Haringey Council

NOTICE OF MEETING

Scrutiny Review – Access to Services for Older People

WEDNESDAY, 16TH APRIL, 2008 at 13:30 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

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

AGENDA

1. APOLOGIES FOR ABSENCE

2. URGENT BUSINESS

The Chair will consider the admission of any late items of urgent business. (Late items will be considered under the agenda items where they appear. New items will be dealt with at item 7 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 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.
A Member with a personal interest in a matter also has a prejudicial interest in that matter if the interest is one which a Member of the public, with knowledge of the relevant facts, would reasonably regard as so significant that it is likely to prejudice the Member's judgement of the public interest.

4. MINUTES (PAGES 1 - 6)

To approve the minutes of the meeting held on 25th February 2008.

5. DRAFT REPORT AND RECOMMENDATIONS (PAGES 7 - 48)

6. REVIEW OF SCRUTINY PROCESS

To hear feedback on the review process, for example what worked well and what could be improved in future.

7. NEW ITEMS OF URGENT BUSINESS

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Agenda Item 4

Scrutiny Review - Access to Services for Older People
Panel Meeting
25th February 2008

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

Others attending: Lauritz Hansen-Bay, Manuela Toporowska, Maureen Dewar, Hazel Griffith, Lorna Bambridge, Alex McTeare (TPCT), Tom Brown, Trevor Cripps, Melanie Ponomarenko.

Agenda Item	Subject/decision
1.	Jane Havergal Verlyn Cowell Liz Marnham Lloyda Fanusie
2.	**Urgent Business** None
3.	**Declarations of Interest** None
4.	**Minutes** Agreed
5.	**Older People's Spend Analysis** The panel was taken through the PSSEX1 return; this is the information which is provided to the Department of Health by the Directorate on an annual basis. Noted that it is difficult to compare 05/06 and 06/07 as what is included in each cost centre may have changed. For example, Assessment and Care Management in 05/06 is shown as £3.6 million and in 06/07 it is shown as £6.7 million this is because the distribution of assessment costs was changed. Over the past four years money has been incrementally moved from institutional based care to community based care, both internally and externally. This has included a reduction in residential care placements of over 220. At the same time the number of people being supported in their own home has increased.

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	It is difficult to move more services at once as there is no parallel funding available. This is a challenge. Out of a total spend of £40 million approximately only 5% if this is spent on preventative services. Joint arrangements are those which are joint with the TPCT. **Points of discussion** The number of people receiving Meals on Wheels (MoW) has decreased. This is because historically MoW was not FACs tested. The decision to make this FACs tested was due to the increased cost of meals, for example kosher meals are more costly. The Council's contribution therefore doesn't take long to become a budget pressure. The use of FACs also ensures that the provision of the service is more transparent. Equipment and adaptations are not costed to Older People's services. These sit under Physical Disabilities; some is also costed to Homes for Haringey, Housing Associations and the Disabilities Facilities Grant. Therefore the costs which are incurred by Older People is not easily accessible due to the disparate sources. Noted that the performance of equipment and adaptations has improved significantly. At the same time the increase in the number of assessments undertaken has resulted in long waiting times, this is due to the finite resources. Query as to why Home Care costs have not increased whilst the numbers in residential care have decreased. Noted that there was an overall shift and the costs were incorporated into Assessment and Care Management. However this is not apparent from the breakdown. Other Services includes areas such as transport to and from respite care, deep cleaning of properties. It also includes areas such as grants, e.g. for the Alzheimer's society. Part of this is budgeted for e.g. grants but some is based on need and therefore can not be predicted e.g. the deep clean service. The reason for deep cleans varies – it can include homes which need the service as the tenant has had a quick onset of dementia and also in homes where there has been a choice not to clean and therefore the property has deteriorated. Supporting People is for helping to maintain tenancies, services

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	under Supporting People do not explicitly state this due to perceptions that this is only housing help. It is in fact much broader. Services commissioned though Supporting People are monitored using the Quality Outcomes Framework. Supporting People was highly commended by the Audit Commission at its last inspection for having a strong governance framework. For future reference it is important to ensure that the meaning behind the headings are clear and acronyms are not used. This is especially important when engaging with the community who do not have a day to day knowledge of the areas. Noted that there will be a Scrutiny Review into social care budgets in the next municipal year. This will include looking at spending streams and working from a zero base budget. Therefore further details of the spend analysis can be looked at there.
6.	Teaching Primary Care Spend Analysis Looking at the TPCT spend on older people is complicated as the money is all within an adults budget and not separated for older people. There is currently no system like Framework-I to enable figures to be pulled off and there is no single spreadsheet which keeps all over the information together. Noted that the figures are not fully comprehensive due to the time of year and the resource pressures at the TPCT. The spend on older people is approximately 9% of the total spend. This correlates with proportion of the population who are over 65 years of age. Foot health is not included in the figures, this will be supplied to the panel. It is very difficult to get a breakdown on what is being spent on Dentists and GP's, but this is being looked at. At the same time the information would again be on adults and not broken down to older people. Need to be careful when comparing costs and number of people that this cost represents as often the figures can be mis-read.

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	For example, the number of services can be mixed up with the number of people – one person may have more than one service. The TPCT is moving to a more outcome based way of commissioning services. <u>Points of discussion</u> Handy Person project is an open access project. People can self-refer, although a large amount of referrals come go through the Integrated Community Therapy Team. Figures on numbers of people using the service can be accessed from Age Concern. Query raised as to whether Homes for Haringey benefit from the scheme if a person who accesses the project if in a HfH property. This should be referred by the Handy Person Project should it be the case. Noted that Acronyms need to be avoided. HICES – Haringey Integrated Community Equipment Store RNOH – Royal National Orthopaedic Hospital List of approved traders? Age Concern have this. Suggested that this should include not only traders, but also dentists, podiatrists etc. Query as to whether this could be available on the Haringey information sites as may be seen to be favouring certain companies.
7.	**Ethnicity of people receiving an assessment and a service** The Panel were shown 2 performance indicators: E47 - Ethnicity of Older People receiving an assessment E48 – Ethnicity of Older People receiving services following an assessment The Older People's service is comfortably within the top performing banding set by the Department of Health for both of these Performance indicators. If the service notes any ethnic group where the numbers are not represented on a proportional basis then it looks to understand why this is the case. An Equalities Impact Assessment was recently done which showed that Chinese people were under represented; this is now being looked at.

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	This is also the case where some ethnic groups are less represented in taking up Direct Payments. The panel looked at assessment and service data from 06/07 and 07-Jan 08 in comparison with the proportion of the population from each ethnic group as shown on the 2001 census. This is broadly representative throughout the data. <u>Points of Discussion</u> Noted that there may be variances in what people would class themselves as on a form and what people would class themselves as on a one to one basis with a professional e.g. British or Geek-Cypriot with British citizenship. People are sometimes frightened to complain to social services as they fear that they will have their service withdrawn.
8.	Lorna Brambridge – Help the Aged Volunteer and Member of OPAAL (Older People's Advocacy Alliance) Approached by people in White Hart Lane to act as an advocate for older people, particularly those with literacy problems. Believes that services are inaccessible for those people who are illiterate in all communities. Concerns raised about those who do not meet the eligibility criteria who are passed to the voluntary sector and the services they receive then not followed through. Also, concerns raised about the governance of these and that people do not know who they should complain to from these agencies. Beliefs that there is a real need for independent advocates across the borough. Noted that culturally specific services for all sections of the community are important. <u>Points of discussion</u> Issues raised about those who are directed to the voluntary and

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	community sector but as not deemed as an emergency. Potential for their situation to deteriorate in the mean time, especially with issues around arrears. Assurance given that those who are in an emergency situation are not left to deteriorate on an interim basis. This has on occasion included providing people with money to enable them to pay for heating and food until further assistance can be sorted. Noted that services that are commissioned by the council are monitored under governance arrangements and are reviewed regularly. Where there are found to be issues the services are de-commissioned. With regards to complaints – the council is responsible for the services it commissions. Local resolutions are the first step, after this there are additional steps within the complaints procedure. Acknowledged that there is an issue with the perception that if someone complains there will be repercussions. This is a real challenge within the service; however people are assured that their service will not be affected. Some older people still perceive social care services as 'Welfare' and feel that they should be 'grateful for what they are getting'. This again is a challenge. The Supporting People Partnership Board is accountable for the services it funds. All options are considered when tendering for contracts and if third sector organisations within the borough bid for contracts they would be considered.
9.	**Discussion of the Review** Unmet need is an area of concern. Discussion on the best way forward for foot care. Noted that the TPCT is currently looking at evidence and best practice in order to commission services from May 2008.
10.	**New Items of Urgent Business** None
	Date of next meeting to be confirmed.

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Agenda Item 5

Haringey Council

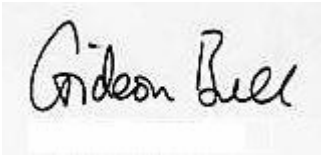
Scrutiny Review of Access to Services for Older People

A REVIEW BY THE OVERVIEW AND SCRUTINY COMMITTEE

March 2008

www.haringey.gov.uk

Chair's foreword



Councillor Gideon Bull
Chair of the Review Panel

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Executive Summary

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This Executive Summary outlines the key findings contained in the report of the Overview and Scrutiny Committee's Review on Access to Services for Older People.

Social Care on the whole, and in particular with relation to older people is currently high on the agenda both politically and in terms of research being undertaken. This includes the National Framework for Older People, the White Paper - Our Health, Our Care, Our Say, All Our Tomorrows: Inverting the Triangle of Care, the Kings Fund report Securing Good Care for Older People and most recently Putting People First.

Nationally the number of older people is projected to rise over the next 20-25 years; this is also the case in Haringey where the number of people over the age of 65 years is projected to rise by 3000 to 23,300 by 2025. This includes a rise in those aged over 85 years of age who often need the most intensive support.

The Panel has looked at a number of issues throughout the review and has made recommendations in order to assist in improving the lives of older people in Haringey.

Key findings of the panel:

- Along with the demographic pressures which are being faced in Haringey, there are also financial pressures. This includes only a 1% increased in Social Care funding announced by the Comprehensive Spending Review 2007.

- Haringey Council, Haringey Teaching Primary Care Trust and the voluntary sector is working well in partnership in order to drive change, particularly at a strategic level.

- There are examples of good practice in partnership working across Haringey with a commitment and drive to make further improvements by all parties.

