



Haringey Council

Agenda item:

[No 1]

Overview and Scrutiny Committee

On [Date]

Report Title: **Scrutiny Review on Access to Services for Older People**

Forward Plan reference number (if applicable): **[add reference]**

Report of: **Chair of the Review Panel**

Wards(s) affected: **All**

1. Purpose (That is, the decision required)

1.1 To approve the scope and terms of reference for the Scrutiny Review on Services for Older People.

2. Recommendations

2.1 That the scope be approved.
2.2 That the terms of reference be approved.

Report Authorised by: **[Designation of Chief Officer (Include signature here)]**

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Tel: 0208 489 2933**

3. Local Government (Access to Information) Act 1985

3.1 Background papers relating to this report:

- Our Health, Our Care, Our Say, Department of Health, 2006
- Experience Counts, Haringey Council, 2005
- Fair Access to Care Services, Guidance on eligibility criteria for adult social care, Department of Health, 2003
- Local Area Agreement 2007-2010, Haringey Council, 2007
- Haringey Council Plan 2007/2010, To achieve our vision: A council we are all proud of, Haringey Council, 2007
- Haringey Health Report 2004; Mental Health, Haringey Teaching Primary Care Trust, 2004
- Developing World Class Primary Care in Haringey; A Consultation Document,

Haringey Teaching Primary Care Trust, 2007

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

4. Background

4.1 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.

4.2 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.

5. National Policy

5.1 The health and social care White Paper, Our Health, Our Care, Our Say (Department of Health, 2006) places emphasis on giving people more choice and control over their lives and on improving the overall well-being of the population. A key aspect of this is the provision of accessible and appropriate information to enable people to make informed choices.

5.1.1 Our Health, Our Care, Our Say has four overarching goals which include:

- *Better preventative services with earlier intervention* – through health and social care agencies working together to support preventative measures.
- *More support for people with long-term needs* – helping people to support themselves and in the provision of information to assist them in accessing appropriate services.

5.2 The Department of Health published its Fair Access to Care services 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 not addressed"¹. These bandings are Critical, Substantial, Moderate and Low.

- 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.

¹ Fair Access to Care Services; Guidance on Eligibility Criteria for adult social care, January 2003

5.3 In June 2007 the Department of Health published The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care. Definitions as given in the Department of Health guidance are as follows:

- “Continuing care means care provided over an extended period of time to a person aged 18 or over meet physical or mental health needs....
- NHS Continuing Healthcare means a package of continuing care arranged and funded solely by the NHS...²”

5.3.1 Across the country there have been discrepancies in who is eligible for funding of continued health care and until the above mentioned guidance was published Strategic Health Authorities had their own criteria interpreted from various pieces of legislation. This led to a lack of clarity between health and social care services as to who exactly was responsible to pay for some patients care.

5.3.2 The aim of this framework is to make the continuing care system easier to navigate after court judgements (Grogan and Coughlan) and the health service ombudsman ruling that more than 11,000 older and disabled people nationally were wrongly charged for their care³. The framework is due to be implemented from 1st October 2007 with Local Authorities and Primary Care Trusts being encouraged to work together to prepare for the implementation.

5.3.3 In basic terms the guidance states that “where a person’s primary need is a health need, the NHS is regarded as responsible for providing for all of their needs, including accommodation, if that is part of the overall need, and so they are eligible for NHS Continuing Healthcare. The decision as to whether this is the case should be looked at in totality of the relevant needs⁴”.

6. Local Policy

6.1 In 2005 Haringey Older People Services published Experience Counts, a partnership strategy for Older People in Haringey. This incorporated a large amount of consultation and joint working with health, social care and voluntary sectors across the borough and 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.

6.2 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

² The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care, Department of Health, 2007

³ Democratic Health Network, National framework for continuing care briefing, June 2007

⁴ The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care, Department of Health, 2007

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.

6.3 'Haringey Council Plan 2007/2010' also includes actions relating to older people. The Council Plan set out how the council aims to contribute to Haringey's Sustainable Community Strategy and includes priorities in order to meet the strategy's objectives. Under each priority there are a number of key actions laid out:

6.3.1 *"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.

6.3.2 *"Promoting independent living while supporting adults and children when needed"*

- Supporting vulnerable people to live independently with a better quality of life by:
 - Improving waiting times on assessments and care packages
 - Implementing rehabilitative strategies to reduce admission to hospital
 - Continuing to deliver the Supporting People programme
 - Implementing the Day Services Strategy
 - Helping older people to live independently in their own homes
 - Implementing the Commission for Social Care Inspectorates Mental health action plan.
 - Improving performance information and regaining 2 stars⁵.

