ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

DECISION SCHEDULE

HARTLEPOOL
BOROUGH COUNCIL

Tuesday 26th August 2008

at 9.00 am

in Committee Room A,
Civic Centre, Hartlepool

Councillor G Hall, Cabinet Member responsible for Adult and Public Health Services will consider the following items.

1. KEY DECISIONS
No items

2. OTHER ITEMS REQUIRING DECISION

2.1 Consultation on the Future of Tobacco Control – *Head of Procurement, Property and Public Protection*

2.2 Extra Care Housing Development at Bamburgh Court – *Director of Adult and Community Services*

2.3 Older People's Mental Health Strategy – *Director of Adult and Community Services*

3. ITEMS FOR INFORMATION / DISCUSSION
No items

4. REPORTS FROM OVERVIEW OF SCRUTINY FORUMS
No items.

5. **LOCAL GOVERNMENT (ACCESS TO INFORMATION) (VARIATION) ORDER 2006**

EXEMPT ITEMS

Under Section 100(A)(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that it involves the likely disclosure of exempt information as defined in the paragraphs referred to below of Part 1 of Schedule 12A of the Local Government Act 1972, as amended by the Local Government (Access to Information) (Variation) Order 2006

6. **KEY DECISION**

No items

7. **OTHER ITEMS REQUIRING DECISION**

7.1 NDNA Nursery, Masefield Road, Hartlepool And The Sale Of Swinburne House, Marlowe Road - *Head of Procurement, Property and Public Protection and Director of Adult and Community Services (Para 3)*

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
26th August 2008

Report of: Head of Procurement, Property and Public Protection

Subject: CONSULTATION ON THE FUTURE OF TOBACCO CONTROL

SUMMARY

1. PURPOSE OF REPORT

To seek the Portfolio Holder's approval of the consultation response in relation to the Department of Health's consultation on the future of tobacco control.

2. SUMMARY OF CONTENTS

The report outlines the consultation by the Department of Health on the future of tobacco control and suggests how the Council might respond.

3. RELEVANCE TO PORTFOLIO MEMBER

The Portfolio Holder for Adult and Public Health has responsibility for Environmental Health.

4. TYPE OF DECISION

Non key decision

5. DECISION MAKING ROUTE

Adult and Public Health Services Portfolio Holder.

6. DECISION(S) REQUIRED

The Portfolio Holder to consider the consultation response and approve with any additional comments or amendments.

Report of: Head of Procurement, Property and Public Protection

Subject: CONSULTATION ON THE FUTURE OF TOBACCO CONTROL

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1. PURPOSE OF REPORT

1.1 To seek the Portfolio Holder's approval of the consultation response in relation to the Department of Health's consultation on the future of tobacco control.

2. BACKGROUND

2.1 For the past decade, eliminating premature death and disease caused by tobacco use has been a foremost public health priority for the Government. But, as smoking-related diseases continue to cause the premature death of over 87,000 people each year in England alone, more needs to be done. The Government remains especially concerned about the uptake of smoking by young people and the perpetuation of smoking and poor health into future generations.

2.2 The Government has announced a commitment to develop a new national tobacco control strategy and to enable stakeholders to play a key role it has made available a consultation document.

2.3 This consultation:

- Outlines progress over the past decade in tobacco control;
- Sets out challenges for the future;
- Presents and analyses a number of specific options on tobacco display in retail environments and the sale of tobacco from vending machines;
- Seeks feedback on a variety of questions about what more can be done to reduce smoking prevalence and the impact of tobacco use in our communities.

2.4 The consultation is the first step in developing a new tobacco control strategy and it raises 17 questions covering four main areas:

- **Reducing smoking rates and health inequalities caused by smoking**; including trends in smoking prevalence, regional

patterns and health inequalities and tackling the supply of cheap illegal tobacco in our communities;

- **Protecting children and young people from smoking;** reducing young people's access to tobacco, reducing exposure to tobacco promotion, and protecting children from secondhand smoke to prevent future generations suffering poor health caused by tobacco;

- **Supporting smokers to quit;** including NHS stop smoking support; increasing access to, and take-up of, quit services among high smoking prevalence groups, supporting young smokers to quit, supporting pregnant smokers to quit, and how best practice can be shared;

- **Helping those who cannot quit;** considering the potential of a harm reduction approach in tobacco control to help people whose addiction to nicotine makes it extremely difficult to quit altogether.

2.5 In the North East we suffer particularly from the tobacco burden with 1 in 5 deaths due to smoking. As the region with the highest rate of smoking still in England (25%) we have the most to gain from an effective tobacco strategy.

2.6 Together Fresh: Smoke Free North East and the Association of North East Councils are actively encouraging local authorities to respond to the consultation. To assist stakeholders in this process Fresh has circulated customised postcards which can be used to confirm support for a tobacco free future for our children (**Appendix 1**). Fresh has also produced a more detailed suggested response to the consultation. It is proposed that the response from Hartlepool is based around this document.

2.7 The consultation is open for 12 weeks and responses must be received by 8th September 2008.

3. PROPOSALS

3.1 It is proposed that a detailed response to the consultation (**Appendix 2**) is to be sent on behalf of the Authority

4. RECOMMENDATIONS

4.1 The Portfolio Holder to consider the consultation response and approve with any additional comments or amendments.

5. REASONS FOR RECOMMENDATIONS

To seek approval from the Portfolio Holder in relation to the response to the Department of Health's consultation on the future of tobacco control.

6. CONTACT OFFICER

Sylvia Pinkney – Consumer Services Manager
Neighbourhood Services Department
Hartlepool Borough Council
Level 3, Civic Centre

Telephone Number: 523320
Email: sylviapinkney@hartlepool.gov.uk

Appendix 1

Let's **make smoking history** for our children

Protect our children from the effects of smoking.
The earlier they start the more likely it is to kill them.

Let the Government know that you support a tobacco free future for our children. Simply complete and send it off. It's that easy. Together we can make a difference.

- **I support a long-term plan which protects our children and future generations from the harm that tobacco causes.**
- **I support measures to remove tobacco out of sight of children.**
- **I support measures to protect our children from tobacco marketing.**

Name: .....

Address: .....

..... Postcode: .....

Signature: .....

Use of your personal information: Fresh will treat your details and any information submitted as confidential and will not pass this to any other party without your consent. We may like to contact you in the future about the issues you have expressed an interest in. If you do not wish to receive any further information, please tick this box ☐

Tobacco Consultation
Department of Health
Room 712, Wellington House
133 Waterloo Road
London
SE1 8UG

For further information visit:
www.freshne.com

Appendix 2

Draft Response to DH Consultation Document

To: Tobacco Consultation
Department of Health
Room 712, Wellington House
133–155 Waterloo Road
London, SE1 8UG

tobaccoconsultation@dh.gsi.gov.uk

Name: On behalf of Hartlepool Borough Council
Title:
Contact address: Civic Centre, Victoria Road, Hartlepool TS24 8AY

We welcome the Government's consultation on the future of tobacco control and the commitment to a new national tobacco control strategy. and offer the following comments on proposals in the document.

