

21 February 2008

Dear Member

**Scrutiny Review - Access to Services for Older People Meeting -  
Monday, 25th February, 2008 – Second Despatch**

Please find enclosed the following items, which were not available at the time of the original despatch:

**No      Item**

7.      Ethnicity of older people receiving an assessment and service

To consider the proportions of the older population who receive a social care assessment and subsequent service based on a proportion of the whole population.  
Papers to follow

9.      Discussion of Review

Yours sincerely

Melanie Ponomarenko  
Scrutiny Research Officer

This page is intentionally left blank

**Scrutiny Review - Access to Services for Older People  
Panel Meeting  
4<sup>th</sup> February 2008**

**Councillors present:** Cllr Adamou (Chair), Cllr Alexander, Cllr Wilson

**Others attending:** Patrick Morreau (Age Concern), Zeedy Thompson, Lauritz Hansen-Bay, Celia Bower, Manuela Toporowska, Maureen Dewar, Hazel Griffith, Kamla Ahluwalia, Liz Marnham, Alex McTeare (TPCT), Tom Brown,

| Agenda Item | Subject/decision  |
|-------------|---|
| 1.          | Cllr Bull<br>Melissa Kemp-Salt<br>Verlyn Cowell<br>Jane Havergal<br>Lloyda Fanusie  |
| 2.          | <b>Urgent Business</b><br>None  |
| 3.          | <b>Declarations of Interest</b><br>None   |
| 4.          | <p><b>Haringey Council Older People's Service Spend Analysis</b></p> <p>The total gross budget for older people's services is £40,000,000. This is the largest budget spend for any one service in the Adult, Culture and Community Services Directorate.</p> <p>The majority of the budget is spent on assessed services which come under the Fair Access to Care Services Criteria and are at the higher level of dependency.</p> <p>Drop In centres are non-assessed and are universally available to those who are over the age of 65yrs and able to get to the centres.</p> <p>Approximately 5% of the budget is spent on preventative services. The service is trying to move resources to the preventative end in line with policy directions, for example Our Health, Our Care, Our Say. This is a slow process and can only happen on an incremental basis due to the shift of resources from the acute end.</p> <p>Over the past three years the service and partnership direction has been in moving from institutional care to helping older people</p> |

|           |   |
|-----------|---|
|           | <p>remain in their own homes with more flexible support. There is recognition that there is still more to be done.</p> <p>Placements in Care Homes as a totality have reduced by over 200.</p> <p>The future focus is on personalising services – a significant cultural change. This ‘self-directed’ care is centred on people making their own choices on the care that they receive with budgets given to them.</p> <p style="padding-left: 40px;">The enabling of this will be a significant challenge for the directorate as a whole.</p> <p><u>Points of discussion</u></p> <p>Safeguards for potential risks associated with Direct Payments include close monitoring of older people in receipt of Direct Payments and investigating any cases where concern arises.</p> <p>Transport is noted as an issue for older people accessing services.</p> <p>Queries on the Spend Analysis. For example the Assessment and Care Management spend looks like it has doubled from 05/06 to 06/07 when in fact this reflects the externalisation of residential homes and the subsequent way in which costs are classified.</p> <p>Spend Analysis will come back to the next Panel with further clarification.</p> |
| <p>5.</p> | <p><b>Haringey Teaching Primary Care Trust – Older People’s Service</b></p> <p>Further information on the TPCT’s spend will come back to the next meeting.</p> <p>Noted that there has been a very challenging three years financially, however the next commissioning round looks very healthy. Therefore services can now begin to be shaped in the desired direction.</p> <p style="padding-left: 40px;">This includes professional changes including increasing skills to ensure that people have strong assessment skills.</p> <p>The TPCT acknowledges that they have a lot of different services working in the Community and that these are often working in silos and that these services need to be better integrated.</p>  |