- Robust processes are in place to ensure older people receive the best care package possible in the most cost effective manner.

- There are significant challenges in meeting the preventative and personalisation agenda whilst continuing to support those most in need.

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Recommendations

1. That systems be put in place to follow up those older people who do not meet Haringey's Fair Access to Care Services Criteria and are re-directed to other appropriate services.

2. That Council recognises:

- The statutory responsibilities Local Authorities have with regards to the Fair Access to Care Services criteria.
- The challenges faced between meeting the needs of people with high level dependency on the one hand and promoting the well-being and preventative agenda on the other hand.
- The work undertaken and the structures in place to ensure process checks and the provision of services in the most cost effective manner.
- The importance of advocacy services.

3. That a mapping exercise is undertaken on what low level services are currently available in Haringey and an action plan be put in place to optimise take up of these services.

4a. That health and social care jointly agree a person centred strategy. To include the continued uptake and promotion of Direct Payments and Individual Budgets.
4b. That Full Council lobbies the Department of Health for Direct Payments to be extended to health care services.

5a. That Councillors make themselves aware of the information on older people's services available on line.
5b. That Older People's services are included in the Quick Links section on the Haringey web site home page.
5c. That a joint Information and Advice Strategy and Action Plan be written. This should include Haringey Council, the Teaching Primary Care Trust and the voluntary and community sector.
5d. That there is a quarterly publication (e.g. a newsletter or magazine) sent to older people in Haringey and available at community centres, libraries and leisure centres and GP surgeries.

The publication should include basic information on services which are available to promote the wider well-being of older people.

6. That advocacy and representation be built into the assessment and care management processes.

7. That the Income Maximisation Strategy be published and actioned as soon as possible.

8. That information sessions be provided to front line staff, both in Haringey Council and the Teaching Primary Care Trust, who are likely to come into contact with vulnerable older people. Older people should be recruited as trainers to assist in this training.

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9. That the Day Opportunities Strategy is re-energised and an action plan is put in place to ensure that the services available for older people are strategically planned and commissioned in a joined up way.

10. That the GP referral scheme is broadened and developed beyond the cardiac programme to promote well-being in Haringey.

11. That the draft Rehabilitation and Intermediate Care Strategy be reported to the Overview and Scrutiny Committee and that Full Council fully supports plans for integrated care teams for older people.

12a. That a Chair representative of the service users be appointed to the Home Care User Forum to allow for a greater involvement of service users in the design of services.
12b. That arrangements are put in place to further encourage both positive and negative feedback from service users on both in house and commissioned providers.

13. That the Teaching Primary Care Trust reports to Overview and Scrutiny Committee on its proposals for improving foot health in Haringey once it has completed its research and consultation with the voluntary and community sector and with the Adult, Culture and Community Services Directorate.

14. That an in-depth review is undertaken into Carers services in Haringey as and when resources become available.

1 Background and reasons for the review

1.1 Adult Social Care is currently in a position where it is high on the government agenda, especially since the publication of the 'Our Health, Our Care, Our Say' white paper by the Department of Health early in 2006. It is also a priority in terms of the current demographic pressures across the country and the numbers of people meeting eligibility criteria for the receipt of services.

1.2 Services for Older People has been a topical area in recent years with National Frameworks and policy published by the Department of Health and research reports commissioned by organisations (such as The Kings Fund) to look at the provision of care for older people taking into account demographics and resource implications.

1.3 'All Our Tomorrows: Inverting the Triangle of Care"[1] set out a vision and priorities for the future of social care. This document discusses the need for a more joined up approach to social care and the need to change the emphasis so that "the extension of universal services for all older people

[1] Local Government Association, 2003

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is seen as crucial to all agencies". This can only be done by placed the older person at the centre of the care model[2]. (See Appendix 3 and 4)

2 The Scrutiny Process

2.1 The Review Panel Members were:
Cllr Gideon Bull (Chair)
Cllr Gina Adamou
Cllr Karen Alexander
Cllr Richard Wilson

2.2 "To review the current arrangements of the council and its partners in the provision of services for older people, with specific reference to access pathways to commissioned and in-house services, information given to members of the public in line with the wider well-being agenda and the relationship with the Fair Access to Care services criteria"

2.3 The specific objectives of the review were to:

- Identify gaps in provision of commissioned and in-house services for older people across the borough with specific reference to Black Minority Ethnic Communities and whether there is geographic equity in Haringey.
- Investigate access pathways into services for older people, with specific reference to meeting local and national policy direction relating to the well-being agenda.
- Gain an insight into the information provided to older people contacting social care services, including those not eligible for service provision under FACs after an assessment has taken place.
- Look at the preparation and policies in place in line with the Department of Health's National Framework for NHS continuing healthcare and NHS funded nursing care, due to be enforced in October 2007.
- Look at the Fair Access to Care service criteria and gain an understanding of how this translates into commissioned services.
- Make recommendations to aid in policy and service development for the improvement of services to older people in Haringey.
- Gain an understanding into how services are funded, including TPCT contributions and external funding, and also the rationale behind the funding of a demand led service.

2.4 The Panel took the decision that the review should remain as open-minded as possible in order to incorporate any further areas into the review. It was also decided that the terms of reference would remain flexible.

[2] All Our Tomorrows, 2003, page 9 and page 11

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2.5 It was also decided that the review should not delve into any one area to a great extent, but that where there were any areas identified which may warrant further investigation, and then these would be considered for an in-depth scrutiny review at a later date.

2.6 During the course of the review evidence was presented by the following:
- Older People's Service Manager, Haringey Council
- Head of Strategic Commissioning, Adults and Older People, Haringey Teaching Primary Care Trust
- Director of Age Concern Haringey
- Commissioning Manager, Supporting People, Haringey Council
- Head of Leisure Services, Haringey Council
- Assistant Director, Culture, Leisure and Libraries, Haringey Council
- Representatives from the Haringey Forum for Older People
- Older Person's Advocate

2.7 Members of the Panel also:
- Attended a Haringey Council Commissioning Meeting to gain an understanding of the processes in place when allocating a Care Package
- Attended a Home Care User Forum to hear the views of those receiving home care and also those resident in Harmony Hall sheltered housing
- Visited the Haven Day Centre to talk to users of the service and see the activities which take place there.

3 National direction

3.1 The 2005 Green Paper (Independence, Well-being and Choice) and the Our Health, Our Care, Our Say white paper both proposed the vision of a 'personalisation' of services. Personalisation being: "the way in which services are tailored to the needs and preferences of citizens. The overall vision is that the state should empower citizens to shape their own lives and the services they receive"[3]. This transformation in the way that services are shaped and provided is being compared with the changes which occurred with the introduction of the NHS and Community Care Act 1990.

3.2 In December 2007 the Department of Health published a Ministerial concordat 'Putting People First'[4] which set out the shared aims and values to drive the transformation of adult social care, by working across sectors and agendas. This concordat recognises the demographic challenges currently faced by the country and also the change in expectations of those now using social care services.

[3] Our Health, Our Care, Our Say: a new direction for community services, Department of Health, 2006
[4] Putting People First; a shared vision and commitment to the transformation of adult social care, Department of Health, 2007

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3.3 Putting People First also emphasises the importance of working across organisations and services. This includes health, social care, the voluntary and community sector, leisure, adult learning, culture and the benefits of employment. It also states that the transformation should ensure that everyone is supported to:

- Live independently
- Stay health and recover quickly from illness
- Exercise maximum control over their own life and where appropriate the lives of their family members
- Sustain a family unit which avoids children being required to take on inappropriate caring roles
- Participate as active and equal citizens, both economically and socially
- Have the best possible quality of life, irrespective of illness or disability
- Retain maximum dignity and respect.

3.4 In January 2008 the Department of Health issued a Local Authority Circular: Transforming Social Care[5]. This sets out guidance for the transformation including emphasising the need to work in partnership and also to ensure that investment is made in preventative services, to promote independence, whilst ensuring those with more intensive needs are provided for. The guidance also includes the Social Care Reform Grant determination and states that the grant money is "for the range of process reengineering, capability and capacity building activities required to design the entire system[6]" to achieve the aforementioned vision of a personalised service. The funding is for the facilitation of the transformation and not the for delivery of these services. Services are to be delivered through existing resources.

3.5 The Department of Health's policy specifically for older people is "to promote social inclusion and control over their lives, ensuring respect and choice[7]". This will ensure that older people are able to live independently.

4 Local direction

4.1 In 2005 Haringey Older People Services published Experience Counts, a partnership strategy for Older People in Haringey. This set out a number of key objectives to be achieved between 2005 and 2010. These include:

- *Keeping informed* – ensuring that quality information is available to older people and ensuring that the information is accessible, up to date and available in various appropriate formats.
- *Staying healthy* – keeping older people informed about healthier lifestyle choices and encouraging older people to use leisure and recreational facilities.
- *Living with support* – providing high quality co-ordinated services across health, housing and social care and the voluntary sector which is reflective of the cultural diversity of the people of the borough.

4.1.1 Experience Counts is currently being reviewed in order to identify ongoing and revised priorities and actions for 2008-2010.

[5] LAC (DH) (2008) 1: Transforming Social Care, Department of Health, 2008
[6] LAC (HD) (2008) 1: Transforming Social Care
[7] http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpeople/index.htm

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4.2 Haringey's Local Area Agreement targets were recently endorsed by the Government Office for London. Local Area Agreements (LAA) are three year targets jointly agreed between local and central government based on strong partnership working. Although Haringey Council is accountable for these targets members of the Haringey Strategic Partnership have signed up and have the responsibility for monitoring its delivery. There are a number of targets in relation to older people in the LAA, these include:

- Increasing access to a range of day opportunities including the appropriate provision of transport.
- Improved living conditions for vulnerable people with the aim of reaching the top performance banding for Older People permanently admitted into residential and nursing care.
- Working to improve the quality of life for older people, as set out in Experience Counts.

4.3 The 'Haringey Council Plan 2007/2010' also includes actions relating to older people. Under each priority there are a number of key actions laid out:

- *"Encouraging lifetime well-being, at home, work, play and learning"* - Increasing the proportion of adults taking part in sport and recreational activity
- Developing the Healthier Lifestyles programmes in Leisure Centres and open spaces.
- *"Promoting independent living while supporting adults and children when needed"* - Supporting vulnerable people to live independently with a better quality of life by a number of factors including:
- Continuing to deliver the Supporting People programme
- Helping older people to live independently in their own homes

5 Haringey Context

5.1 The number of people aged 65 years plus in Haringey is projected to rise from 20,400 in 2008 to 23,300 in 2025[8]. This includes an increase in those who are 85 years old and above from 2,140 in 2008 to 2,692 in 2025[9]. This is the section of the population that needs the most intensive and expensive support services.

