP – Prevention of Admission Home Care spend	0.5%	100
OP – Supported Housing (SP Funded)	0.8%	165
OP – Rapid Response & AC&M	1.3%	255
Total	4.6%	937

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HTPCT Provision of Preventative Services

Total Budget Per Service

Service	Organisation	Commissioning Arrangements	Budget £
NMUH (Therapies)	NMUH	SLA- NMUH/ Providerside	2,116,121
Integrated Community Therapy Team (Rehab)	HTPCT	Direct provision	657,552
Section 31 Pooled Budget Projects	HTPCT/ LBH/NMUH/ WH	Through WSCP	322,887
Greentrees	HTPCT	Direct provision	1,587,764
HICES	LBH/ HTPCT	Direct provision	357,245
Community matrons	HTPCT	Direct provision	235,303 (5.4 wte)
Case managers	HTPCT	Direct provision	636,000 (15.0WTE)
Community matron assistants	HTPCT	Direct provision	108,000 (4.0WTE)
District Nursing	HTPCT	Direct provision	1,905,932 (55.55 wte)
Handy Person Project	HTPCT	SLA-Age Concern	19,129
Active Age	HTPCT	SLA-Age Concern	32,611
Expert Patient Programme	HTPCT	Direct provision	51,103
DESMOND Programme	HTPCT	Direct provision	27,260
Total			8,056,907

Estimated Budget Per Service- Prevention

Service	% Proportion on Prevention per Service	Budget £
NMUH (Therapies)	80	1,692,896
Integrated Community Therapy Team (Rehab)	90	591,798
Section 31 Pooled Budget Projects	50	161,443
Greentrees	80	1,270,211
HICES	75	
Community matrons	90	211,772
Case managers	75	477,000
Community matron assistants	75	81,000
District Nursing	70	1,334,152
Handy Person project	100	19,129
Active Age	100	32,611
Expert Patient Programme	25	12,775
DESMOND Programme	25	6,815
Total		5,891,602