ADULT AND COMMUNITY SERVICES SCRUTINY FORUM AGENDA

HARTLEPOOL BOROUGH COUNCIL

11th March 2013

at 1.00pm

in Committee Room B, Civic Centre, Hartlepool

MEMBERS: ADULT AND COMMUNITY SERVICES SCRUTINY FORUM

Councillors Beck, A Lilley, Loynes, Richardson, Shields, Sirs and Wilcox

1. **APOLOGIES FOR ABSENCE**

2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**

3. **MINUTES**

   3.1 To confirm the minutes of the meeting held on 11th February 2013.

4. **RESPONSES FROM THE COUNCIL, THE EXECUTIVE OR COMMITTEES OF THE COUNCIL TO FINAL REPORTS OF THIS FORUM**

   No items.

5. **CONSIDERATION OF REQUEST FOR SCRUTINY REVIEWS REFERRED VIA SCRUTINY CO-ORDINATING COMMITTEE**

   No items.

6. **CONSIDERATION OF PROGRESS REPORTS / BUDGET AND POLICY FRAMEWORK DOCUMENTS**

   No items.

7. **ITEMS FOR DISCUSSION**

Scrutiny Investigation into the JSNA Topic of 'Older People'

7.1 Evidence – Hartlepool Draft JSNA Entry:-

(a) Covering report – *Scrutiny Support Officer*

(b) Report and presentation – *Assistant Director of Social Care and Head of Service*

7.2 Feedback from the 'what people say' group exercises held on 11 February 2013 – *Scrutiny Support Officer*

7.3 Formulation of recommendations for the JSNA topic of Older People:-

(a) Covering report – *Scrutiny Support Officer*

(b) Formulation of recommendations – *Members of the Forum*

8. **ISSUES IDENTIFIED FROM FORWARD PLAN**

9. **ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT**

ITEMS FOR INFORMATION

Date of next meeting : Monday 8th April 2013 at 1.00pm in Committee Room B

ADULT AND COMMUNITY SERVICES

SCRUTINY FORUM

MINUTES

11 February 2013

The meeting commenced at 1.00 pm in the Civic Centre, Hartlepool

Present:

Councillor: Carl Richardson (In the Chair)

Councillors: Brenda Loynes, Linda Shields and Kaylee Sirs

Also Present: Steve Thomas, Links
Julie Stevens, NHS Tees
John Stamp, NHS Tees
Representatives from Echoes Drama Group, 50 Plus Forum and Hartlepool Carers

Officers: Jill Harrison, Assistant Director, Adult Social Care
Phil Hornsby, Head of Service, Strategic Commissioning
Elaine Hind, Scrutiny Support Officer
Denise Wimpenny, Principal Democratic Services Officer

64. Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Beck, A Lilley and Wilcox.

65. Declarations of interest by Members

None.

66. Minutes of the meeting held on 14 January 2013

Confirmed

67. Matters Arising from the Minutes

In relation to Minute 60 relating to the Council Plan, Outcome 24 relating to the challenges to promote services to achieve attendances and visitor income in theatres, libraries and sports provision, a Member highlighted that the information requested at the last meeting relating to the level of participation and cost of Hartlepool's Active Card, as a comparator with Stockton, had not been received. The Assistant Director, Adult Social Care agreed to refer the issue to the Assistant Director of Community Services.

68. Responses from the Council, the Executive or Committees of the Council to Final Reports of this Forum

None

69. Consideration of request for scrutiny reviews referred via Scrutiny Co-ordinating Committee

None

70. Consideration of progress reports/budget and policy framework documents

None

71. Scrutiny Investigation into JSNA Topic of Older People – What People Say/Additional Needs Assessment Required - Covering Report/Presentation

(Scrutiny Support Officer/Assistant Director of Adult Social Care/Head of Service)

As part of the Forum's investigation into the JSNA topic of 'Older People' representatives from Adult Social Care and NHS Tees had been invited to attend the meeting to provide evidence in relation to the investigation.

The Head of Service, Strategic Commissioning, provided a presentation which focussed on what people said and additional needs assessment requirements and included the following issues:-

<u>What Do People Say?</u>

- Information often existed but was not easily accessible and signposting was inadequate

- Transport can be problematic – people had to travel out of town to other hospitals

- Hospital discharge process – lack of clear discharge process

- Housing Options – not enough information around options

- Low level support – important to receive assistance with jobs they could no longer manage

- Social isolation – address the needs of older lone adults and carers who may face social and family isolation

What additional needs assessment is required?