5.2 The number of households receiving intensive home care for those aged 65 years and over, the number of People aged 65 years and above projected to have dementia and the number of people aged 65 years of

[8] Care Services Improvement Partnership, Projecting Older People Information System, 2007.
[9] Greater London Authority, Population Projections, 2006

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age and over unable to manage at least one domestic task on their own are all projected to increase[10]. (Appendix 5).

5.3 Haringey Council spends approximately £40 million per annum on Older People services, out of this approximately 5% is spent on preventative services. This is in line with the national picture and also represents the difficulty in shifting resources from the acute sector to prevention.

5.4 The Supporting People Programme funds a variety of services for older people with an annual spend of over £6 million. These services include, amongst other things:

- Metropolitan Care and Repair
- Supported Housing
- Community Alarm Service

5.5 Haringey Teaching Primary Care Trust spends over £21 million per annum on services for older people[11]. This includes services like Haringey Integrated Community Equipment Store, Rehabilitation services and Haringey's Handyperson project.

5.6 The Social Care Reform Grant is ring fenced and is in addition to the core funding each authority receives. The allocation of money is based on the Adult Social Care Relative Needs Formula. From April 2008 Haringey will receive:

2008-2009	£374,000
2009-2010	£867,000
2010-2011	£1,060,000

5.7 Progress on transforming adult social care has begun with the creation of an Adult, Culture and Community Services Directorate. Haringey Council and the Teaching Primary Care Trust are also working closely at a strategic level and a Joint Director of Public Health is now in post.

Main Report

6 Fair Access to Care Services

6.1 The Department of Health published its Fair Access to Care Services (FACS) criteria in January 2003. This criterion separates eligibility for social care commissioned services into four bandings which cover the "seriousness of risk to independence or other consequences if needs are

[10] Care Services Improvement Partnership, Projecting Older People Information System, 2007.
[11] This figure does not include money spent on GP surgeries

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not addressed"[12]. These bandings are Critical, Substantial, Moderate and Low[13].

6.2 The panel heard that Haringey Council currently operates at Critical/Substantial due to financial pressures. This means that the council is not able to provide services in the Moderate and Low bandings of FACS. For example, leisure and recreational activities. One of the issues associated with this approach is that those requiring support at a lower level on a more immediate basis who are not eligible are more likely to need more intensive and therefore expensive support further down the line.

6.3 In 2006/07 across the country 62% of Council's were operating at least at Substantial. This is anticipated to increase to 73% by 2007/08[14]. There are currently four Council's operating at Critical only; this includes the London Borough of Harrow who have recently been the subject of a judicial review on their FACs banding. The review found that they had not paid due regard to disability law and their legal duty to people with disabilities; the decision has therefore been reversed, at least for the time being.

6.3.1 There are only two Council's who are operating within all four bandings of FACs; these are Calderdale Council and Sunderland Council.

6.4 Within Haringey; for those who did go on to receive an assessment after initial discussion, for the year 2006/2007, 67% of referrals to older people services did meet eligibility criteria and therefore went on to receive a service to meet their needs. The panel heard that the 33% who do not meet eligibility criteria are directed to the voluntary sector, the Teaching Primary Care Trust (TPCT) and faith groups.

2006/2007

Older Persons Referral Outcome	
[redacted]	
No of Referrals that **did** lead on to service	**536**
No of Referrals that **did not** lead on to service	**360**

6.5 Analysis as to what happens to the people whose referral does not lead to service does not happen due to resource pressures within the department. Therefore, questions around whether they do ultimately get

[12] Fair Access to Care Services; Guidance on Eligibility Criteria for adult social care, January 2003.

13 Critical includes when significant health problems have developed or will develop without support.

Substantial includes when there is, or will be, an inability to carry out the majority of personal care or routines.

Moderate includes when several social support systems and relationships can not or will not be maintained.

Low includes when involvement in one or two aspects of work, education or learning can not or will not be sustained.

[14] The State of Social Care in England, 2006-2007, Commission for Social Care Inspection

the help that they need and whether they re-approach the council should their situation deteriorate are unable to be answered.

6.6 The recently published State of Social Care report 2006/2007[15] raised concerns about the lack of data on what does happen to those people who are within the moderate and low bandings of FACS, who would have in the past qualified for a service. Research for the report concluded that these people "….were often diverted or signposted to other help such as from local voluntary organisations, but *many found these did not result in any help as they too had waiting lists or could not offer the assistance required. Councils rarely followed up whether people had taken up the alternatives offered."*[16]

Recommendation

1. That systems be put in place to follow up what happens to those older people who do not meet Haringey's Fair Access to Care Services Criteria and are re-directed to other appropriate services.

6.7 The Commission for Social Care Inspection (CSCI) has been asked by the Government to undertake the review of eligibility criteria and, by the autumn, to make recommendations that will be considered as part of the government's wider review of the funding for long-term care.

6.8 Panel Members attended a Council Older People Commissioning Panel meeting to gain an understanding of the process involved in approving a care package. The Commissioning Panel considers the allocation of the more complex requests to assess whether there are any other options available within the budgetary framework.

6.9 Members found attendance at the panel meeting very useful in gaining an understanding of the processes and challenges which take place in allocating care packages.

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[15] The State of Social Care in England 2006-2007, Commission for Social Care Inspection
[16] Denise Platt, Chair, Commission for Social Care Inspection, 2007

Recommendation
2. That Council recognises:

- the statutory responsibilities Local Authorities have with regards to the Fair Access to Care Services criteria.
- the challenges faced between meeting the needs of people with high level dependency on the one hand and promoting the well-being and preventative agenda on the other hand.
- the work undertaken and the structures in place to ensure process checks and the provision of services in the most cost effective manner.
- the importance of advocacy.

Low Level Intervention

6.10 The panel heard of a number of effective low level support services offered to older people, for example the Age Concern Befriending Project, the Handy Person project, Sixty Plus etc. These services are particularly important in helping to prevent people from becoming increasingly dependent on services later down the line as they enabled people to stay more active safely and prevented older people from becoming socially isolated.

6.11 There was discussion as to what exactly there was available in Haringey that older people were being signposted towards and also whether these services are the most effective ones for the individual. Also, whether they are the services which older people want.

6.12 The panel was of the opinion that it would be useful if there was a mapping exercise, looking at what low level services are available where and to whom. Also, if this were to link with the Joint Strategic Needs Assessment currently being undertaken then this would assist in the commissioning of the most appropriate services which people want in the future.

Recommendation

3. That a mapping exercise is undertaken on what low level services are currently available in Haringey and an action plan be put in place to optimise take up of these services.

Personalisation

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7 Personal Budgets

7.1 Part of the personalisation agenda is the use of personal budgets; this includes both Direct Payments and Individual Budgets.

7.2 Individual Budgets place the person who is being supported in control and therefore able to decide support or services they receive. Individual Budgets:

- Give people a clear idea about how much money there is for their support.
- Make assessment quicker and easier and mean people have to give out information fewer times.
- Bring together different kinds of support or funding from more than one agency
- Let people use the money in a way that best suits their own needs and situation[17].

7.3 Individual Budgets are currently being piloted in Haringey's Learning Disability Services; this will ensure that any lessons learnt can be incorporated into roll out plans for other services, including Older People's Services.

7.4 Direct payments are cash payments made to individuals who have been assessed as needing services, in lieu of social service provisions[18] and are the direction of travel for older people in Haringey.

7.4.1 The panel heard of the advantages of Direct Payments and the positive impact that they can make on a person's life. This includes giving a person more individual choice and control over the services that they receive. At the same time it is important to note that there are risks associated with Direct Payments and therefore a strong support and monitoring mechanism is needed to ensure its success.

Recommendation

4a. That health and social care jointly agree a person centred strategy.
To include the continued uptake and promotion of Direct Payments and Individual budgets.

4b. That Council lobbies the Department of Health for Direct Payments to be extended to health care services.

[17] http://www.individualbudgets.csip.org.uk
[18] http://www.dh.gov.uk/en/SocialCare/Socialcarereform/Personalisation/Directpayments/index.htm

7.5 An issue with Direct Payments is that they can only be used for the payment of social care services, and not health services. Therefore if a person is receiving a Direct Payment for what is judged as their social care needs, and their need then changes and becomes a health care need, the choice and control over the services they are receiving is removed. This can have a serious adverse effect on a person's overall well-being and feeling of being in control over their life.

7.6 For the financial year 2006/2007 89 older people in Haringey were in receipt of a Direct Payment[19] out of approximately 4000 older people in receipt of services. For older people this is above the London average of 73, whilst still being below leading Authorities such as Barnet and Ealing[20].

7.6.1 The panel heard that there is currently no strategy or action plan in place to increase the uptake of Direct Payments for older people in Haringey.

8 Information and Advice Provision

8.1 The provision of accessible and appropriate information to enable people to make informed choices is a key aspect of health and social care white paper, Our Health, Our Care, Our Say[21].

8.2 Haringey's Experience Counts strategy[22] goals include:

- Keeping informed – ensuring that quality information is available to older people and ensuring that the information is *accessible,* up to date and available in various appropriate formats.

8.3 The Access Pathways Project[23] remit includes looking at improving the quality and access to information across the Adult, Culture and Community Services Directorate. This will include the voluntary sector and health sector provision.

8.4 The Panel heard views that more could be done across the partnership in order to publicise and provide information on services that are available. For example, the Council could advertise all drop-in centres across the borough rather than the four operated by Haringey Council. There were also views by those representing older people that more could be done with regards to information provision on the whole, especially relating to services such as foot care and dentistry.

8.4.1 The panel also heard that older people find the most effective use of communication being something that actually comes 'through the letterbox' e.g. information in written print[24].

[19] Adult, Culture and Community Services, Framework-I data.
[20] www.londoncareplacements.gov.uk
[21] Department of Health, 2006
[22] A partnership strategy for Older People in Haringey 2005-2010
[23] Part of the Council's Achieving Excellence Programme
[24] Haringey Forum for Older People and Haringey Home Care User Forum

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8.4.2 There were very few people at the Home Care User Forum or at the Haven day centre who would use the internet to get information about services in Haringey. The majority of people either wanted something to come through their letter box or would ask their GP about services, although this did not seem to apply to services other than the more traditional health and social care services.