Smoking is still the major preventable cause of death and disease and inequalities in health, killing over 100,000 people in the UK each year. More than eight in ten current and former smokers say that they started before reaching the age of 19. In the North East we suffer particularly from the tobacco burden with 1 in 5 deaths due to smoking. As the region with the highest rate of smoking still in England (25%) we have the most to gain from an effective national strategy. We also know that the region is supportive of tobacco control efforts- the smokefree law has been a resounding success with the highest levels of compliance in the country and we believe that many of the proposed future measures will also attract significant levels of public support as well.

We urgently need further action to make sure that a new generation of young people do not become addicted to this lethal habit. Protection of young people should therefore be the focus for new legislation, which we would very much hope will be included in this year's Queen's Speech.

We therefore strongly support proposals in the consultation document to:

1. End all displays of tobacco products at the point of sale (Consultation Document Question 8, Option 3)
2. End the sale of tobacco products from vending machines (Consultation Document Question 9, Option 3), and
3. Introduce plain packaging (Consultation Document, Question 10).

There is a growing international trend to remove tobacco products from sight in retail outlets, including legislation in Iceland and a number of Canadian provinces, and proposed legislation in four Australian states, Norway and New Zealand. Point of sale displays are a form of advertising. Since tobacco products are both lethal and addictive, advertising should not be permitted and the exemption for point of sale displays from the Tobacco Advertising and Promotion Act 2003 cannot be justified. Tobacco advertising is a major factor in young people starting to smoke, and point of sale displays also tempt adult quitters to relapse and non-daily smokers to smoke more frequently. It is noteworthy that in

Appendix 2

Iceland, where point of sale displays were made unlawful in 2001, smoking rates among 16 and 17 years olds fell from 61% in 1995 to 46% in 2003.

The Consultation Document reports research showing that vending machines account for 17% of cigarette sales to smokers aged between 11 and 15. It is therefore highly desirable that children do not have access to vending machines containing tobacco products. The simplest means of achieving this would be to make it unlawful to sell cigarettes through such machines. Age verification systems, whether by token, ID card or other means, are inherently insecure. ID can be borrowed, or proof of age not requested. Since the Consultation Document reports that shops account for 78% of tobacco sales to 11 to 15 year old smokers it is clear that existing legal requirements for age verification are routinely ignored.

We would also strongly support the introduction of plain packaging for tobacco products. Package design is part of the advertising process, and cigarette packets effectively function as mobile billboards for different brands. There is extensive evidence to show that tobacco promotions increase the chances of young people beginning to smoke. For example, a major review published in the Official Journal of the American Academy of Pediatrics in 2006 concluded that *"exposure to tobacco promotions increases the risk for initiation or progression toward regular tobacco use"* [1]

Legal changes to protect young people are important, but not enough. The Government must also ensure that there is a clear strategy for reducing smoking rates and the harm and health inequalities caused by smoking. This strategy must be promoted by every relevant Government Department. It should include:

1. New tough targets on prevalence reduction
2. High prices on tobacco products, promoted through a tax policy designed to fit public health targets, with a crackdown on smuggling: cross border movements undermine tax policy
3. Increased help for smokers who struggle to quit, including provision of nicotine replacement therapy and other stop smoking medications
4. Increased spending on NHS stop smoking services
5. Increased spending on social marketing campaigns

It should be possible to cut smoking prevalence by 2015 to15% in the general population and 19% amongst routine and manual workers. By 2020, fewer than one in ten of the population should still be smoking, and by 2030 the figure should fall to fewer than one in 20 (Consultation Document, Questions 1 and 2). In the North East we have set out an ambitious regional target for 2032 in the Better Health- Fairer Health Regional Strategy. [2] We can only achieve this through joined up tobacco control efforts at all levels.

[1] Tobacco Promotion and the Initiation of Tobacco Use: Assessing the Evidence for Causality: Di Franza et al, Pediatrics 117 (6): e1237 2006)

[2] Better Health, Fairer Health. A Strategy for 21ST Century Health and Wellbeing in the North East of England. Public Health North East. February 2008.

Appendix 2

High tobacco prices due to taxation are the best way to reduce smoking. But this is undermined by smuggled tobacco, mainly bought by poorer smokers. Tougher action is needed to stop smuggling, including signing up to a strong WHO FCTC illicit trade protocol and the existing EU anti-smuggling Agreements (Consultation Document, Questions 4 and 5). The good tobacco control work in the North East is being seriously undermined by the proliferation of cheap and illicit tobacco coupled by high demand with this cheap tobacco being viewed as the 'norm' within our poorest communities. The forthcoming North of England Action Plan on Cheap and Illicit Tobacco will implement further activity at the regional and local levels but we must have increased national and international efforts if we are to substantially reduce the impact cheap tobacco is having on our poorest communities already suffering from high levels of smoking relate ill health.

The Government should support the development of pure nicotine products, which like the current medicinal products on the market contain only nicotine and not any other tobacco products. Such products will be attractive to heavily addicted smokers by relieving their cravings without the harmful effects of smoking. These new, more efficient medicinal quality nicotine products need to be promoted as a safer alternative to tobacco and be available wherever tobacco is sold. (Consultation Document, Questions 2, 6 and 13).

The Government should increase support for NHS stop smoking services, making them more widely available and easy to access particularly for disadvantaged and pregnant smokers. Free nicotine replacement therapy and other stop smoking medications should be provided for all smokers (Consultation Document, Question 14).

More money should be spent on sustained social marketing campaigns on how and why smokers should quit, aimed at key groups including poorer smokers (Consultation Document, Question 16)

The last ten years have seen the United Kingdom lead the world on tobacco control. The Consultation Document offers an opportunity for another major step forwards in reducing the terrible toll of death and disease caused by smoking. We very much hope the Government will have the will and determination to take decisive action.

Yours sincerely,

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report To Portfolio Holder

26 August 2008

Report of: Director of Adult and Community Services

Subject: EXTRA CARE HOUSING DEVELOPMENT AT BAMBURGH COURT

SUMMARY

1.0 PURPOSE OF REPORT

To outline proposals for the re-modelling of Bamburgh Court Sheltered Housing Scheme in order to develop it into an 'extra care' facility.

2.0 SUMMARY OF CONTENTS

The report outlines the proposed developments at Hartlepool Housing's Bamburgh Court sheltered care scheme

3.0 RELEVANCE TO PORTFOLIO MEMBER

For information

4.0 TYPE OF DECISION

Non- Key

5.0 DECISION MAKING ROUTE

Adult and Public Health Services Portfolio – 26 August 2008

6.0 DECISION(S) REQUIRED

To gain the agreement of Adult and Public Health Services Portfolio for the development of support services to facilitate the next step in the development of Extra Care in Hartlepool. A similar report has been placed before the Board of Housing Hartlepool.

Report of: Director of Adult and Community Services

Subject: EXTRA CARE HOUSING DEVELPOMENT AT BAMBURGH COURT

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1. PURPOSE OF REPORT

1.1 To outline proposals for the re-modelling of Bamburgh Court Sheltered Housing Scheme in order to develop it into an 'extra care' housing facility.

2. BACKGROUND

2.1 The Older Person's Housing, Care and Support Strategy for Hartlepool, which was completed in February 2008, has identified the key national and local drivers for the development of extra care housing in Hartlepool. It is particularly relevant regarding the Government's 'Personalisation Agenda.