- Social isolation identified as an increasing factor in the lives of older people – need to quantify the problem

- Social Care personal budgets were well established and personal health budgets were being piloted – more work needed to establish meaningful best practice putting older person in control

- Access by people with dementia to mainstream physical support and therapy – understanding the demand and options

- Supporting vulnerable, older home owners to maintain and adapt their homes – how large is the problem in Hartlepool

The Chair welcomed representatives from NHS Tees to the meeting.

A representative from NHS Tees advised that the New Clinical Commissioning Group were interested in the outcomes arising from the JSNA and would base their commissioning intentions on these outcomes. The importance of understanding and identifying the gaps to inform future decisions was emphasised. Dementia was a high priority for the Clinical Commissioning Group who had worked closely with the local authority on this issue. Further work was being undertaken with GP's given the recognition of the need to identify patients suffering with dementia related problems at en earlier stage.

A representative from Hartlepool Carers raised concerns regarding the lack of information available in leaflet format and it was suggested that Hartbeat be utilised to communicate more accessible information. Whilst it was acknowledged that there was more information available electronically as opposed to hard copy format, the Head of Service, Strategic Commissioning provided assurances that this issue had been noted and was included as an action in the Older People's Strategy.

The importance of the need to target the independent older person, who had

never utilised the system and were potentially high risk of isolation was highlighted.

In response to concerns raised regarding the level of enabling services available to dementia patients such as physiotherapy, the NHS Tees representative stated that this was a recognised issue nationally and various schemes were currently being explored to manage this problem.

Recommended

That the information given be noted and the comments of the Forum and evidence provided be used to assist with the scrutiny investigation.

72. Scrutiny Investigation into JSNA Topic of Older People – Group Discussion – Covering Report (*Scrutiny Support Officer)*

The Scrutiny Support Officer advised that as part of the Forum's investigation into Older People officers from the Child and Adult Services Department, partner organisations and service users had been invited to attend the meeting to discuss services for older people. It was suggested that the Forum split into two groups to explore how well services for older people were currently being delivered and any potential gaps in service.

It was suggested that each group focussed on the following key questions:-

(1) What makes a difference?
(2) What is not effective?
(3) Where are the gaps?

The Forum then separated into two groups. Following group discussions officers went on to provide feedback from the various sessions as follows:-

<u>What makes a difference?</u>

Group 1

- Being able to access information easily in a range of venues and formats.
  - suggested using a 'pullout' section in Hartbeat
  - information being provided by GPs/Consultants (some GPs are better than others at signposting)
- Importance of social activities - positive feedback on drama group, low level services, sitting service etc

Group 2

- Importance of care workers being good listeners

- Secure and safe in own home
- Information involving family (joined up approach)
- Communication – single point of contact
- Out of hours access to own GP practice
- Importance of Respect and Dignity
- Training of health and social care to understand dementia
- Transport links
- Action to address issues
- Continuity of care

What is not effective?

Group 1

- Very difficult to provide information to people who are not known to services or don't access traditional places such as libraries and community centres – need to think about it differently (potential to use supermarkets / council vehicles)

Group 2

- Feedback
- Complacency, lack of conscience ('right from the top')
- Communication around what is available and how to access it
- Patient transport /ambulances (emergencies)

Where are the gaps?

Group 1

- Befriending service for people who are socially isolated
- Availability of bungalows (2 bed-roomed ideally).
- Transport concerns – access is poor after 6.00 pm and can contribute to people feeling isolated. Discussed possibility of using volunteer drivers.

Group 2

- People not supported once support plan in place
- Lack of resources
- Lack of understanding of conditions and issues
- Support with who can access benefits and ability to raise issues (consider comments/complaints boxes in public places)
- Increase in pay for care workers and training – poorly paid – impact on quality of care

Would you like to tell us anything else?

Group 1

- Recognise that it is a priority to keep people living independently for as long as possible, but this must be done with appropriate funding and support – aids and adaptations, assistive technology etc. Shouldn't be seen as a cheap alternative to residential care in the current financial situation.