8.5 The panel discussed the option of a directory of older people's services, but concerns were raised on how quickly information can go out of date. There were also concerns on who would have responsibility for keeping the directory up to date, bearing in mind that it would need to cover all services available for older people, including foot care, dentistry, leisure, libraries as well as the health and social care services which may be more readily associated with older people.

8.6 The panel did agree that there was a need for more information to be accessible to older people in Haringey and that on-line information is not necessarily the best way to disseminate information to this section of the community.

8.7 The panel found that there is a need for a joined up strategy on information and advice provision in Haringey to enable older people to find the information they need in a simple and quick way.

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Recommendation

5a. That all Councillors make themselves aware of the information on older people's services available on-line.

5b. Older People's services are included in the Quick Links from the Haringey web site home page.

5c. That a joint information and advice strategy and action plan be written. This should be between Haringey Council, the Teaching Primary Care Trust and the voluntary and community sector.

5d. That there is a quarterly publication (e.g. a newsletter or magazine) sent to older people in Haringey and available at community centres and GP surgeries. The publication should include basic information on services which are available to promote the wider well-being of older people.

8.8 The panel heard of the importance of advocacy for older people, in particular in making complaints and challenging decisions which have

been made concerning the services they are to receive. Older people need to clearly know the avenues that are available to them.

Recommendation

6. That advocacy and representation be built into the assessment and care management processes.

9 Income Maximisation

9.1 The panel heard of the importance of income in enabling older people to be able to access services. In particular the importance of enabling older people to access benefits that they may be entitled to. This in turn would have a positive impact on older people accessing services.

9.2 Haringey is currently working on an Income Maximisation Strategy which has a number of strands aiming to address the Sustainable Community Strategy priority of "Economic Vitality and Prosperity Shared by All".

9.2.1 There are a number of objectives which will have an impact on older people specifically. These are 'Providing targeted advice' and 'Supporting adults on low incomes'.

9.2.2 Providing targeted advice aims "to increase opportunities to access quality-assured information, advice and guidance (IAG) on benefits, tax-credits, and debt management." Actions in this section include a Mobile Outreach Service, which specifically mentions older people and Take up Surgeries.

9.2.3 Supporting adults on low incomes aims "to deliver targeted support to those who are unable to work, or are on low incomes, to alleviate financial hardship and enable them to lead independent lives." Actions in this section include addressing fuel poverty and promoting the take up of the Disability Living Allowance, the Attendance allowance and other appropriate benefits.

(See appendix 8 for the Income Maximisation Action Plan as it stands in March 2008).

Recommendation

7. That the Income Maximisation Strategy be published and actioned as soon as possible.

10 Joined up Services

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10.1 The panel watched an Age Concern DVD ('Are we in your way?') which illustrates the positive impact that joined up services can have on an older person's life. This is especially the case where triggers are in place to identify people who may be in need of services. This DVD has since been shown to Full Council.

10.2 The panel heard of a number of areas where progress is being made in improving the well-being of older people. This includes nearly 400 older people accessing the Mobile Library Service and Leisure services going out to Care Homes to conduct exercise classes to raise awareness of the benefits of keeping active and also to promote movement.

10.3 However there is a need for greater linkages not only across the services but also across all agencies. Examples include:

- Mobile library for those who are housebound could link up with meals on wheels and share information on clients who they are aware of who could benefit from these services.
- There is greater scope for joint working between leisure and libraries where both are visiting care homes independently of the other.

10.4 It is 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. In order for this to happen, there is a need for staff to begin to think differently and on a broader basis from what is in their immediate remit. The example given in 'Are we in your way' was of a Librarian identifying an older person who had recently suffered a bereavement and was becoming increasingly socially isolated. This triggered the librarian to direct the older person to social care services.

10.5 The importance of empowering and involving older people was also stressed throughout the review and in the background research for the review. "Older people need to feel empowered to contribute and participate, for their benefit and for that of society"25, in this way they are not only less likely to become isolated but also more likely to feel engaged and valuable in society.

10.5.1 The involvement of volunteer older people would also contribute towards the achievement of Haringey's Local Area Agreement on increasing the number of people engaged in formal volunteering.[26]

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[25] A Sure Start to Later Life, Office of the Deputy Prime Minister, 2006
[26] Haringey Strategic Partnership, Local Area Agreement, 2007-2010

Recommendation

8. That information sessions be provided to front line staff, both in Haringey Council and Haringey Teaching Primary Care Trust, who are likely to come into contact with vulnerable older people. Older people should be recruited as trainers to assist in this training.

11 Older People Activities

11.1 There are a number of activities currently being run across the partnership and within services which are specifically for older people. These include:

- Three Pensioners' Clubs operating in the major libraries in the borough (Wood Green, Marcus Garvey and Hornsey).
- The GP referral scheme run between the TPCT and Leisure Services which is a 12 week cardiac programme with incentives included to encourage the person to continue using the gym afterwards.
- Resource centres which provide a range of activities for members of all abilities, and are also in contact with other clubs and groups across the borough.

11.1.1 People over the age of 65 years in Haringey are also entitled to a free off-peak leisure pass.

11.2 The Panel visited the Haven Day Centre and noted the wealth of activities being provided to older people at the centre. A range of activities take place in Day Centre and Drop-In centres across Haringey and the importance of these were repeated by many older people representatives. It was noted that the attendance at these centres was thoroughly enjoyed and that this is often the only social forum in a person's life. One older person noted that a number of those attending the centre had family that had moved away and subsequently compared those who attended and ran the centre as a second family.

11.2.1 The vast majority of those who were spoken to at the centre also expressed the wish that they were able to attend more than their care package and/or finances allowed.

11.3 All services and organisations are currently working on further improving activity opportunities for older people. The importance of actively involving older people in these developments was stressed. The need to ensure that they are strategically planned and commissioned in a joined up way across organisations was also strongly stressed.

11.4 The Adult Service Business plan points out their role in achieving various Local Area Agreement targets. For example:

"Improve access to a range of day opportunities for older people by:

- Increasing the number of volunteers provided as part of day opportunities

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- Increasing the number of older people attending day opportunities programmes[27]"

Recommendation

9. That the Day Opportunities Strategy is re-energised and an action plan is put in place to ensure that the services available for older people are strategically planned and commissioned in a joined up way.

Recommendation

10. That the GP referral scheme is broadened and developed beyond the cardiac programme to promote well-being in Haringey.

12 Joint Working

12.1 The panel heard that there are examples of good partnership working relationships between front line workers. For example, Social Workers, Occupational Therapists and Nurses. However, there is an acknowledgement from both the Haringey Older People's Service and the Teaching Primary Care Trust (TPCT) that jointly improvements are needed in the management of people with lower levels of need in order to prevent them from moving into the higher level needs areas.

12.2 Examples of good partnership working across all sectors include:

- Metropolitan Care and Repair Services - This service helps vulnerable people by doing minor repairs to their homes, gardening, adapting some areas of disabled or older people's homes, and advice and support to keep people safe from crime[28]
- Handy Person scheme which helps senior citizens with gardening they are unable to do themselves.
- GP referral cardiac scheme.
- 'Health for Haringey' projects which develops 30 projects a year around healthy living activities for vulnerable and excluded groups.
- Age Concern Haringey's Hospital discharge advocacy service.
- Haringey Home Care Services – is jointly provided with the Teaching Primary Care Trust and as a result the service has seen a doubling of admission prevention referrals in the last year.

12.3 There are currently four pooled budget arrangements between the TPCT, Haringey Council and acute trusts which run a range of effective schemes incorporating services for older people. This includes the Prevention and Enabling Team, a Social Worker placed at the North

[27] Adult, Culture and Community Services, Adult Services Business Plan, 2007-2010
[28] www.haringey.gov.uk

Middlesex Hospital, delayed discharge budgets and community equipment. There are a number of recognised advantages to effective joint working and greater integration for example delivery of seamless services and a lack of duplication

12.4 At present a joint Rehabilitation and Intermediate Care Strategy is being drafted, this currently includes plans for a number of integrated teams within the next year. The partnership then intends to look at area based teams.

Recommendation

11. That the draft Rehabilitation and Intermediate Care Strategy be reported to the Overview and Scrutiny Committee and that Council fully supports plans for integrated care teams for older people.

13 Home Care

13.1 The Home Care Service aims to enable people to remain at home longer and therefore avoid the need for residential care for as long as possible; this is directly in line with Our Health, Our Care, Our Say.

13.1.1 The Home Care Service also operates a Night Service which provides 24 hour personal care and monitoring, this service recently won an award.

13.1.2 The service also operates a Prevention and Enabling Team which is jointly funded. This service provides short-term intensive rehabilitation and support so that older people can regain skills to remain independent after a hospital stay.

13.1.3 The Rapid Response Team provides an assessment within 2 hours and the area teams provide home care immediately. The assessments are holistic and address people's preferences and aspirations. They are outcomes based and ensure choice and control for the service users.

13.1.4 All in house home carers are trained in re-ablement.

13.2 The Home Care service aims to provide care which is suited to the person in receipt of the service, for example assistance in getting dressed at the time the person would normally get up in the morning. Again, this is in line with recent Government policy on choice and control over a person's own care. The panel heard of further changes which are taking place to ensure a person centred service, for example the introduction of a Home Care Bank to ensure that the service remains as flexible as possible to meet the needs and wishes of its clients.

13.3 The Haringey Home Care Service has one of the highest rates of people achieving independence within 8 weeks, in the country[29].

[29] CSCI Self Assessment Survey 2006-07 achievement of 74%

13.4 There is currently an outcomes based home care pilot underway, with one independent provider and the in house service. Service users manage their own care package by deciding how they want to use the hours that have been agreed. For example, if someone decides to use some of their allocated time to go shopping with a home carer, they can 'bank' some time and arrange the trip.

13.5 Attendees at the Home Care User Forum expressed the view that Home Carers were very good at what they do. This was relevant to both those who are employed directly by Haringey Council and those who are employed by external agencies, commissioned by the Council.

13.6 At the same time the panel heard views that external care agency visits can be erratic, particularly at the weekends. This has on occasion meant the care was not provided at the time that the service user requested. When asked about whether they had complained the panel were told that people had complained directly to the external agencies and not to the Council itself. Concern was also raised on whether an older person would feel able to make a complaint. It was noted that some older people may feel that if they complain then the service they are receiving would be withdrawn.