2.2 The strategy identifies the need for 150 units of extra care housing in addition to the accommodation available at the Hartfields Retirement village, the initial stages of which opened in August 2008. This will only be partially met by the recently announced Orwell Walk Extra Care Housing scheme which successful bid for funding from the Department of Health's Extra Care Housing Fund. The Hartfields Retirement Village and the successful Orwell Walk bid development offer significant learning which will be taken into account in the proposals for Bamburgh Court

2.3 Bamburgh Court is an existing sheltered housing scheme owned and managed by Housing Hartlepool **[HH]**. Housing Hartlepool and Hartlepool Borough Council's Adult and Community Services Department **[HBC ACS]** are proposing to develop extra care housing support within the sheltered housing scheme a direct alternative to residential care for people who are residents and wish to remain as independent as possible, living in their own homes.

2.4 This development requires a partnership approach with the key partners in this proposal being HH, as accommodation provider, HBC ACS, as both personal care and "Supporting People" commissioner. An as yet to be confirmed, care service provider would also need to be recruited.

2.5 Increased support will be needed, together with the re-design of existing support and the creation of new resources, including on-site personal care, floating and housing related support services and assistive technology provision [telecare, telehealth and telemedicine]. It is anticipated that some upgrading of facilities by Housing Hartlepool would be required, including improvements to the catering, bathing and laundry provision.

2.6 Proposed investment would aim to upgrade catering and laundry facilities so that they are capable of offering additional services if needs arise, such as some form of on-site catering or food delivery for those residents who have difficulty cooking for themselves, assisted laundry, and bathing supported by the on-site care staff. Assisted shopping could be supported in the same way or through use of internet shopping and home delivery.

2.7 Similarly development of activities such as hair dressing and health promotion programmes could be introduced over time, if there were demand, utilising a number of rooms within the existing scheme. Some of these facilities have been used for these purposes and this could be continued or restarted. This also offers facilities for 'wellbeing' and minor health treatments and activities within the scheme.

2.8 Initially Bamburgh would not be suitable as a "hub" facility for the wider community although this may develop overtime

2.9 Work is ongoing to:

- Agree a model for the operation of the scheme and identify contractual issues
- Agree outline governance arrangements
- Ensure future-proofing of the plans for the scheme, as far as can be achieved at this time including identifying possible exit strategies, if required.

2.10 All partners are working to take the scheme forward with Hartlepool Borough Council and Housing Hartlepool looking to commit resources. The intention, subject to agreement, is to undertake detailed consultation for the scheme from October 2008 and to implement the necessary changes from December 2008.

3 Proposed service Model

3.1 Bamburgh Court currently accommodates 103 people residing in 71 units, of which 46 are flats and 24 are bungalows. Of the residents, 19 are aged 85 years and over with the rest mostly aged between 75 and 84 years.

3.2 Work is underway to identify the level of need for support. This will include the current level of need of existing residents but also utilise modelling based on the mix of levels of dependence and need for support, developed for existing extra care schemes.

3.3 The Bamburgh Court proposal would provide rented accommodation only. Current residents have right of tenure, which means the balance of people described in the following model would take time to develop, so transitional arrangements will need to be agreed.

3.4 A proposed model is described below:

Level 1 Basic support funded through Supporting People, no personal care needs but some housing related support, typical of current residents who have periodic contact with the warden in the sheltered scheme.

Level 2 Equivalent to Fair Access to Care Services (FACS) Substantial band.

These service users are likely to need on average up to 10 - 14 hours of personal support per week, including 2 to 3 calls per day and other interventions such as by assistive technology. Additionally this is likely to involve some overnight support.

Level 3 Equivalent to Fair Access to Care Services (FACS) Critical.

Intensive or large amounts of personal care and support are required [an average of 20+hours] including regular overnight support.

3.5 The expectation is that, over time, the balance of residents between the 3 levels of support would be 1/3rd in each. Initially this would not be the case so a planned transition will be needed. it will be necessary to adjust support available as needs increase. Once established, the balance of need will be managed through effective use of an agreed allocation policy

3.6 All residents would be offered the opportunity to maximise their income by being provided with support to apply for pension credits, attendance allowance, etc, to ensure affordability of the scheme.

3.7 It is planned that the scheme would be enabled to have an integrated 'Telecare' capability, linked to the existing Richard Court response service but with a physical response from the care agency staff on site. The service would be targeted at those individuals who require it but be capable of use wherever they live within the scheme. The 'capability' would be sufficient for dealing with telecare, telehealth and telemedicine.

4. FINANCIAL IMPLICATIONS AND GOVERNANCE ARRANGEMENTS

4.1 An analysis of the necessary financial commitments is underway and at the commencement of the scheme each partner would have a clear analysis and agreement regarding their commitment of capital and/or revenue to the scheme and how this would occur, e.g. modifications to the building by HH, agreement of a "Supporting People" contract, or client based support for personal care from Adult and Community Services. There are distinct financial implications for each partner. Housing Hartlepool would continue as landlord and offer housing based support which would be funded via Supporting People Funding

4.2 Neither HH nor the Council are in a position to directly offer a full personal care service, at this stage. HH is not a registered care service provider and although HBC are a registered provider, the current policy of the council is that longer term support is planned though Self Directed Support, where individuals can meet their needs using their individual resource allocation via contracted care providers or through the employment of personal assistants, therefore the plan would be to recruit a care provider to give on-site support to residents who chose to use this option. However because of the initial transitional nature of the scheme interim arrangements may be needed in combination. This care provision could be arranged via a current block contracted care provider or through a tendering process to identify a new provider.

4.3 In each instance the social care support would be funded from the existing social care budget

4.4 Each partner would therefore be responsible for their own component of the scheme but relevant information would be shared, using existing information sharing protocols as a model. An overarching partnership framework agreement would be developed to define relationships, governance arrangements relevant funding streams as well as joint strategic management arrangements. It would also identify individual and shared risks and ways of mitigating these as well as agreed problem resolution mechanisms and, if needed, exit strategies for all partners.

4.5 Whilst each agency will have clearly defined areas of responsibilities and provide easily understandable information about their role clear on-site arrangements would also be developed to support harmonious and smooth working between or among the agencies.

4.6 The scheme manager's role is seen as crucial in coordinating activity as they would be likely to be the first point of contact if difficulties arose. To support this role, a strong support and [joint] management structure would also be developed together with access to clear and accurate information for appropriate sign posting problem resolution. This could be a jointly funded post.

5. RECOMMENDATIONS

5.1 The target for consultation with current residents, potential service users and new partners has been tentatively set for October 2008. This paper is therefore an integral part of gaining the necessary support from the Adult and Public Health Services Portfolio Holder.

5.2 It is therefore recommended that this proposal is approved and that the portfolio holder agrees to receive further progress reports.

