

# **MINUTES OF THE SCRUTINY REVIEW - ACCESS TO SERVICES FOR OLDER PEOPLE MONDAY, 15 OCTOBER 2007**

Councillors Bull (Chair), Adamou, Alexander and Wilson

## **LC1. APOLOGIES FOR ABSENCE**

Zeedy Thompson (Haringey Forum for Older People)  
Hazel Griffiths (Haringey Forum for Older People)  
Manuela Toporowska (Haringey Forum for Older People)

## **LC2. URGENT BUSINESS**

None

## **LC3. DECLARATIONS OF INTEREST**

None

## **LC4. SCOPE AND TERMS OF REFERENCE**

Inclusion of Black and Minority Ethnic communities and geographic equity is welcome, discussion as to whether inclusion of gender balance in services should also be looked at.

Agreed that the review will remain open minded and flexible throughout to allow for other areas to be incorporated where appropriate. Issues identified may become recommended for further in depth review to ensure this review stays focused.

The Terms of Reference were agreed.

## **LC5. OLDER PEOPLE'S SERVICE PRESENTATION**

Tom Brown, Interim Assistant Director for Adults, Adult, Culture and Community Services (ACCS) Directorate spoke about the Older Peoples Service and the pathways taken by those accessing the service.

Anyone over the age of 65years who is deemed as vulnerable is eligible for an assessment of need.

First referrals generally come from other professionals and members of a person's family with the first point of contact being either the Initial Contact Team at Cumberland Road or the Stuart Crescent Health Centre; usually they can not manage completely independently. Assessment is then made as to whether Social Services is the most appropriate place (as opposed to health or the Department for Work and Pensions) and also ascertain the urgency of the person's situation.

If it is found that Social Services is the appropriate place then the complexity and urgency of the case is and whether intervention from for example the Voluntary sector is more appropriate.

The service targets to complete an assessment within 28days, although most are dealt with within 14days. This assessment includes detailed discussions with relevant

## **MINUTES OF THE SCRUTINY REVIEW - ACCESS TO SERVICES FOR OLDER PEOPLE MONDAY, 15 OCTOBER 2007**

parties, judgements on risk and a persons needs in relation to all aspects of their life are looked at and the four bandings of the Fair Access to Care Services (FACS) applied. Aim to try and reach a consensus with a person as to the best course of action. Is a statutory service appropriate or redirection to voluntary sector?

Haringey operates within the Substantial and Critical bandings of FACS). Currently only those assessed at Critical or Substantial levels will receive commissioned services.

Unless there is clear urgency the case then goes to the Commissioning Panel in order to consider the allocation of services. The impact of providing or not providing a service is considered here.

Both in-house and external providers are approached to see whether any of the low level needs can be met.

A review is undertaken after 6-8 weeks and then approximately once a year. If the person's needs are more complex then contact is more regular. If a person's situation changes then contact is more frequent. This is often brought to light by a person's carer or someone at a centre the person attends e.g. a day centre. The aim here is to provide the optimum level of support so as not to promote over-dependence.

There is also a Higher Needs Panel. This panel is a multi-disciplinary, multi-agency group where people's needs are assessed as to whether they meet the National NHS Continuing Care Criteria for funding. This is when the need is deemed to be primarily health. People who are being discharged from hospital requiring a large package of care at home, or who are being admitted to a nursing care home are automatically presented at the panel. As is anyone who has been assessed by a health or social care professional and looks likely to meet the criteria using the decision support tool that is used in conjunction with the eligibility criteria.

There is a means test for Council services to ascertain whether a person is required to make a contribution, these are in line with the Department of Health guidance.

Ideal outcome = Independence.

### **Carers**

The assessment also takes into consideration the Carers needs. Noted that carers provide a valuable service which saves a lot of money.

### **Discussion Points**

#### **Funding**

The only external funding that is received is from government grants. Examples of this are the Carers Grant and the Access and Systems Capacity Grant. At present these are ring-fenced grants.

Discussion as to whether it is possible to find out how many people present at Critical and Substantial. This will be investigated and will report back to the panel.

Most authorities have a Commissioning Panel. Advantages of this include: Equity and consistency of decision making.

## **MINUTES OF THE SCRUTINY REVIEW - ACCESS TO SERVICES FOR OLDER PEOPLE MONDAY, 15 OCTOBER 2007**

- Objectivity when looking at cases.
- Ensures that all options have been looked at.
- Ensures that the quality of assessment is high as it acts as a check on the process.

Approximately 50% of first contacts with the service are filtered out before assessment. Of the 50% of those assessed approximately 25% of these go on to receive a service. Discussion surrounding what happens to these and as to whether they are borderline eligible for services, also whether they would be likely to come back to the service at a later date should their situation deteriorate. Analysis is not always possible due to resources. Noted that health and social services jointly need to improve the management of people will lower levels of need in order to prevent them from moving into the higher level needs areas.

The panel was of the view that those not qualifying for services should be contacted at a later date to see if their needs had been otherwise addressed. This is in line with the current agenda of a preventative approach.

The Social Care workforce in Haringey does reflect the diversity of the borough, this has been officially audited. There are also good links in place with faith groups and voluntary agencies which are able to reach the harder to reach groups.

There are budgetary issues in the service. It is impossible to predict how many people will come into the services within a year, at the same time there is set budget for the service. Budget monitoring takes place on a regular basis, however due to the statutory requirement to provide a service to those who meet eligibility criteria there services are not withheld. This may lead to an overspend.

An overview of the Access Pathways Project, currently taking place in Adult, Culture and Community Services was given by John Haffenden (Assistant Director, Commissioning and Strategy):

Current routes into services are complicated and do need to be simplified. There is a need to make the best use of facilities across the Council, health and the voluntary sector.

The end vision of the project is for universal services to be accessed by all, this includes those with lower level needs who are not eligible for a social care package. Emphasis is on preventative services and early intervention.

Current work includes looking at what is being done across each of the services in the ACCS Directorate and where the access points are. Service directories are being looked at. The Older Peoples service has a directory; it would be useful if every Councillor had a copy of this for when they are speaking to residents.

Voluntary and community organisations will also be included and an aim is to ensure that the staff working in the Directorate will know what services are provided here.

Noted that Melanie Ponomarenko has joined to Project Board so that the review and the project share information.

**MINUTES OF THE SCRUTINY REVIEW - ACCESS TO SERVICES FOR OLDER PEOPLE  
MONDAY, 15 OCTOBER 2007**

**LC6. DRAFT REVIEW TIMETABLE**

Panel Members attendance at a Commissioning Panel meeting to be arranged asap.  
This will be Members only.

Cabinet Member for Adult Social Care and Well-being to be invited to speak at a  
Panel meeting.

Commissioners and Providers to be invited to panel meeting.

Coordination of a list of places for panel to visit to be drawn up and scheduled in.

Consideration to be given to the panel members having lunch at age concern to  
enable them to talk to people there.

**LC7. DATE OF NEXT MEETING**

19<sup>th</sup> November 2007  
10:00-12:00

**LC8. NEW ITEMS OF URGENT BUSINESS**

None