13.6.1 Both of these barriers in people complaining about the service means that the Council is not made aware of areas where there are concerns and is therefore not able to take the necessary actions to ensure that service delivery, by these external agencies, is improved.

13.7 At the same time it was stressed that the service also wants positive feedback on the services, in this way those who are commissioning the service are aware as to what is working well and can better shape further services around the needs and wishes of individuals.

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Recommendation

12a. That a Chair representative of the service users be appointed to the Home Care User Forum to allow for a greater involvement of service users in the design of services.

12b. That arrangements are put in place to further encourage both positive and negative feedback from service users on both in house and commissioned providers.

14 Foot Care

14.1 The panel heard that 50% of attendees at the Haringey Forum for Older People Annual Meeting raised basic foot care as an issue. This includes simple tasks such as cutting toe nails.

14.2 There are four older people's centres in Haringey which will cut older people's toe nails. However, it was noted that this is only available to those people able to physically get to the drop in centres. This is being funded by the social care budget and not the TPCT. However, foot care is classed as a health need.

14.3 Age Concern has been running a campaign, Feet for Purpose, since the summer 2007 to raise awareness of the importance of good foot health30. Problems with older people's feet have a significant impact on their quality of life. For example, long and painful toe nails can leave people housebound, can cause falls and ultimately prevent a person from being able to keep active.

14.3.1 The panel heard example of older people waiting until they are in immense pain until seeking treatment due to the high cost of the service, which can be £20-£40 per session.

14.4 The TPCT acknowledged that there has been a previous restriction in foot care services due to financial pressures. However the panel heard that there have been significant improvements in waiting times and access over the last year, as a result of service redesign.

14.5 The panel also heard the foot care is being prioritised in the current (2008/2009) commissioning round for investment. This includes current research into the evidence base and current Department of Health best practice in the area to ensure that the new service model reflects this. The TPCT will also meet with the voluntary and community sector once they have the necessary background information and are at the appropriate stage in the commissioning round.

Recommendation

13. That the Teaching Primary Care Trust reports to Overview and Scrutiny Committee on its proposals for improving foot health in Haringey once it has completed its research and consultation with the voluntary and community sector and with the Adult, Culture and Community Services Directorate.

15 Equalities Performance Indicators

[30] http://www.ageconcern.org.uk/AgeConcern/feetforpurpose.asp

15.1 The Panel considered the two Performance Indicators relating to equalities for older people and noted that the service is performing well in both of these areas. These indicators are monitored by the Council monthly and are also monitored by the Commission for Social Care Inspection and feed into the overall performance rating of Social Care in Haringey. The Performance Indicators considered were:

E47 Ethnicity of Older People receiving an assessment - The percentage of older service users receiving an assessment that are from minority ethnic groups, divided by the percentage of older people in the local population that are from minority ethnic groups.[31]

E48 Ethnicity of Older People receiving services following an assessment - The percentage of older service users receiving services following an assessment that are from a minority ethnic group, divided by the percentage of older service users assessed that are from a minority ethnic group.

(See Appendix 6)

15.2 The Panel also looked at the ethnicity of service users for the financial year 06/07 and the year to date data from 07/08. The proportion of older people service users from each ethnic group was compared with the proportion of the Haringey population[32] from the same age and ethnic group. The panel noted that there are no significant over or under representations of any groups receiving older people's services. (See Appendix 7).

16 Transport

16.1 Transport is a widely recognised area of concern for older people and is mentioned in a number of forums. This includes Haringey's Experience Counts Strategy:

- Getting out and about: to ensure that older people are able to get out and about, including being able to use public transport

16.2 Transport issues also feature in the Our Health, Our Care, Our Say White Paper[33]:

- Almost 20% of attendees at a Citizen summit featured in the report mentioned transport as a top priority.
- "Universal services, such as transport…and leisure services…can play a crucial role in facilitating social contacts and supporting social inclusion."

[31] Social Services Performance Assessment Framework Indicators, Adults, 2006-07, Commission for Social Care Inspection
[32] 2001 Census data
[33] Our Health, Our Care, Our Say, Department of Health, 2006

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- "Transport can be a barrier to accessing care. The Social Exclusion Unit estimates that 1.4 million people (nationally) miss, turn down, or simply choose not to seek health care because of transport problems."

16.3 Older People's service is currently looking at a Community Transport System where vehicles that are linked to centres, and may be left unused for periods of time are being centrally coordinated and therefore able to provide a more flexible service to more groups.

16.3.1 The Community Transport System will train drivers form groups who wish to hire the vehicles

16.4 Transport was raised by the Home Care User Forum as a barrier for not using libraries, leisure facilities and visiting parks

16.5 Accessibility on the whole is an area noted for further consideration.

17 Carers

17.1 The panel has noted the importance of carers in Haringey on the whole, and in relation to this review, particularly older carers.

17.1.1 As the area of carers is a wide one covering a range of areas from support in general, to respite to opportunities for development and work it was felt that the area warrants a more in-depth, dedicated review.

Recommendation

14. That an in-depth review is undertaken into Carers services in Haringey as and when resources become available.

18 The National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care[34]

18.1 The National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care came into effect on 1st October 2007. The impetus for this framework were the Grogan and Coughlan judicial judgements which made it clear that a very clear criteria was needed across the country.

18.2 As the framework has an impact on services for older people the panel was keen to hear about its implementation in Haringey.

18.2.1 In general terms, if you are eligible for NHS continuing care funding then you are not eligible to pay for any care (health or social).

18.2.2 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.

[34] Department of Health, 2007

18.3 The panel heard that the framework is already being worked within in Haringey and therefore significant changes were not necessary in order to come into line with the Department of Health Criteria.

18.3.1 However, the panel heard that as the framework is highly process driven and there are plans to enlarge the team with an additional two nursing posts.

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Appendix 1

Contributors to the Review

Name	Title and/or Organisation
Councillor Bob Harris	Cabinet Member for Adult Social Care
Tom Brown	Older People Service Manager, Haringey Council
Alex McTeare	Haringey Teaching Primary Care Trust
Delia Thomas	Haringey Teaching Primary Care Trust
Diana Edmonds	Asst Director Culture, Libraries & Learning
Andy Briggs	Head of Sports and Leisure Services
Robert Edmonds	Director of Age Concern
Matthew Pelling	Commissioning Manager
Lauritz Hansen-Bay	Haringey Forum for Older People
Jane Havergal	Age Concern Trustee
Tanya Kenny-Parker	Manager, Haven Day Centre
Eva Darlow	Home Care Service Manager
Chris Henderson	Policy Officer, Adult, Culture and Community Services Directorate
Liz Marnham	Policy Officer, Adult, Culture and Community Services Directorate
Lorna Brambridge	Older People's Advocacy Alliance and Help the Aged Volunteer
Helen Bailey	Achieving Excellence Change Manager
Tim Dauncey	Interim Director Special Projects, Achieving Excellence
Manuela Toporowska	Development Officer, Haringey Forum for Older People
Maureen Dewar	Haringey Forum for Older People
Lloyda Fanusie	Haringey Forum for Older People
Zeedy Thompson	Haringey Forum for Older People
Hazel Griffiths	Haringey Forum for Older People
Pam Moffatt	Haringey Forum for Older People
Celia Bower	Haringey Forum for Older People
Verlyn Cowell	Haringey Forum for Older People
Kamla Ahluwalia	Haringey Forum for Older People
Gloria Omotoso	Haringey Forum for Older People
Mr Kermith Samuda	Home Care User Forum
Mrs C. Bent	Home Care User Forum
Mr Beresford Riley	Home Care User Forum
Mr Ernie Byford	Home Care User Forum
Mrs B. Cordwell	Home Care User Forum
Mr Roy Robotham	Home Care User Forum
Mrs Daphne Mortimer	Home Care User Forum
Mrs Olive Harper	Home Care User Forum
Mr A Mason	Home Care User Forum
Mr & Mrs Hunter	Home Care User Forum

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Mrs Towell & carer	Home Care User Forum
Mr Roy Smith	Home Care User Forum
Hatice Yilmaz	Home Care User Forum
James McConville & carer	Home Care User Forum
Mr Oliver & Mrs Carmen Joseph	Home Care User Forum
Mr Wycliffe Allen	Home Care User Forum

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Appendix 2

Background Papers and Sources

Care Services Improvement Partnership, Projecting Older People Information System, 2007.

Experience Counts, Haringey Council, 2005

Fair Access to Care Services, Guidance on eligibility criteria for adult social care, Department of Health, 2003

Greater London Authority, Population Projections, 2006

Haringey Council Plan 2007/2010, To achieve our vision: A council we are all proud of, Haringey Council, 2007

Local Area Agreement 2007-2010, Haringey Council, 2007

The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care, Department of Health, 2007

Our Health, Our Care, Our Say, Department of Health, 2006

Social Services Performance Assessment Framework Indicators, Adults, 2006-07, Commission for Social Care Inspection