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report To Portfolio Holder

26 August 2008

Report of: Director of Adult and Community Services

Subject: OLDER PEOPLE'S MENTAL HEALTH STRATEGY

SUMMARY

1.0 PURPOSE OF REPORT

To seek approval for the Older People's Mental Health Strategy, attached as **Appendix 1**

To seek agreement that the agreed Older People's Mental Health Strategy then forms the basis of decisions for developing and commissioning mental health services for Older People

2.0 SUMMARY OF CONTENTS

- An outline of the key drivers for the policy
- An overview of the key points in the strategy
- Recommendation to adopt the strategy

3.0 RELEVANCE TO PORTFOLIO MEMBER

For information

4.0 TYPE OF DECISION

Non Key

5.0 DECISION MAKING ROUTE

Adult and Public Health Services Portfolio – 26 August 2008

6.0 DECISION(S) REQUIRED

Agree the strategy and its basis for all decisions on commissioning and development of services and support for Older People with mental health problems

Report of: Director of Adult and Community Services

Subject: OLDER PEOPLE'S MENTAL HEALTH STRATEGY

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1. PURPOSE OF REPORT

1.1 To seek approval for the Older People's Mental Health Strategy, attached as **Appendix 1**.

1.2 To seek agreement that agreed the Older people's Mental Health Strategy forms the basis of decisions for developing and commissioning mental health services for Older People

2. BACKGROUND

2.1 The Hartlepool Older People's National Service Framework (OPNSF) Local Implementation Team requested the development of an integrated Hartlepool Health and Social Care Strategy for older people with mental health needs. The task was delegated the OPNSF Mental Health Working Group. The purpose of this strategy is to guide the development and modernisation of services for older people with mental health needs and their carers.

2.2 The vision is to ensure that preventative strategies are responsive to their needs and implemented through universal services. This directly links to the Hartlepool's Older People's Strategy and action plan which is based on a whole system, community based approach, underpinned by the principle of citizenship.

2.3 Many older people experience common or enduring mental health needs, often associated with dementia, depression and anxiety, although they can also be affected by other mental health problems. These can threaten the independence and community presence of older people at the time when keeping their independence at home and in the community are increasingly difficult.

2.4 This strategy and the resulting service model are underpinned by nine core standards, the first seven being the foundations identified in the Dept of Health's paper "Everybody's Business," a service development guide for integrated mental health service for older adults

These nine standards are:

- Service User/carer Involvement
- Health Promotion and Early Detection
- Assessment (including early detection), and Care Planning
- Developing culturally appropriate services
- Workforce Development
- Whole systems approach to commissioning integrated services
- Leadership
- Suicide Prevention
- Carer Support

2.5 Hartlepool policy drivers have also been taken into account, such as :

- Local Strategic Partnership aims
- Hartlepool Older People Strategy
- Hartlepool Vision for Care
- Tees, Esk and Wear Valleys NHS Trust strategy

2.6 There has been widespread discussion and consultation with users, carers and key stakeholder regarding the strategy which has informed its final content.

3. FINANCIAL IMPLICATIONS

3.1 The strategy will steer decisions relating to the commissioning of future service and support but does not have financial implications in itself. It will help the reshaping of existing resources

4. RECOMMENDATIONS

4.1 That the Older People's Mental Health Strategy be agreed as a key strategy for the development of support services for Older People who have mental health needs

4.2 Periodic reports are received to report progress of the implementation of the action plan.

CONSULTATION PAPER

HARTLEPOOL OLDER PEOPLES NATIONAL SERVICE FRAMEWORK LOCAL IMPLEMENTATION TEAM

A STRATEGY FOR OLDER PEOPLE WITH MENTAL HEALTH NEEDS AND THEIR CARERS

July 2008

2.3 APPENDIX 1

CONTENTS

EXECUTIVE SUMMARY

1 INTRODUCTION

1.1 In May 2005 The Hartlepool Older People's National Service Framework (OPNSF) Local Implementation Team agreed to the development of an integrated Hartlepool Health and Social Care Strategy for older people with mental health needs. The Local Implementation Team (LIT) delegated the OPNSF Mental Health Working Group with the task of developing the strategy so that the LIT could oversee the process of consultation, further refinement and implementation.

1.2 The purpose of this strategy is to guide the development and modernisation of services for older people with mental health needs and their carers, and ensure that preventative strategies are responsive to their needs and implemented through universal services.

1.3 The vision of this strategy directly links to the Hartlepool's Older People's Strategy and action plan. It proposes a whole systems, community based approach, underpinned by the principle of citizenship and is also informed by national and local drivers.

2 OLDER PEOPLE WITH MENTAL HEALTH NEEDS AND THEIR CARERS

2.1 Many older people experience common or enduring mental health needs. These are most likely to be associated with dementia, depression and anxiety, although other mental health problems also affect older people.

2.2 Mental health needs can threaten the independence and community presence of older people at the time when keeping their independence at home and in the community are increasingly difficult. This often coincides with the growing physical challenges associated with the ageing process.

2.3 Issues potentially faced by older people such as, age discrimination, poverty, social isolation and concerns regarding community safety, can be the cause of significant deterioration in an individual's mental health. Similar pressures face many older people's unpaid carers, many of whom are older people themselves.

2.4 For the purpose of this document the term carer is defined as someone who looks after someone else, and who may or may not be living with the person for whom they are caring.

3 CORE STANDARDS

3.1 This strategy and the resulting service model are underpinned by nine core standards, the first seven being the foundations identified in Everybody's Business[1] These nine standards are:

- Service User/carer Involvement
- Health Promotion and Early Detection
- Assessment (including early detection),and Care Planning
- Developing culturally appropriate services
- Workforce Development
- Whole systems approach to commissioning integrated services
- Leadership
- Suicide Prevention
- Carer Support

4 STRATEGY DEVELOPMENT

4.1 In developing this strategy the following drivers and policies have been taken into account:

- Hartlepool policy drivers:
  - Local Strategic Partnership aims
  - Hartlepool Older People Strategy
  - Hartlepool Vision for Care
  - Tees, Esk and Wear Valleys NHS Trust strategy

- Department of Health strategy documents and guidance:
  - "Everybody's Business[1]," a development guide for integrated mental health services for older adults
  - "Securing Better Mental Health for Older Adults[2]"
  - National Service Framework (NSF) for Older People[3]
  - National Service Framework (NSF) for Mental Health[4]

- Audit results and guidance on the development of services for older people with mental health problems published by the Audit Commission.

- Guidance on assessing the mental health needs of older people and their carers published by the DoH together with reports of Inspections carried out by the former Social Services Inspectorate.

- An audit of services carried out by Deloitte & Touche in 2002[5]

5 SERVICE MODEL

5.1 The service model proposed within this strategy consists of five service elements that are inter-related in a whole systems approach. They are:

- Universal and Primary services
- Mainstream health and social care services
- Intermediate Care
- Specialist mental health assessment and treatment
- Continuing Care

An individual's right to liberty, and freedom to make choices regarding their care, whenever capacity allows is fundamental to the service model.

6 SERVICE MAPPING AND GAPS

6.1 The complexities and challenges associated with ageing and mental health issues make service mapping difficult. However, the resources currently accessed by older people with mental health needs and their carers have been identified and gaps in services that exist acknowledged. An action plan will be developed to enable the gaps to be appropriately managed.

6.2 The promotion of mental well being in Hartlepool, whilst considered in this strategy, is addressed in greater detail in the Hartlepool Public Health Strategy which is fully inclusive of older people.