6.4 Haringey Teaching Primary Care Trust is at present consulting on its Primary Care Strategy (Developing World Class Primary Care in Haringey) for improving health care provision in Haringey over the next ten years. This strategy takes in to consideration both the local and national policy context of supporting preventative measures. Inevitably this will lead to an increased life expectancy in Haringey.

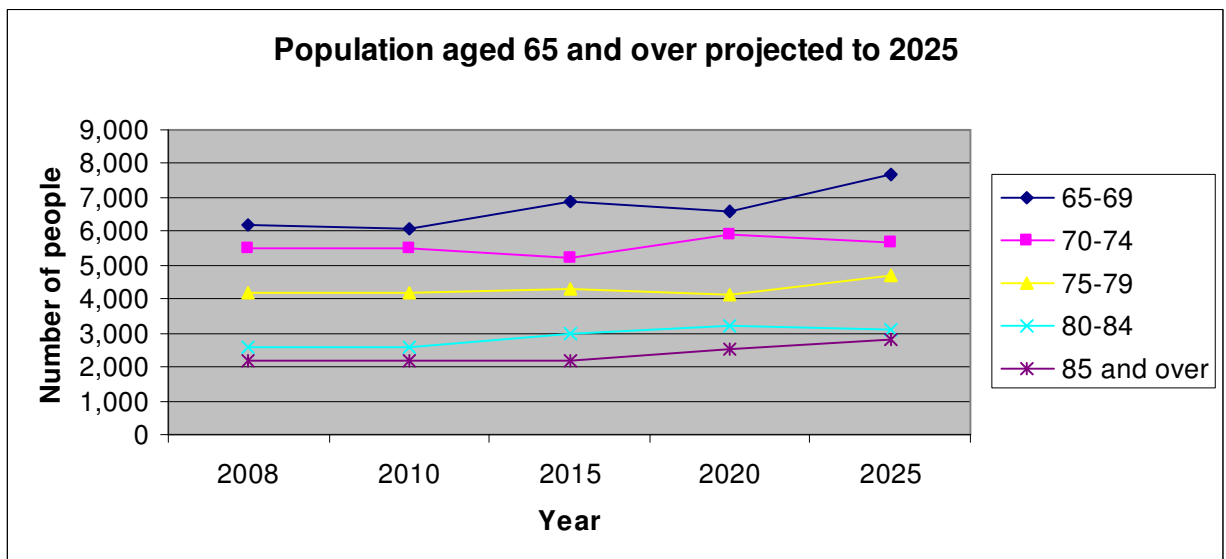
7. Local Context

7.1 Between January 1st 2006 and December 31st 2006 Haringey social services provided support to over 4,000 older people. With support of care managed

⁵ Haringey Council Plan 2007/2010; To achieve our vision: A Council we are all proud of, 2007

services in the community being given to 3,221 people and support with residential or nursing home care being provided for 900 people⁶.

7.2 As shown in the graph below Haringey has a projected population increase with regards to people aged 65 years of age and above. Between 2008 and 2025 the number of people aged 65 years of age and above living in Haringey is projected to increase by over 3000 people. The number of people aged 85 years of age and above is projected to rise by approximately 600 people by 2025. This is the part of our community which needs the most intensive support.⁷



7.3 In Haringey the Council currently operates at a level of Critical/Substantial Fair Access to Care services banding which is the more acute end of the eligibility criteria. This means that it is increasingly difficult for preventative measures to be taken in line with the government’s well-being agenda. Preventative measures include areas such as leisure and recreational services. These areas would be covered under the lower FACs bandings of Moderate and Low.

7.3.1 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 support further down the line.

7.4 Mental Health is a significant aspect of an older person’s health with the prevalence of mental health needs e.g. dementia, increasing with a person’s age. In 2004 38% of hospital admissions were due to Dementia and 30% due to Depression for those aged 65 years and above⁸. Mental health needs have also been found to have an impact on the outcome of care for physical illness.

⁶ Adult Services Business Plan, 2007-2010, Adult, Culture and Community Services Directorate, Haringey Council.