The State of Social Care in England 2006-2007, Commission for Social Care Inspection

www.csci.gov.uk

www.londoncareplacements.gov.uk

http://www.ageconcern.org.uk/AgeConcern/feetforpurpose.asp

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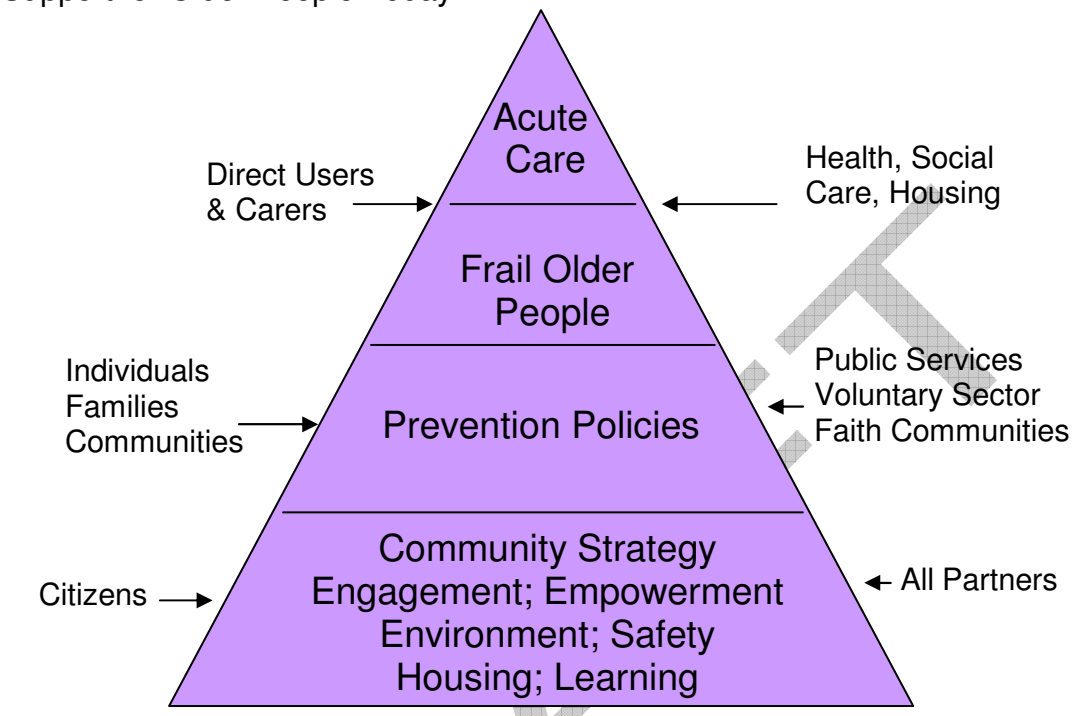
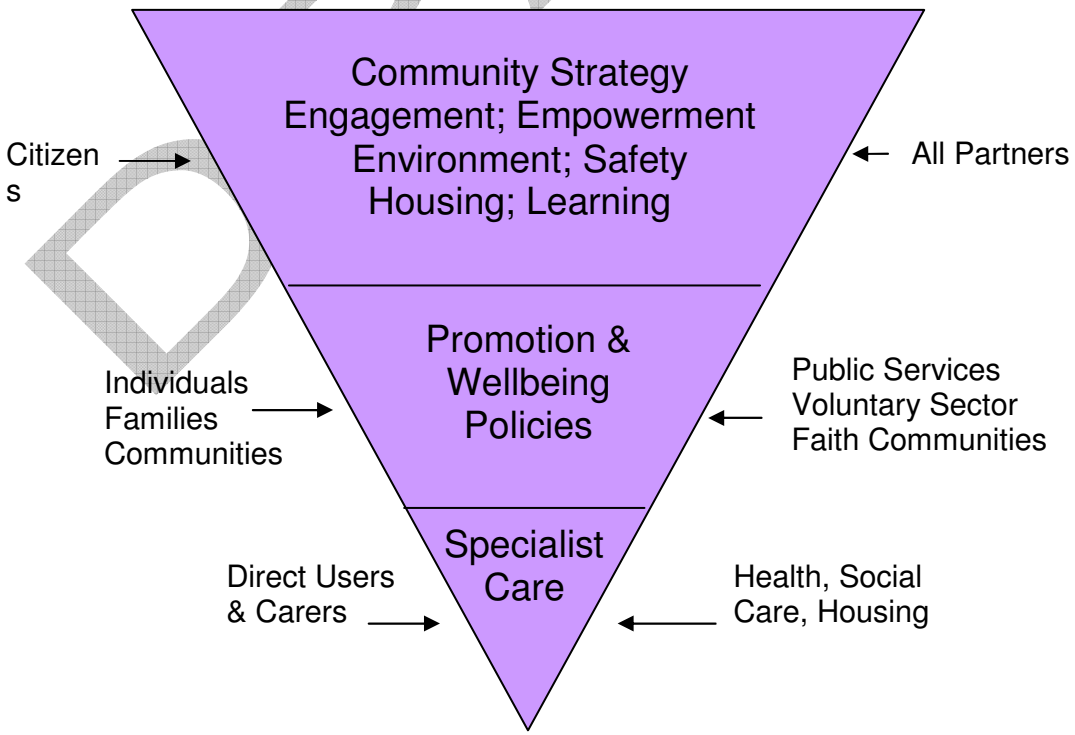
Appendix 3

Inverting the Triangle of Care

Support for Older People Today



Support for Older People Tomorrow



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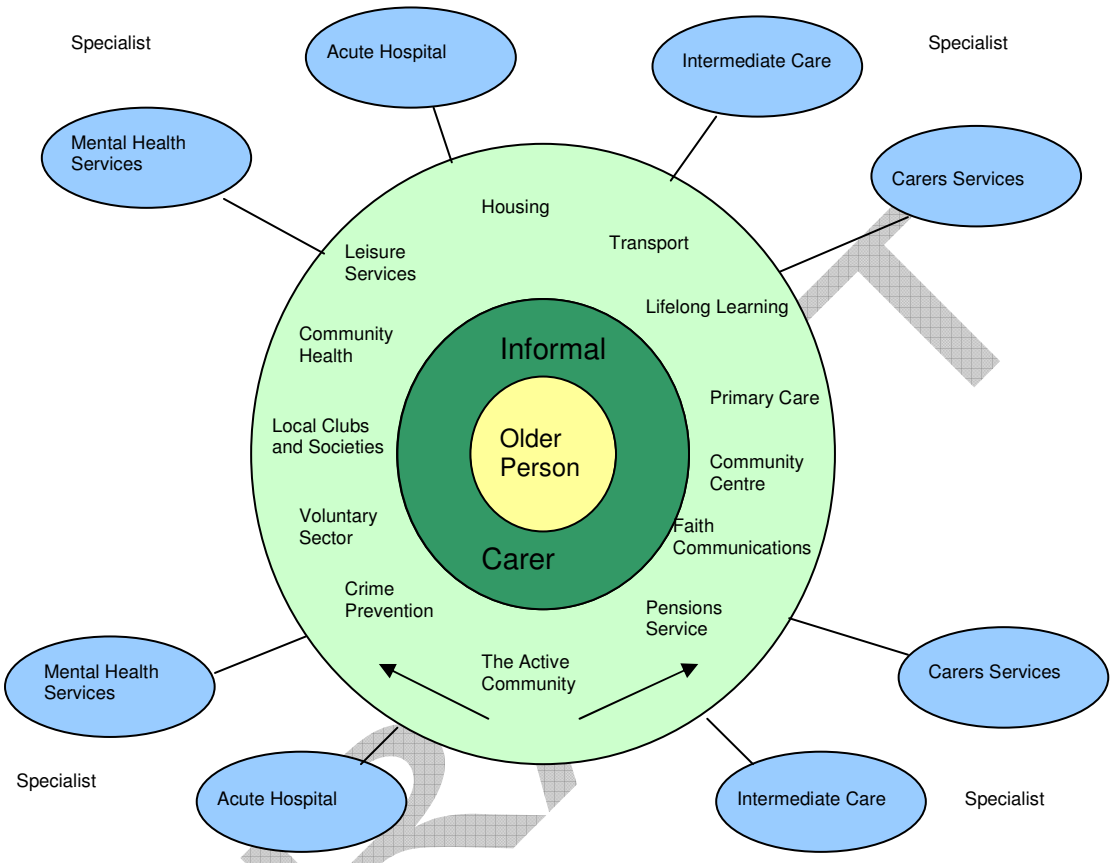
Appendix 4

A new direction for Community Services



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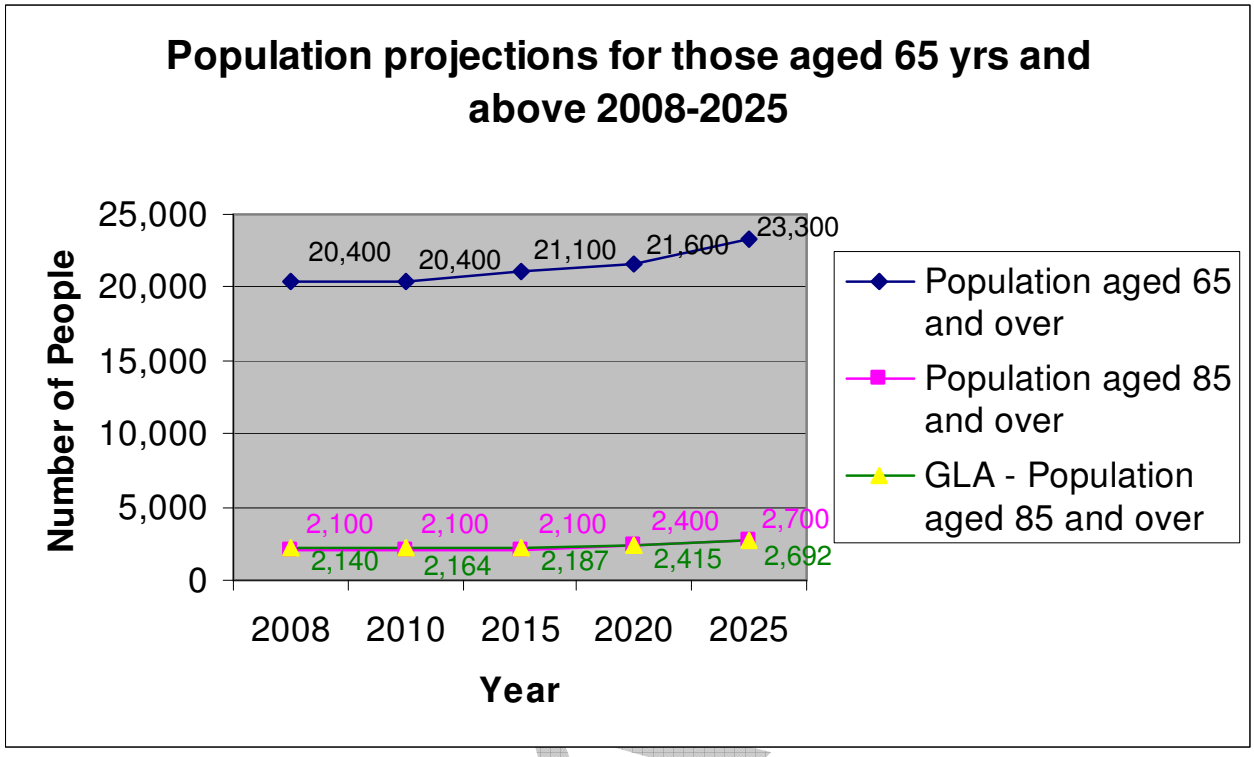
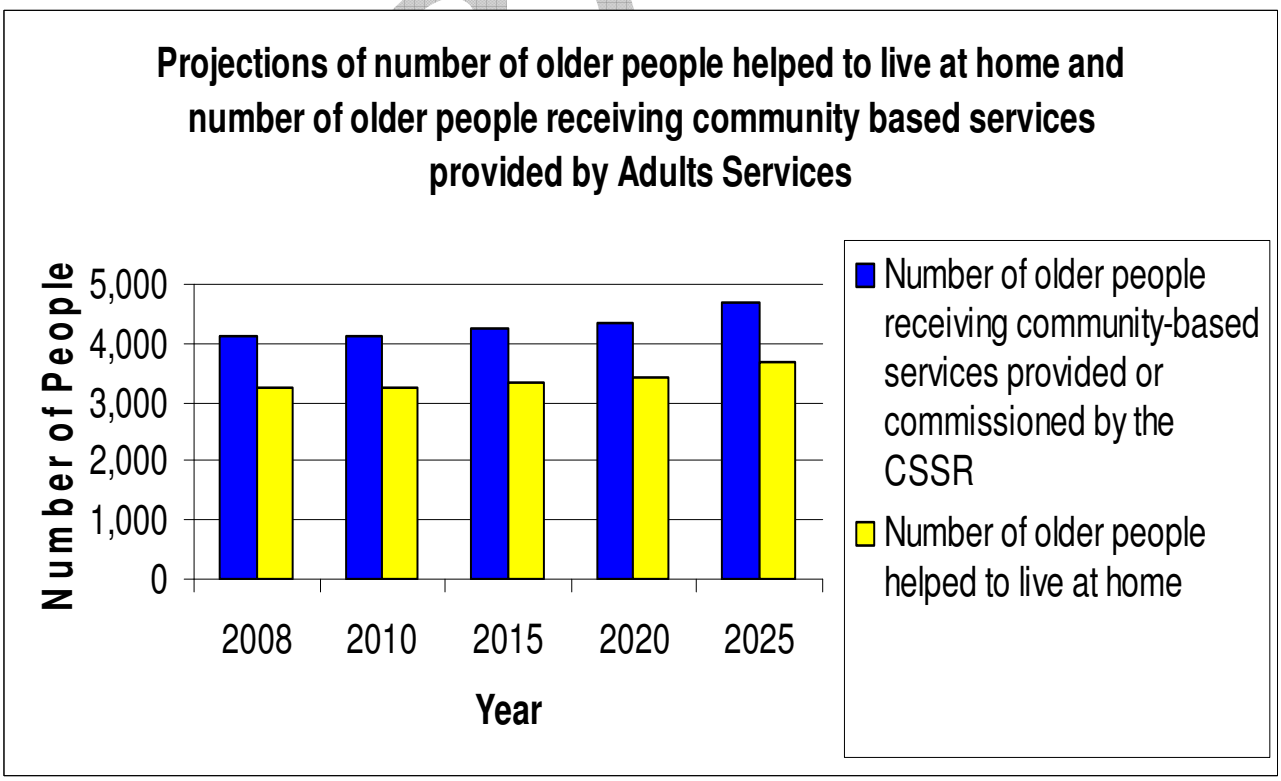
Appendix 5