7 USING A STANDARD BASED APPROACH

7.1 In line with national policy drivers and local requirements, the proposed model uses a standard based approach. This encompasses:

- Mental health assessment, diagnosis, treatment and review will be timely, of a high quality and available wherever need is presented. This includes early detection and health promotion.
- Full Service User and Carer involvement.
- Assessment and care planning which delivers full and appropriate use of the Single Assessment Process (SAP) and Care Coordination as tools to assess need, arrange treatment and provide care.
- Flexible, integrated and community focussed services.
- Proposals for a jointly commissioned service, and options for service integration.
- A whole systems approach to workforce development.
- Strong and committed leadership, working collaboratively across traditional boundaries towards a common goal.
- The development of an implementation plan for the strategy, to be realistically managed within the resources available.
- The implementation of the Assistive Technology Strategy.
- Development of links with Housing Strategies including Extra Care schemes.
- Self directed care and individualised budgets.

8 CONSULTATION

8.1 The Hartlepool Older People's Local Implementation Team [OP LIT], Hartlepool Borough Council, Hartlepool Primary Care Trust and Tees, Esk and Wear Valleys NHS Trust are committed to ensuring that this strategy is widely consulted on with key stake holders and the wider population. Consultation will be organised and facilitated by the OP LIT. Appendix one provides details of the proposed consultation process.

9 IMPLEMENTATION AND MONITORING

9.1 Overseeing the implementation of this strategy will be the responsibility of the 'Older Peoples Mental Health Strategy and Implementation Group', which will be made up of a patient and carer representatives and representatives from a cross section of statutory and third sector organisations.

9.2 The check lists that are part of Everybody's Business Service Development Guide will be used as the framework to monitor the progress of implementing this strategy.

1 INTRODUCTION

1.1 Many older people from time to time experience issues around their mental well being, the most likely being those associated with dementia, depression and anxiety, although other mental health problems such as panic related disorders and psychosis may also affect older people. However, significant levels of need remain undetected. This can lead to poor quality of life for both potential service users and their unpaid carers.

1.2 Mental health needs can threaten the independence and community presence of older people at the time when keeping their autonomy at home and in the community are increasingly difficult. This often coincides with the growing physical challenges associated with the ageing process.

1.3 Potential issues faced by older people such as age discrimination, poverty, social isolation and concerns regarding community safety can be the cause of significant deterioration in an individual's mental health. Similar pressures face older people's unpaid carers, many of whom are older people themselves.

1.4 For the purpose of this document the term carer is defined as someone who looks after someone else, and who may or may not be living with the person for whom they are caring.

1.5 Hartlepool Borough Council (HBC), Hartlepool Primary Care Trust (HPCT) and Tees, Esk and Wear Valleys NHS Trust (TEWV) are all committed to developing services for older people with mental health needs in line with NSF targets and requirements. However, these agencies acknowledge that, in the past, service developments have taken place on a separate basis resulting in a fragmented service within Hartlepool. This strategy provides the opportunity for Hartlepool to develop a whole system, inter agency and multi professional approach to commissioning and service provision, which will harness current separate initiatives and provide an agreed vision and direction for future service development.

1.6 This strategy will guide the development and modernisation of services for older people with mental health needs and their carers, and ensure that universal services are able to implement preventative strategies.

1.7 This strategy proposes a model of service provision with a community focus. It considers the level and nature of service provision in primary care, universal services, mainstream health and social care, and specialist mental health services for older people, including community based services, day and in-patient care, and continuing care. It also identifies the need to explore the role of the independent and voluntary sectors in service provision, and develop an integrated commissioning strategy for the third sector.

2 NEEDS ANALYSIS

2.1 A needs assessment of demographic information in Hartlepool considers the expected trends over the coming 15 years (see appendix 2). It identified that:

- The numbers of people over the age of retirement will grow, giving rises to a higher number of older people with mental ill health in the population.

- The number of unpaid carers is likely to fall indicating additional demands for the services of statutory and voluntary agencies. The numbers of people living into retirement will increase with a consequent greater prevalence of frailty and complex needs associated with the ageing process. Given this situation, support for the reducing number of unpaid carers will need to become increasingly responsive and attuned to their needs.

- The number of people of working age is set to fall indicating increasing recruitment difficulties in filling health and social care posts which needs to be reflected in staff recruitment and retention plans.

- The number of people over the age of retirement living alone will rise: this is likely to be reflected in a higher incidence of isolation, depression and anxiety.

- A local picture of high levels of deprivation alongside the above average take-up of benefits for people of working age with long-term illness, indicate ill health and disability above the national norm. As this part of the Hartlepool population moves towards retirement, depression associated with disability is likely to become more prevalent.

- The number of people experiencing disability as a result of physical ill health, for example strokes, will rise in line with the changing demographic profile of the overall population. This is likely to give rise to higher levels of depression and anxiety, and some forms of dementia that will impact on the role of primary care in the early identification, treatment and management of ill health.

2.2 The conclusions that can be drawn from this needs analysis are that:

- There are rising levels of need, evidenced by increased numbers of older people, and this will significantly impact on agencies over the coming 15 years. Existing service models and levels of investment are unlikely to be able to cope. The demand for residential beds will increase substantially unless capability and capacity within community services is increased.

- A new service model, supported by funding bids and the reallocation of resources as people move between demographic groups, is essential.

- In order to meet the challenges of rising need whilst improving service quality and making the best use of resources, new ways of the commissioning and models of management will be required. Change will need to be achieved within agencies at all levels and in the processes through which they work together.

- Universal services, for example providers of housing, recreation, leisure and cultural activity, need to become key players in the whole system in order to promote good mental health through maintaining interests and social contact.

- Services to support unpaid carers need to be reviewed and developed so that timely advice, information and support is provided in a flexible way that takes into account the increasing numbers of carers with work and caring responsibilities.

3 VISION FOR FUTURE SERVICES FOR OLDER PEOPLE WITH MENTAL HEALTH NEEDS AND THEIR CARERS

3.1 The vision of services for older people with mental health needs and their carers correlates directly to the vision within the Hartlepool Strategy for Older People. There are two strands which are:

- *To promote mental well being for older people by improving their quality of life, enabling them to participate as active citizens in the life of Hartlepool, and tackling the causes of social isolation and discrimination associated with mental illness and old age.*

- *To ensure that individuals with mental health needs and their carers receive the right care in the right place at the right time.*

3.2 The cornerstone of the strategic vision for future services for older people with mental health needs is therefore based on the recognition that:

- A whole systems approach is necessary to ensure that services are provided in the right place at the right time and that need does not go undetected.

- Their needs must be the first and foremost priority, the needs of the carer must also be taken into consideration.

- The vast majority of older people with mental health needs live in their own homes in the community because they manage better in a familiar environment. This is therefore where treatment and care should be delivered as the first priority.

- Access to information is vital and should be readily available and in an accessible format.

- Information regarding access to further advice, guidance, screening and support is essential for all.

- The first professional contact for older people with a mental health need is often primary care staff, especially general practitioners. Treatment and care should therefore be available alongside mainstream health and social care services.

- Specialist mental health services have a key role to play in supporting primary care and mainstream health and social care staff by being involved in advice, assessment, diagnosis and interventions when necessary.

- Specialist services can have a significant impact in supporting the whole system by contributing to training and staff development.