⁷ Projecting Older People Population Information, Care Services Improvement Partnership, 2007

⁸ Haringey Health Report 2004; Mental Health, Haringey Teaching Primary Care Trust

7.4.1 In 2004 Haringey TPCT estimates that there were approximately 1,700 people with dementia in Haringey, with approximately 55% of these suffering from Alzheimer's⁹ and many more in with undiagnosed confusional states. Dementia services are currently an issue in Haringey in terms of cost pressures on the service and inevitably the projected increase has implications for social care. The number of people projected to need specialist residential dementia services is expected to increase by approximately 40 between 2007 and 2011 alone.

7.4.2 On a national basis the number of people in England with dementia is estimated to be 560,000 with a steep rising trend in the near future. In terms of expenditure this equates to £2.13billion in costs for social care with the overall economic burden overall estimated to be in the region of £14.3 billion (this includes both formal and informal costs e.g. carer's time)¹⁰.

7.5 Work is currently beginning in the Adult, Culture and Community Services Directorate to look at an Access Pathways project and to align the new directorate with the aims and objectives of both the council priorities and the wider government agenda. This review would therefore complement this.

8. Terms of Reference

8.1 "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"

8.2 The specific objectives of the review are 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.

⁹ Haringey Health Report 2004; Mental Health, Haringey Teaching Primary Care Trust

¹⁰ Improving Services and support for people with dementia, National Audit Office, 2007

- 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.

9. Anticipated Outcomes

- 9.1 Raised awareness of the commissioned services which are available for older people in Haringey.
- 9.2 Identify any gaps in provision across the borough and gain an understanding of the resource implications with the potential for addressing the gaps.
- 9.3 An understanding of how access is gained to services and subsequently to make recommendations as to what could be done differently.
- 9.4 An understanding of how the Fair Access to Care services eligibility criteria translates into service provision.
- 9.5 An understanding of the relationship between the needs of older people in Haringey and the resources funding this.
- 9.6 Potential for leveraging in additional resources for the older people services supported by evidence based research and analysis.
- 9.7 Contribution to improved performance in the social care directorate and subsequently both directorate and council wide inspections ratings.

10. Sources of Evidence:

10.1 Evidence will be collated from a range of sources including:

- Local and National research documentation, including policy and strategy, information disseminated to older people in Haringey and local and national targets.
- Comparison with other councils, including comparator groups as used by the Commission for Social Care and Inspection.
- Interviews with a range of stakeholders including Age Concern, Teaching Primary Care Trust, Mental Health Trust and Adult Services.
- Evidence from service users and their carers.
- Attendance at a Panel meeting to enable members of the review panel to gain an insight into the decision making process when making decisions to allocate care packages.

11. Members of the Review Panel

Councillor Bull	Chair
Councillor Adamou	
Councillor Alexander	
Councillor Wilson	

Melanie Ponomarenko	Scrutiny research Officer, Overview and Scrutiny
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Stakeholders

Mary Hennigan	Assistant Director, Adult Services
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Tom Brown	Older People Service Manager
Alex McTeare	TBC - Health
Robert Edmonds	TBC - Age Concern
Matthew Pelling	Supporting People Manager
	TBC - Older People's Forum representative
	TBC - Libraries representative
	TBC - Leisure representative

12. Scrutiny Process

- 12.1 Exact timescales for the review process have yet to be confirmed, however it is anticipated that this review will be completed before the end of the municipal year.
- 12.2 It is anticipated that there will be between four and six panel meetings to collect evidence from various stakeholders.
- 12.3 Panel members may wish to hold panel meetings in informal settings, for example within voluntary sector buildings, to enable wider engagement in the scrutiny process and to enable members to visit sites that provide services for older people.
- 12.4 *Initial Draft* panel meeting items are as follow:
1. Overview of service, background and legislation.
 - a. What are the current statutory requirements and what is being provided outside of these statutory requirements.
 - b. How the voluntary sector fits into the wider picture.
 - c. Current service pathways.
 - d. The relationship between demand, assessment, need and resources.
 2. Well-being Agenda
 - a. How the Adult, Culture and Community Services Directorate is moving forward as a directorate with respect to outcomes identified for older people.
 - b. Links with leisure, libraries and recreation.
 3. Information provision and pathways
 - a. Access Pathways project
 - b. How FACs is translated into commissioned services
 - c. Geographic equity
 4. Evidence from witnesses
 - a. Service users and their families
 - b. Supporting People
 - c. Older People's forum/Pensioner Group
 - d. Other Providers e.g. non assessed services
 - e. Voluntary Sector
 - f. Teaching Primary Care Trust

Further, more specific, details to be confirmed.
 5. Pulling together of evidence and Recommendations.