Population projections for those aged 65 yrs and above 2008-2025
Number of People
25,000
20,000
15,000
10,000
5,000
0
20,400
20,400
21,100
21,600
23,300
2,100
2,100
2,100
2,400
2,700
2,140
2,164
2,187
2,415
2,692
2008
2010
2015
2020
2025
Year
Population aged 65 and over
Population aged 85 and over
GLA - Population aged 85 and over


Projections of number of older people helped to live at home and number of older people receiving community based services provided by Adults Services
Number of People
5,000
4,000
3,000
2,000
1,000
0
2008
2010
2015
2020
2025
Year
Number of older people receiving community-based services provided or commissioned by the CSSR
Number of older people helped to live at home

Appendix 6

A0/E47 Ethnicity of Older People receiving an assessment

Low		High
●●	●●●	●●
0<1	1<2	2+

Corporate	No
Chief Exec	No

Target 1.0

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Vs 06/07
1.31	1.42	1.56	1.52	1.51	1.49	1.45	1.53	1.46	1.45			1.45	→
Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber			Amber	

Not achieving target but is still in top banding. Performance team feels a target of 1.5 may be more suitable, as top banding is between 1 and 2.

Good Performance is shown by a score of one or greater, as this assumes that the need for social care services of people from minority ethnic groups is at least as great as the general population.

A0/E48 Ethnicity of Older People receiving services following an assessment

Low		High
●●	●●●	●●
0<0.9	0.9<1.1	1.1+

Corporate	No
Chief Exec	No

Target 1.0

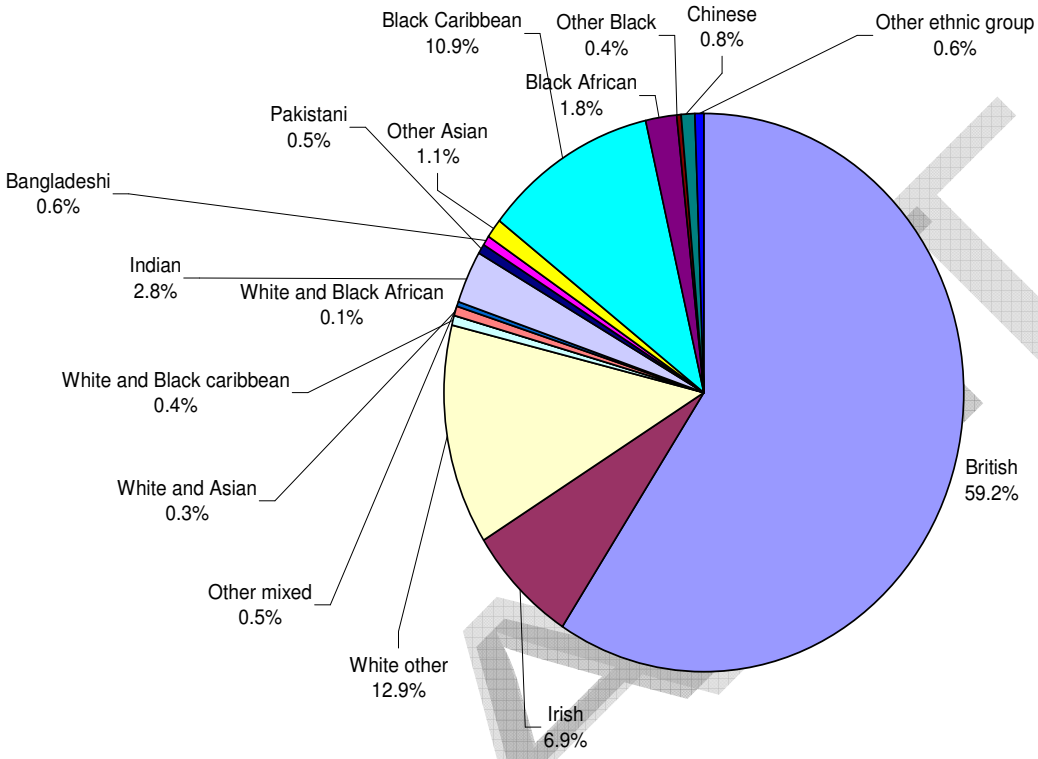
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Vs 06/07
0.80	0.84	0.94	0.95	0.97	0.99	0.98	0.96	1.01	0.99			0.99	→
Red	Red	Amber	Amber	Amber	Green	Green	Green	Green	Green			Green	

Top banding

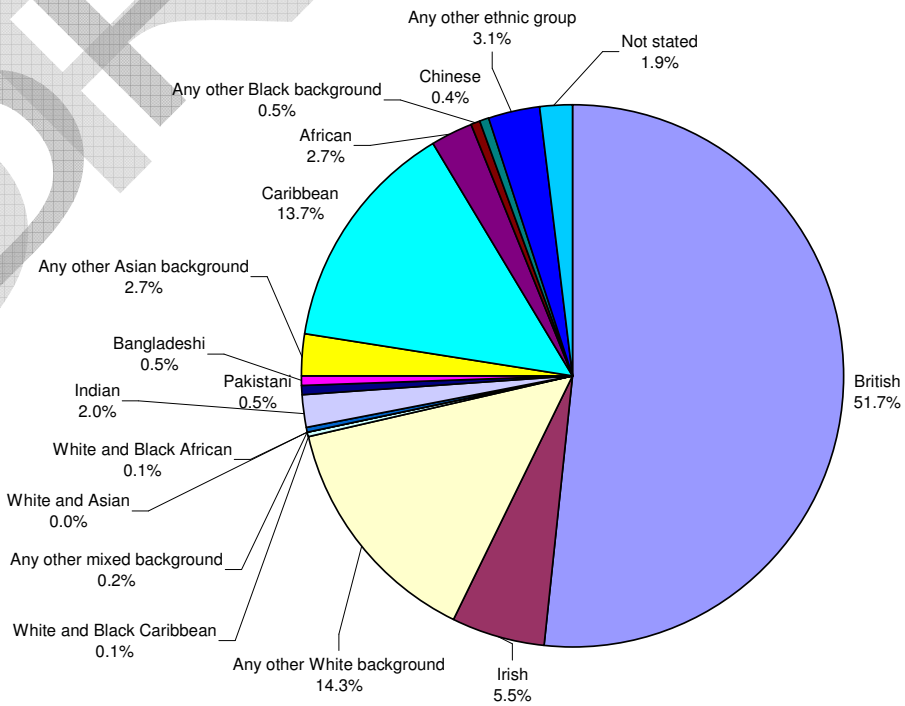
Good Performance is shown by a score of around one, as this assumes that there is no difference between the proportions of those assessed who require services for minority ethnic communities and the general population.