4 CORE STANDARDS

4.1 This strategy and the resulting service model are underpinned by nine core standards, the first seven being the foundations identified in Everybody's Business[1] These nine standards are:

- Service User/Carer Involvement
- Health Promotion and Prevention
- Assessment (including early detection) and Care Planning
- Developing culturally appropriate services
- Workforce Development
- Whole systems approach to commissioning integrated services
- Leadership
- Suicide Prevention
- Carer Support

4.2 Service User and Carer Involvement is central to quality improvement but is recognised as a complex and challenging task. A key aim of this strategy is to ensure that user and carer involvement becomes a central part of the way staff work and organisations operate. It will be necessary for procedures and processes to feedback user and carer views to frontline staff and decision makers. These will need to be established where they do not already exist.

4.3 Health Promotion and Prevention must address the needs of the general population, the older population, and older people with mental health needs together with their carers. They need to be able to access health promotion education services and information relating to general and mental health issues.

Providing timely advice and information regarding mental well being, how to access services, together with the support and services available to informal carers, will be an essential first step in meeting unmet need. It should be available from community access points, and in primary care, acute in-patient and continuing care

settings. All should work to promote the social inclusion, and independence of older people with mental health needs. Formats will include the presentation of advice and information for people with visual or hearing impairment and people whose first language is not English.

4.4 Assessment (including early detection) and Care Planning are key components of this strategy. The timely provision of services to vulnerable people together with the support of their carers is essential if independence and community presence is to be maintained. This can only be achieved through holistic assessment and care planning.

Older people identified as requiring assessment and/or treatment for significant mental health problems, including dementia, should have timely access to integrated health and social care, as should their carers. It is anticipated that in the future most services will be accessed through the Single Assessment Process (SAP) and/or the Care Coordination process. In time these two processes will be joined through the Common Assessment Framework.

Agreed protocols are in place between primary care and specialist services. They provide guidance on the early detection of depression and dementia, the initial assessment and management of these two illnesses and guidance on how to refer to specialist services. Further work is being developed nationally to include stepped care and this will be built into further training and dissemination.

4.5 A key outcome of this strategy is to promote equality and diversity through the development of culturally appropriate services. Services should:

- Be equally available to those who need it.
- Be patient/user focussed.
- Be designed in partnership with stakeholders representing existing and potential service users/patients and informal carers.
- Offer choice and reflect the diversity of the needs of the population of Hartlepool.

Research suggests that the idea that the extended family will look after their elders may be a myth and that in many cases family networks are spread across continents not countries.[1] Statutory and voluntary services in Hartlepool will need to be capable of reaching and responding to the needs of older people from black and ethnic minorities with mental heath needs.

This standard also requires that discrimination is tackled wherever it occurs especially when supporting older people with mental health needs access mainstream and universal services. In order to achieve this and ensure equity an Impact Needs Requirements Assessment will be carried out as part of the strategy implementation.

4.6 A skilled, efficient and effective workforce is one of the most important resources in delivering this vision and implementing the service model set out in this strategy. This strategy looks to support the work of the staff by:

- Providing high quality leadership
- Developing a coherent and cohesive whole-system strategy for workforce development, including recruitment, retention, education and training
- Enhancing the skills of staff working in generic, non-specialist areas to better meet the requirements of older people with mental health needs
- Progressing joint training and staff development

4.7 In order to achieve this vision a whole systems approach to commissioning integrated services is required**.** Commissioning is 'the process of specifying, securing and monitoring services to meet needs at strategic level'[1]. This applies to all services, whether they are provided by the local authority, NHS, other public agencies or by the private or voluntary sectors.

Whole systems integrated working across Hartlepool is now progressing through the Local Strategic Partnership (LSP), which provides the vision and leadership for a framework of integrated services for older people. This approach emphasises the requirement for commissioner's to work together across health and social care and other partners including the 3rd sector, both regionally and locally. Within this framework key local policy drivers are:

- The LSP aims, delivered through the Health and Care Strategy Group, to improve health and well-being by removing barriers to maintaining independence, providing a range of affordable care and support services in the home and community and encouraging the active engagement of older people with family, friends and neighbours. Key outcomes will be incorporated into the Local Area Agreement (LAA).

- The Hartlepool Vision for Care, through which Hartlepool Borough Council [HBC] and Hartlepool Primary Care Trust [HPCT], the commissioning agencies for all services for older people, have agreed at member, non executive member and officer level to integrate community services.

- The Hartlepool Older People's Strategy which sets out 10 objectives for the advancement of older people's services including maximising income, participation in community life, providing safe and secure environments, choice about accommodation, the prevention of ill-health and tackling discrimination.

Implementation of the Older People's Mental Health strategy will require collaborative arrangements between commissioning and provider partners to be developed so that the best use is made of available resources.

4.8 Effective leadership across health and social care organisations, at all levels, is essential to encourage innovation and drive improvements in older people's mental health services.

Improvements in services for older people with mental health needs will be delivered through strong and sustained leadership, working collaboratively across traditional professional and organisational boundaries.

4.9 Suicide Prevention is a key national target for all stakeholders. Depression is the commonest cause of suicide in older people.[1] Many older people who commit suicide have had recent contact with their GP or a primary care team member, but illness often goes unrecognised or is inappropriately treated.[1] Training in recognising and appropriately treating depression in non-specialist services is necessary to improve this situation.

We will continue to work with colleagues to review, the local Suicide Prevention Strategy to ensure it involves special attention to older people.

4.10 It is most important that the role and rights of unpaid, informal carers are recognised. The strategy aims to do this by consulting with carers in order to ensure services that provide individual care and treatment recognise:

- The rights of a carer to be supported in their caring role including when they are in employment.
- The rights of a carer to withdraw from the caring role.
- The rights of a carer to a life after caring.

This strategy recognises that the following elements should be present in services provided to older people with mental health needs:

- An information strategy for carers that links to the town-wide Carer's strategy
- Carers assessments
- Carers support services
- Education for staff on partnership work with carers
- Short breaks, home based services, day and residential respite care
- Integrated care between all agencies, with carer contingencies built in to care planning and co-ordination
- Continued consultation and joint planning with carers groups with feedback on outcomes and recognition of their contribution.

In order to ensure this strategy is effective the following are required:

- The involvement and consultation with carers of older people with mental health needs in all planning and commissioning activity.

- Commissioning and provider agencies to ensure through, collaborative working and service provision arrangements, that each unpaid carer is offered an assessment of their needs and provided with services appropriate to their role as a carer, even if the cared for person refuses an assessment and services.

- Commissioning and provider agencies to ensure that information, advice and support regarding services generally and services specific to carers are available to carers across older people mental health services.

- Commissioning and provider agencies to contribute to strategies for carers through the NSF MH LIT and OP NSF LIT to ensure the needs of carers of older people with mental health needs are properly reflected

- Commissioners and providers need to acknowledge the gaps in service provision and identify plans for appropriate resourcing and re-design of services.

- Carer involvement in the planning and delivery of joint training activities concerning identifying and meeting the needs of carers

- Carer involvement in evaluation of services.