|           |  |
|-----------|--|
|           | <p>There is a desire to ensure that people are working together to ensure that duplication does not take place. This is especially important for the person who is receiving services.</p>   |
| <p>6.</p> | <p><b>Cabinet Member for Adult Social Care</b></p> <p>What happens to those not found to be eligible for services under the Fair Access to Care Services Criteria?</p> <p>The service looks at how the voluntary sector, the TPCT and faith groups can help to support people. Also if people want help and support to fund services which they can not get funding for then they are helped by the provision of information. People are also alerted to the complaints procedure.</p> <p>Is there a booklet which contains all information that people are given? If so, does this take into account language and illiteracy?</p> <p>A guide is currently being updated with emphasis on what is being provided in other sectors. This will also be provided in community languages. The translation service, Language Line, is also available. Spoken assistance is given to those who have literacy issues.</p> <p>What is being done to assist the move to more preventative services?</p> <p>Haringey has a £2.3 million, ring-fenced Social Care Reform Grant, over the next 3 years to assist with this agenda.</p> <p>Older People's service is working closely with the TPCT. For example the Director of Public Health is a joint funded post and was jointly appointed.</p> <p>Government direction - Our Health, Our Care, Our Say and the personalisation agenda is providing direction.</p> <p>Budget for the forthcoming year</p> <p>Overall for Haringey Council the settlement has been a difficult one due to the savings having to be made. However there will be investment in Adult Services.</p> <p>Osborne Grove is due to open soon and once Hornsey Hospital opens it will have dementia services in its grounds.</p> <p>A saving will be made by the introduction of the Home Care Bank. This is a flexible bank of home carers which can be used when a</p> |

|           |  |
|-----------|--|
|           | <p>regular carer is off sick or on holiday and avoids having to use external agency staff therefore saving money. It also ensures that the service can stay as flexible as possible. Noted that bank staff would not be used for regular visits, therefore continuity of care would be maintained as much as possible.</p> <p><b>Uptake of Direct Payments</b></p> <p>The increased uptake of Direct Payments is part of the personalisation agenda and is therefore the direction of travel for older people.</p> <p>Individual budgets will be piloted by Learning Disabilities and the lessons learnt here will be shared for other departments.</p> <p>Noted that the Power of Attorney law has changed as part of the Mental Capacity Act 2005. Further information to be made available to the panel.</p>  |
| <p>7.</p> | <p><b>Access Pathways Project</b></p> <p>The Access Pathways project is part of the Achieving Excellence programme and sits under Well-being in the governance structure and reports to the Citizen Focus Streamboard (Chaired by the Director of Adult, Culture and Community Services).</p> <p>There are three main parts of the Access Pathways Project:</p> <ol style="list-style-type: none"> <li>1. Quality Information</li> <li>2. Improving access to information</li> <li>3. Looking at operational processes</li> </ol> <p>The project is currently in the early stages of being shaped including considering the involvement of the voluntary sector.</p> <p>There will be some 'quick wins' for example a Start Here link on the website which is an easy service which signposts people to the services they need through a number of links.</p> <p><u>Points of discussion</u></p> <p>The involvement of the voluntary sector was raised particularly regarding the smaller projects. For example, Age Concern and the Citizen Advice Bureau are two of the biggest information providers in the borough.</p> <p>Discussion around the involvement of the benefits maximisation work which has been carried out. This is now going through</p> |

|           |  |
|-----------|--|
|           | <p>Cabinet as the Income Maximisation Strategy. There is a recognition that the Council should do all it can to drive uptake of benefits.</p> <p>The Programme is about more than just saving money. It is also about the perception of the council, efficiency savings and raising performance.</p> <p>Noted that the Achieving Excellence Programme is internally run.</p>   |
| <p>4.</p> | <p><b>The National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care</b></p> <p>This framework came into effect on 1<sup>st</sup> October 2007. The impetus for this framework were the Grogan and Coughlan judgements which made it clear that a very clear criteria was needed.</p> <p>If you are eligible for NHS continuing care funding then you are not eligible to pay for any care (health or social). If you are not eligible for NHS continuing care funding then you would have an assessment and may have to pay for some social care.</p> <p>The Continuing Care panel is a multi-disciplinary panel chaired by the TPCT and Older People's Services on an alternate basis.</p> <p>The panel considers cases where a person may need a large package of care at home or is going into a residential home. Cases get presented with a social work assessment, a nursing assessment and a medical assessment. Also, where necessary other assessments. For example, if someone has had a stroke a speech assessment may be necessary.</p> <p>The panel then looks at the eligibility criteria and the domains within this. Discussion on the weighting takes place as well as the inter-relationship between the clients needs. Intensity and complexity of need are considered.</p> <p>A dispute resolution process is in place for cases where agreement can not be reached.</p> <p>Once a decision has taken place a review happens after the first three months and then on an annual basis to assess whether a persons situation has changed.</p> <p>The framework is already being worked within and therefore significant changes are not necessary. One major change if that the framework is highly process driven and therefore there are</p> |