Appendix 7

Ethnicity breakdown for people aged 65 and over - 2001 census



Number of older people receiving a service 1/04/06 - 31/03/07 by ethnicity



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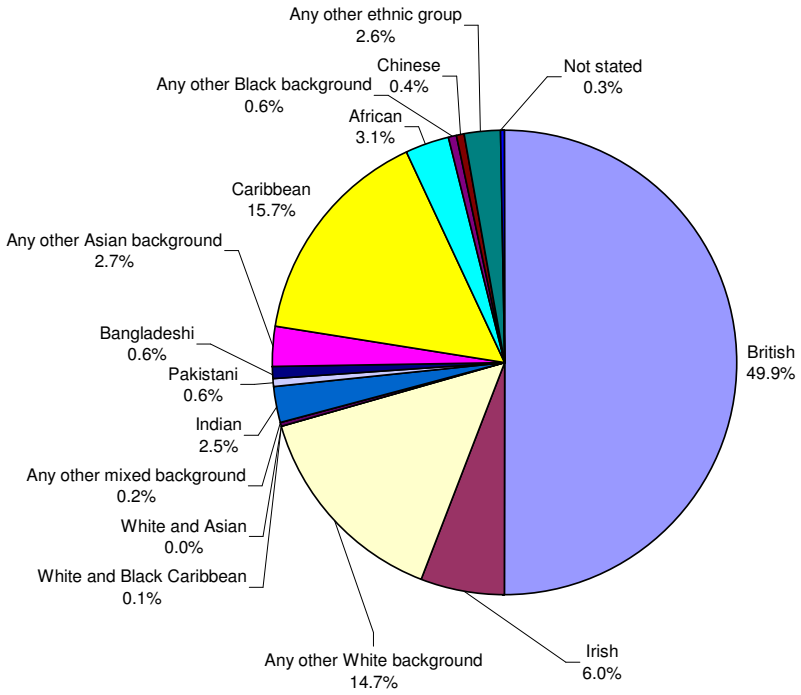
Number of older people receiving a service by ethnicity 1/4/07-31/1/08



Appendix 8 – Income Maximisation Action Plan as of March 2008

What do we want to achieve?	How will we do it?	Who will do it?	How much will it cost?	How will we measure success?		
Our Priorities	**Our actions**	**Lead Officer**	**Resource Implications**	**Measure(s)**	**Targets 2007/08**	**Targets 2008/09**
1. Delivering & Promoting the Haringey Guarantee	<u>Expanding the Programme</u> a) We will establish new partnerships to support disadvantaged groups, including lone parents b) We will drive forward employer engagement by proactively pursuing opportunities to bring more employers into Guarantee c) We will develop more structured referral pathways within the programme <u>Lobbying Government</u> a) We will respond to Government consultations, highlighting the need for additional funding and support to tackle worklessness b) We will continue to liaise with DWP and GOL to ensure jobseekers in the borough get the best financial deal possible.	**Martin Tucker**, Employment and Skills Manager	Funded through NRF, LSC, S106	a) Number of residents facing specific barriers engaged. b) Number of employers engaged. c) Sustained job outputs. d) Number of beneficiaries engaged.	a) 61 lone parents engaged b) 184 employers engaged c) 94 referrals made to other Guarantee providers d) 700 beneficiaries engaged e) 200 job outputs	
2. Launching and Delivering "Families into Work" in Northumberland Park ward	<u>Co-ordinating the project</u> a) We will convene and administer the project Steering Group and establish a terms of reference. b) We will establish referral routes between agencies and encourage appropriate information sharing.	**Martin Tucker,** Employment and Skills Manager	Business Case to be developed to draw down external funding to develop and	a) Terms of reference which all partners have signed up to. b) Clear referral routes and information	a) Service Audit completed b) Project plan developed, agreed and approved	

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	c) We will consult partners and stakeholders on the objectives, outcomes and indicators of the project d) We will design a detailed project and delivery plan for implementation of the project <u>Monitoring & Evaluation</u> a) We will design an integrated evaluation measuring hard and soft outcomes	deliver the project	sharing protocols between all agencies represented. c) Consultation/service audit carried out	c) Delivery Plan approved d) Funding secured
3. Ensuring Flexible and Targeted Support for Parents	a) We will build on current work to effectively drive up take-up of Working Tax Credits. b) We will increase access to affordable childcare through the further development of Children Centres and the facilities they offer	*Detailed actions, resources and targets are contained in multi-agency agreements and the Children's and Young Peoples Plan*		
4. Continually Improving Advice Delivery Across Council Services	<u>Mobile Outreach Service</u> We will work with partners (DWP, Job Centre Plus and Social Services Finance Assessment, Community groups etc) to provide comprehensive benefits advice sessions on a 'benefit bus' operating for 14 days over a period of one month over the Summer. The bus will visit various community venues within Haringey. The main target groups will be the hard to reach including pensioners and the low paid. a) We run a consultation with key partners and stakeholders on the aims, objectives, and outcomes of the project b) We will develop an integrated evaluation measuring framework for hard and soft outcomes <u>Take Up Surgeries</u> a) We will organise a series of focussed take-up surgeries at local venues, including	**Ian Biggadike**, Acting Head of Benefits & Local Taxation £34k funding required from Stream board £21.5K funding required from Stream board	a) Consultation exercise b) Project plan developed and agreed, including evaluation plan. c) Funding agreed d) Outreach Service delivered. a) Consultation exercise	a) 3% increase in number of pensioners claiming IS b) 3% increase in HB take-up for those in work c) 10% increase in CTB for those in work. d) Increased awareness of benefits available e) Promotion of the Council's commitment to income maximisation and anti

	• Job Centres • Community group premises • Doctor's Surgery b) We run a consultation with key partners and stakeholders on the aims, objectives, and outcomes of the project c) We will develop an integrated evaluation measuring framework for hard and soft outcomes			undertaken. b) Project plan developed, agreed c) Funding agreed d) Surgery sessions delivered.		poverty strategies
5. Ensuring High Quality Independent Advice Provision	a) We will ensure that all funded advice services in Haringey deliver to National standards for community advice and legal services through voluntary sector grant agreements and monitoring adherence. b) We will use the LAA to deliver target benefits advice and debt counselling, in partnership with the CAB, to the three SOA neighbourhoods.(Noel Park; Bruce Grove: Northumberland Park) c) We will develop options for sustaining targeted benefits advice and debt counselling to communities in most need.	**Susan Humphries**, Head of Voluntary Sector Team **Sean Burke**, Head of Neighbourhood Management	Core budget – part of their work programme LAA priority for the Health & Wellbeing HSP Theme Group	a) Auditing against in house quality assurance systems b) Number of residents claiming appropriate benefits in priority neighbourhoods. c) Number of residents who have received debt counselling in priority neighbourhoods	a) Quarterly monitoring of adherence b) Meet agreed out SLA out puts	a) Output measures to be agreed b) Gain approval for LAA priority funding to continue targeted benefits advice and debt counselling to priority Neighbourhoods
6. Addressing Fuel Poverty	<u>Partnership Working</u> a) We will work together with our strategic partners to ensure Haringey's prominence as a borough committed to tackling fuel poverty and to ensure that we provide a comprehensive and inclusive service <u>Provision of Advice and Information</u> a) We will ensure that the Council website contains up to date information on all the available sources of assistance with	**John Mathers**, Fuel Poverty Officer	Activities currently funded by the NRF	a) Number of residents receiving assistance through the Warm Front Scheme b) Number of residents receiving assistance	a) 500 households to receive improvements through the Warm Front scheme b) 1000 households to receive improvements	

	heating and insulation measures b) We will provide an online form which residents can use to apply to the Council or its partners for assistance. c) We will annually compile, print and distribute a booklet containing advice on energy saving, heating and insulation. <u>Promotional Activities</u> a) We will promote the 'here to HELP' and Warm Front schemes to residents through the following channels: ▪ Haringey People magazine ▪ Bus Shelter advertising ▪ Lamp Post banner advertising ▪ Bill board advertising ▪ Regular press releases <u>Community Engagement</u> a) We will disseminate information about the various grant schemes ('here to HELP' and Warm Front) and other forms of assistance available through a series of roadshows and attendance at community events <u>Continuous Monitoring</u> a) We will conduct, on an annual basis, a survey of the energy efficiency of our housing stock using HECAMON software.		through the 'here to HELP' scheme c) Number of residents attending a roadshow or community event d) Number of referrals received through the online form e) Number of properties made decent as a result of heating and insulation improvements provided by the Warm Front scheme f) Number of households receiving targeted advice and information in the form of direct mail g) Information provided by householders in response to the annual energy efficiency survey.	through the 'here to HELP' scheme c) 250 residents to attend an Energy Efficiency Roadshow d) 1000 households to receive an energy efficiency survey e) 250 residents to receive a low energy lightbulb f) 500 residents to receive targeted advice and information

7. Promoting Appropriate Take-Up of Disability Living Allowance, Attendance Allowance, and other benefits.	a) We will advertise and promote the use of the Benefits Calculator 'Entitled To' link on the Haringey Website through the borough Library Services. b) We will advertise, promote and assist people using the Occupational Therapy Assessment Clinic Service to make use of the 'Entitled To' benefits tool. c) We will link all referrals to our Occupational Therapy and Social Work Services to the borough wide Fuel Poverty and Home Improvements Schemes. d) We will ensure benefits advice is always made available at consultation events e) For a) to d) above, where it is indicated people may qualify for a benefit we will assist people to apply for it.	**Bernard Lanigan** Service Manager	£5,000 £1000	A) Number of people accessing the website. b) Numbers of people assisted to access the website. c) Numbers of people referred to borough scheme d) Numbers of people seen at consultation events	50 50 50 40	100 100 100 80
8. Improving the health of children and young people	a) Through joint work with our partners we will meet the challenging targets in the Children and Young People's plan to reduce infant mortality, teenage conceptions and to improve services for mental health needs. b) We will target considerable support to schools to achieve the healthy schools' status which includes physical education and healthy eating which together tackle obesity.	*Detailed actions, resources and targets are contained in multi-agency agreements and the Children's and Young Peoples Plan*				
9. Continuing to drive up educational achievement	a) To continue to focus resources where the needs are greatest so that at attainment in relation to all benchmarks improves and at 5+A*-C grades Haringey meets the national average by 2009 and with English and mathematics by 2011/12 b) To improve the number of 19 year olds who achieve level 2 and 3 qualifications	*Detailed actions, resources and targets are contained in multi-agency agreements and the Children's and Young Peoples Plan*				

10. Target services on the most disadvantaged	To build the capacity of the universal services (schools, early years settings and health visitors) to intervene early, including achieving the maximum delegation of funding. • To work with families to ensure support is provided early so that health, social and educational needs are met thereby impacting in time upon the number of children and young people who come into the care system. c) To build up the knowledge of the needs of families and communities in each Children's Network so that services can be tailored to respond quickly and efficiently	*Detailed actions, resources and targets are contained in multi-agency agreements and the Children's and Young Peoples Plan*