5 FUTURE SERVICE MODEL

5.1 The starting point and focus of our service model is the recognition that the majority of need is present in the community. This strategy proposes a community based model of service set within a range of mainstream services, with specialist support and intervention at the relevant time and the relevant place. An individual's right to liberty, and freedom to make choices regarding their care, whenever capacity allows is fundamental to the service model. It proposes:

- Discrimination will be challenged wherever it occurs.

- Activities take place within a whole systems context so older people and their informal carers can access universal services, general services for older people in addition to services for older people with mental health needs.

- Robust relationships with agencies responsible for health promotion, housing, leisure and cultural services, community safety and anti-poverty measures.

5.2 The proposed community focused model and implementation plan has five service elements that are interrelated in a whole systems approach. They are:

- Universal and Primary Services
- Mainstream health and social care services
- Intermediate Care
- Specialist mental health assessment and treatment
- Continuing Care

5.3 **Service Element - Universal and Primary Services.**

Universal services are those services associated with the concept of citizenship and may include access to information, leisure and recreation, and education. This strategy and implementation plan outlines how these issues will be addressed for older people with mental health needs. Primary care is the main portal through which mental health needs are recognised. Older people and their

carers should be able to receive effective information, guidance, assessment, recognition and treatment for common mental health problems in primary care. This will include the recognition of severe mental health needs, and the process of referral to specialist services. Staff in primary care should be able to help older people, and their carers navigate the range of local services.

5.4 **Service Element - Mainstream Health and Social Care Services**

Whilst universal and primary services are appropriate for many people there is a further range of more specific health and social care services that are accessed by some form of assessment process, such as the Single Assessment Process. The role of this strategy is to ensure that all people needing access to these services are able to do so in an open, equitable, appropriate and easily accessible way. It is important that these services are able to link to more specialist advice and guidance for older people with mental health needs.

The strategy reinforces the need for awareness-raising regarding the importance of support for mental well-being, avoiding social isolation, supporting social inclusion and ensuring the early detection and correct diagnosis of Older People's mental health needs. It also champions the need for recognition that an older person with mental health needs will, almost inevitably, have many other needs that should continue to be met in universal and primary services and mainstream health and social care, wherever possible.

5.5 **Service Element - Intermediate Care**

Older people should have access to intermediate and in-patient care services, with a full range of evidence based psychological, social, medical and personal care as required. This should be delivered in a culturally sensitive manner, aiming to support the individual into the most independent living circumstances possible.

5.6 **Service Element - Specialist Mental Health Assessment and Treatment**

Older people in need of specialist mental health support should have access to a range of services most appropriate to their needs. Currently the primary components are

- Integrated Community Mental Health Teams
- Memory Assessment Services
- Psychological Therapies
- Inpatient Care
- Liaison (Acute Hospital and Nursing Home Liaison)

5.7 **Service Element** - **Continuing Care**

This strategy is committed to ensuring that the local continuing heath care policy is implemented in relation to older people with mental health needs, taking into account revised national policy guidance.

6 STRATEGY ACTION PLAN: IMPLEMENTING THE MODEL OF CARE

6.1 Currently health and social care agencies formally commission older peoples mental health services separately along organisational boundaries, although close collaboration in planning services and delivering individual packages of care takes place all the time. This strategy informs the basis of the new model of care, HBC Adult and Community Services Department and the HPCT have agreed lead responsibility for the delivery of their statutory responsibilities.

6.2 These commissioning agencies will work together with other partners to realise the
model by carrying out the implementation plan. Overseeing the implementation of this strategy will be the responsibility of the 'Older Peoples Mental Health Strategy and Implementation Group', which will be made up of a patient and carer representatives and representatives from a cross section of statutory and third sector organisations.

6.3 The check lists that are part of Everybody's Business Service Development Guide will be used as the framework to monitor the progress of implementing this strategy.

APPENDIX 1 – CONSULTATION AND INVOLVEMENT

Hartlepool Borough Council, Hartlepool Primary Care Trust and Tees, Esk and Wear Valleys NHS Trust are committed to ensuring that there is widespread consultation on this strategy. Consultation will be organised and facilitated by the OP NSF LIT.

Key stakeholders include:

- Service users and service user groups
- Older people, including the 50+ Forum
- Carer and carers groups
- General practitioners
- Tees Esk and Wear Valley Trust Staff
- Staff and practitioners in primary care teams
- Staff and practitioners in Hartlepool Borough Council Adult and Community Services Department, including community and leisure services
- North Tees and Hartlepool Trust Staff
- Providers of residential and nursing home beds
- Voluntary and community groups
- Housing providers
- Community Safety Groups
- Training providers

First and foremost the LIT will endeavour to engage with older people and their carers, including those in receipt of services, to determine their views on the strategy. The LIT will identify if service users and carers think the strategy should be changed in any way or points added that have been omitted.

Other stakeholders will be asked to:

- Consider and comment on the implications of the strategy from the perspective of their agency, group or profession
- Suggest improvements and changes that will improve the whole system impact of the implemented strategy
- Use the opportunity to consider how the strategy will impact on their current commissioning and service provision plans in ways that will improve services for older people with mental health needs and their carers.
- Staff, with responsibility for identifying training needs and planning training in all stakeholder agencies, are asked to note the strategy and work together to consider what proposals need to be developed to raise awareness of this strategy and the needs of older people and their carers in general.

APPENDIX 2 – NEEDS ASSESSMENT

The main sources of information used for the following analysis are the 2001 census[6], The Tees Valley Joint Strategy Unit [7], and The Projecting Older People Population Information (POPPI) system[8] (for projections up to 2025 for all local authorities on a range of demographic, health, housing and care measures).

DEMOGRAPHIC AND EPIDEMIOLOGICAL INFORMATION

Population estimates from 2006 show 17,750 people are currently of retirement age or over; this is around 19% of the total population of Hartlepool

Table 1 Population projections for Hartlepool, focussing specifically on the 65+ population.

	2008	2010	2015	2020	2025	% growth
Overall total population	90,700	91,000	91,900	92,800	93,500	3.1%
Total population (65+)	15,200	15,400	17,200	18,500	20,200	32.9%
% of overall total	16.8%	16.9%	18.7%	19.9%	21.6%	
Number aged 65-69	4,200	4,200	5,400	5,100	5,600	33%
% males & females:	46%M	46%M	48%M	49%M	46%M	
	54% F	54% F	52% F	51% F	54% F	
% of overall total	4.6%	4.6%	5.9%	5.5%	6%	
% of 65+ population	27.6%	27.3%	31.4%	27.6%	27.7%	
Number aged 70-74	4,100	4,100	3,900	5,000	4,800	17%
% males & females:	46% M	46% M	46% M	48% M	48% M	
	54% F	54% F	54% F	52% F	52% F	
% of overall total	4.5%	4.5%	4.2%	5.4%	5.1%	
% of 65+ population	27%	26.6%	22.7%	27%	23.8%	
Number aged 75-79	3,200	3,300	3,500	3,400	4,300	34%
% males & females:	44% M	45% M	46% M	44% M	47% M	
	56% F	55% F	54% F	56% F	53% F	
% of overall total	3.5%	3.6%	3.8%	3.7%	4.6%	
% of 65+ population	21%	21.4%	20.3%	18.4%	21.3%	
Number aged 80-84	2,100	2,100	2,500	2,700	2,700	29%
% males & females:	38% M	42% M	44% M	44% M	44% M	
	62% F	58% F	56% F	56% F	56% F	
% of overall total	2.3%	2.3%	2.7%	2.9%	2.9%	
% of 65+ population	13.8%	13.6%	14.5%	14.6%	13.4%	
Number aged 85+	1,600	1,700	1,900	2,300	2,800	75%
Number of males	500	600	700	900	1,100	120%
Number of females	1,100	1,200	1,200	1,400	1,700	55%
% males & females:	31%	35% M	37% M	39% M	39% M	
	69%	65% F	63% F	61% F	61% F	
% of overall total	1.8%	1.9%	2.1%	2.5%	3%	
% of 65+ population	10.5%	11%	11%	12.4%	13.9%	