|           |   |
|-----------|---|
|           | <p>plans to enlarge the team with two nursing posts. These posts will be advertised shortly.</p> <p><u>Discussion Points</u></p> <p>The involvement of carers as a point of information is mentioned under the Act. It has been decided that to have carers attend the panel would slow down the process due to the high volume of cases considered at each panel. Therefore the plan is to open up the process to carers and ask them to provide written information.</p>  |
| <p>5.</p> | <p><b>Haringey Forum for Older People</b></p> <p><u>Toe nails</u></p> <p>Toe nail cutting was raised as a significant issue for older people in the borough. Points raised:</p> <ul style="list-style-type: none"> <li>▪ There is a large unmet need</li> <li>▪ There are examples of older people waiting until they are in immense pain until seeking treatment due to the cost.</li> <li>▪ There is a link between foot pain and well-being e .g. the inability to stay active due to the pain and the resulting health disadvantages.</li> <li>▪ Foot care can be seen as a preventative service due to the benefits.</li> <li>▪ 12 week intervals between nail cutting appointments can often be too long.</li> <li>▪ The cost of toe nail cutting services is high.</li> <li>▪ St Ann's Podiatry service reception generally has only an answering machine when people call to make appointments. This is noted as an issue that will be looked at by the TPCT.</li> </ul> <p>Query as to whether it is possible to have involvement from the voluntary sector, for example with the TCPT paying for volunteers to be trained.</p> <p>Would like a joint meeting with Haringey Council, The Teaching Primary Care Trust, the Voluntary Sector and the Haringey Forum for Older People to discuss a way forward.</p> <p>Noted that all parties present agree that a joint solution is needed and a joint meeting will be considered.</p> <p>Points of discussion</p> <p>The TPCT acknowledged that there has been a restriction in foot care services due to financial pressures. However it is noted that foot care is being prioritised in the current commissioning round</p> |



for investment.

When considering investment proposals the evidence base, need and best practice will be considered.

Foot Care is a health need and therefore funded by the TPCT and not by social care.

Four Haringey Council Drop-in Centres provide foot care for older people, however it is recognised that this is only available to those people able to physically get to the drop in centres.

Alex McTeare (TPCT) is due to meet the Service Manager responsible for foot care within the week.

Noted that information on foot care services in Haringey is not seen as being widely available for people needing the service.

#### Dentist Treatment

Haringey has 52 dental surgeries for a population of 225,400. This is not thought to be enough especially as 40 of the surgeries do not accept new fee-paying adult patients.

Access is therefore very limited and it is often hard to find an NHS dentist due to a lack of information available. This includes people not knowing how to go about registering with a dentist.

Even though the London Assembly has praised uptake levels in Haringey the Assembly Members believes that the below national uptake is a serious public health issue.

NHS charges are very high especially for crowns, dentures and bridges which is self funded.

Haringey's older people find dental treatment very expensive especially with the rises in costs of living and other services needed. For example, nail cutting and optical charges. The result is that older people's quality of life is being affected.

#### Issues raised:

Expense of dental treatment.

Lack of information on dental surgeries in Haringey, including in appropriate community languages.

It is felt that dental surgeries should be in each of the new super health centres with transport provision for older people.

|    |  |
|----|--|
|    | Language is also a concern at the surgeries with some people not being able to understand what their dental issues are.                        |
| 6. | <b>Minutes</b><br><br>Amendment to page 69. Haringey Forum for Older People Annual Meeting and not Age Concern Annual Meeting.<br><br>Approved |
| 7. | <b>New Items of Urgent Business</b><br><br>None  |
| 8. | <b>Date of Next Meeting</b><br><br>25 <sup>th</sup> February 2008<br>13:00-15:30   |

DRAFT