This demonstrates that:

- Overall, the population of Hartlepool is projected to increase by around 2,800 people by 2025. This is a percentage increase of approximately 3% on the current population.
- In that time, the sub-population of people aged 65+ is projected to grow by a disproportionately greater amount. In 2008, this group of people account for around 17% of the overall total population, but by 2025 the number of people aged over 65 is projected to account for nearly 22% of the total population. This is an actual percentage increase of around 33% on current figures
- This amounts to the population of people aged over 65 being expected to grow by about another third by 2025 in Hartlepool from 15,200 in 2008 to 20,200 in 2025.
- The projected level of growth in the 85+ age group by 2025 is 75%. This is an enormous increase and can be accounted for largely by the 120% increase in the number of men expected to live over the age of 85 years by 2025 (although the growth in the number of women is also above average)
- This growth in the population of very old people is likely to have a significant impact on the demand for health and support services, particularly with respect to increasing numbers of elderly carers, and the lowered numbers of adults below retirement age available for caring roles, both formal and informal.

- This is particularly pertinent when the 2001 Census[6] findings that 11.1% of the resident population provided unpaid care compared to 10% in England and Wales as a whole, and of the people providing care 27.2% gave 50 hours or more a week, compared with 20.9% in England and Wales as a whole.

Ethnicity

In the 50+ population, the percentage of non-white residents is notably lower than the national average in all of the Tees Valley Authorities and Hartlepool has the lowest proportion of people from minority ethnic backgrounds.

In Hartlepool in 2001, census data indicated only 3 people from minority ethnic backgrounds were aged over 85 years. Potentially, by 2011 this number could increase by around 25 people, and all BME groups could be represented, and by 2021 a further 33 people could be aged over 85.

This suggests that demand for services for very old ethnic minorities could increase from a baseline of practically zero in 2001 to around 30 people by 2011. The data also suggests that this level of need would be consistent up to around 2031

DEPRIVATION

The Office of National Statistics reports that Hartlepool has significant levels of deprivation. The 'Indices of Multiple Deprivation' combine information relating to income,

employment, education, health, skills and training, barriers to housing and services and crime into an overall measure of deprivation. A score is calculated for each area; a low score indicates greater deprivation – the most deprived local authority is indicated by a rank of 1.

According to the 2004 English Indices of Multiple Deprivation[9] Hartlepool has an overall rank of 14 out of 354 local authorities. 8 out of 17 wards are in the top 10% most deprived wards in the country for overall deprivation. 5 of these wards are also in the top 10% for income deprivation and a total of 9 wards (including the 8 above) are in the top 10% for health deprivation.

There is a clear relationship between deprivation and poor health, with research indicating that as levels of deprivation increase, the incidence of mental ill health rises.[4]

HEALTH OF THE POPULATION

LIMITING LONG-TERM ILLNESS, HEALTH PROBLEM OR DISABILITY

Hartlepool has a larger proportion of people with poor health than the average for Tees Valley and England as a whole, including depression. The death rate in Hartlepool as indicated by the Standardised Mortality Ratio was 121 in 2003 compared with a UK average of 100.

The 2001 Census[6] asked people if they had any limiting long-term illness, health problem or disability that restricted their daily activities or the work they could do. The results for the Hartlepool resident population are listed below: -

	Hartlepool	North East	England & Wales
People with a limiting long-term illness	24.36%	22.73%	18.23%
People of working age with a limiting long-term illness	20.48%	17.94%	13.56%
Households with one or more persons with a limiting long-term illness	44.18%	41.08%	34.05%

There are two important income allowances associated with health that are paid to people who need help with personal care. They are the Disability Living Allowance (DLA) and the Attendance Allowance

- **The DLA** is a benefit paid to people under 65, who are disabled and need help with personal care and/or getting around. In August 2003, 6115 people in Hartlepool received this benefit, which represents 8.1% of all people living in the area, compared with 5.1% of the population in England and Wales.

- **Attendance Allowance** is paid to people aged 65 or over who are disabled either physically or mentally and who need supervision or assistance with personal care over a prolonged period of time. In August 2003, 2,320 people in Hartlepool received this allowance, which represented 15.9% of all those people 65 and over living in the area, compared with 14.4 % of the population of England and Wales.

The number of people receiving these above benefits is significantly higher in Hartlepool than the figures for England and Wales, reflecting high levels of ill health and disability

PREVALENCE OF KEY CONDITIONS

An increase in the number of people living longer appears likely to lead to a corresponding increase in the prevalence of some limiting long term illnesses such as depression and dementia.

Dementia

Prevalence of dementia increase with age, doubling with every 5 year increase. This has huge implications for the provision of care and support. There is also general agreement that delaying onset is key to cutting prevalence figures and reducing the burden on services

The POPPI system projects the number of dementia suffers in Hartlepool to increase by around 473 people from 1,026 in 2008 to 1,499 in 2025. Prevalence rates are far greater in the over 85 age group, and of particular note is the 120% growth in prevalence in men in this age group from 98 people in 2008 to 216 in 2025. However, the largest group of dementia suffers continues to be older women, with around 212 aged between 80-84 and 468 aged over 85 projected to be dementia sufferers by 2025.

Application of current ratios of care to projected figures enables us to estimate the numbers of people who may require care at home or in an institution, and the level of care required. Overall, more day care, hospital and/or institutional care and home care provision is needed to meet growing demand, and support for carers is also highlighted as vital.

Depression

Depression in older people has a prevalence of 10% in terms of clinically significant disorder. It is strongly associated with poor quality of life and increased suicide, and is also associated with increased mortality and use of services.[1] Applying this prevalence rate to Hartlepool's 65 and over population we can make the following projections: -

No of people with depression 65+,	**2008**	**2010**	**2015**	**2025**
	1,520	1,540	1,720	2,020

Strokes

There is some evidence to suggest that improvements in medical treatment and care may also lead to future increases in the number of people surviving some serious medical incidents, such as stroke Strokes are one of the major causes of long-term illness in the United Kingdom. The British Stroke Association[10] estimates that a population of 100,000 will experience 200 new strokes each year and that at any one time there will be 1470 stroke patients receiving treatment and care in a typical PCT area.

The disabling effects of a stroke, including depression, should be seen in the context of the rising number of single households of people over the age of retirement where loneliness and isolation is likely to be more frequent.

A common form of dementia, multi infarct dementia, results from the destruction of brain tissue by a series of small strokes. It is important to distinguish dementia from depression, as in the early stages the symptoms can be similar.

2.3 APPENDIX 1

REFERENCES

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