The Chair was keen to receive feedback from a wide variety of sources and reminded all attendees of the benefits of completing feedback forms with any additional suggestions/comments in relation to the investigation. It was noted there would be further opportunity to contribute at future meetings of this Forum on 11 March and 8 April.

Recommended

That the information given be noted and the comments of the Forum and evidence provided be used to assist with the scrutiny investigation.

73. Six Monthly Monitoring of Agreed Adult and Community Services Scrutiny Forum's Recommendations *(Scrutiny Support Officer)*

The Scrutiny Support Officer provided details of progress made on the delivery of the agreed scrutiny recommendations against investigations undertaken by the Forum since the 2005/06 municipal year. The report included a chart which provided the overall progress made by all scrutiny forums since 2005 and provided a detailed explanation of progress made against each recommendation agreed by this Forum since the last six monthly monitoring report presented in September 2012.

It was noted that since the 2005/06 municipal year, 84% of the Adult and Community Services Scrutiny Forum's recommendations had been completed with 3% in progress, 8% cancelled and 5% overdue.

In response to a request for feedback in relation to overdue actions the Head of Service, Strategic Commissioning provided details as follows:-

In relation to Action SCR-ACS/9a - Health and Wellbeing Board to receive updates on the implementation of the action plan from the Housing Care and Support Strategy that includes prevention as a key priority, it was reported that the Housing Care and Support Strategy had been developed and an update on progress would be included in the year end report due for submission to the Health and Wellbeing Board at the end of March. Details would be provided to the Forum, as part of future monitoring reports of Scrutiny investigation recommendations.

In relation to Action SCR-ACS/9c - Development of a business case on the options and resource implications for the recruitment and retention of social care apprentices, the Forum was advised that various training schemes and funding opportunities were being explored and should funding be secured, a scheme would be implemented with a view to recruiting new apprentices into adult social care.

Recommended

That progress against the Adult and Community Services Scrutiny Forum agreed recommendations since the 2005/06 municipal year, be noted.

74. The Executive's Forward Plan *(Scrutiny Support Officer)*

The Executive's Forward Plan for February to May 2013 relating to the Adult and Community Services Scrutiny Forum was provided to give Members of the Forum the opportunity to consider whether any items within the Plan should be considered by this Forum.

Recommended

That the contents of the report be noted.

75. Date and Time of Next Meeting

It was reported that the next meeting was scheduled for 11 March 2013 at 1.00 pm in Committee Room B.

The meeting concluded at 2.20 pm.

CHAIR

ADULT AND COMMUNITY SERVICES SCRUTINY FORUM

11 March 2013

HARTLEPOOL BOROUGH COUNCIL

Report of: Scrutiny Support Officer

Subject: SCRUTINY INVESTIGATION IN THE JSNA TOPIC OF 'OLDER PEOPLE' – DRAFT JSNA ENTRY - COVERING REPORT

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1. PURPOSE OF REPORT

1.1 To inform Members that officers from the Child and Adult Services Department been invited to attend this meeting to provide information in relation to the investigation into the JSNA topic of 'Older People'.

2. BACKGROUND INFORMATION

2.1 Members will recall that at the meeting of this Forum on 30 July 2012, the Scope and Terms of Reference for the forthcoming investigation into the JSNA topic of 'Older People' were agreed, with the overall aim being:-

To strategically evaluate, and contribute towards the development of, the 'Older People' topic within Hartlepool's Joint Strategic Needs Assessment, whilst reflecting (where possible / appropriate) on the Marmot principle to 'Enable all children, young people and adults to maximise their capacity and have control over their lives.'

2.2 Subsequently, officers from the Child and Adult Services Department are in attendance at today's meeting to provide Members with a presentation in relation to the draft JSNA entry, including details those areas of the JSNA entry yet to be received by the Forum.

2.3 A draft of the Older People JSNA entry can be found at agenda item 7.1 (b). Details of the responses received to the Forum's consultation exercise 'what people say' are included on today's agenda under item 7.2.

3. RECOMMENDATION

3.1 It is recommended that the Members of the Adult and Community Services Scrutiny Forum consider evidence presented and express a view in relation to the content of the draft JSNA entry for 'Older People'.

Contact Officer:- Elaine Hind – Scrutiny Support Officer
Chief Executive's Department – Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523647
e-mail: elaine.hind@hartlepool.gov.uk

4. BACKGROUND PAPERS

4.1 The following background papers were used in the preparation of this report:-

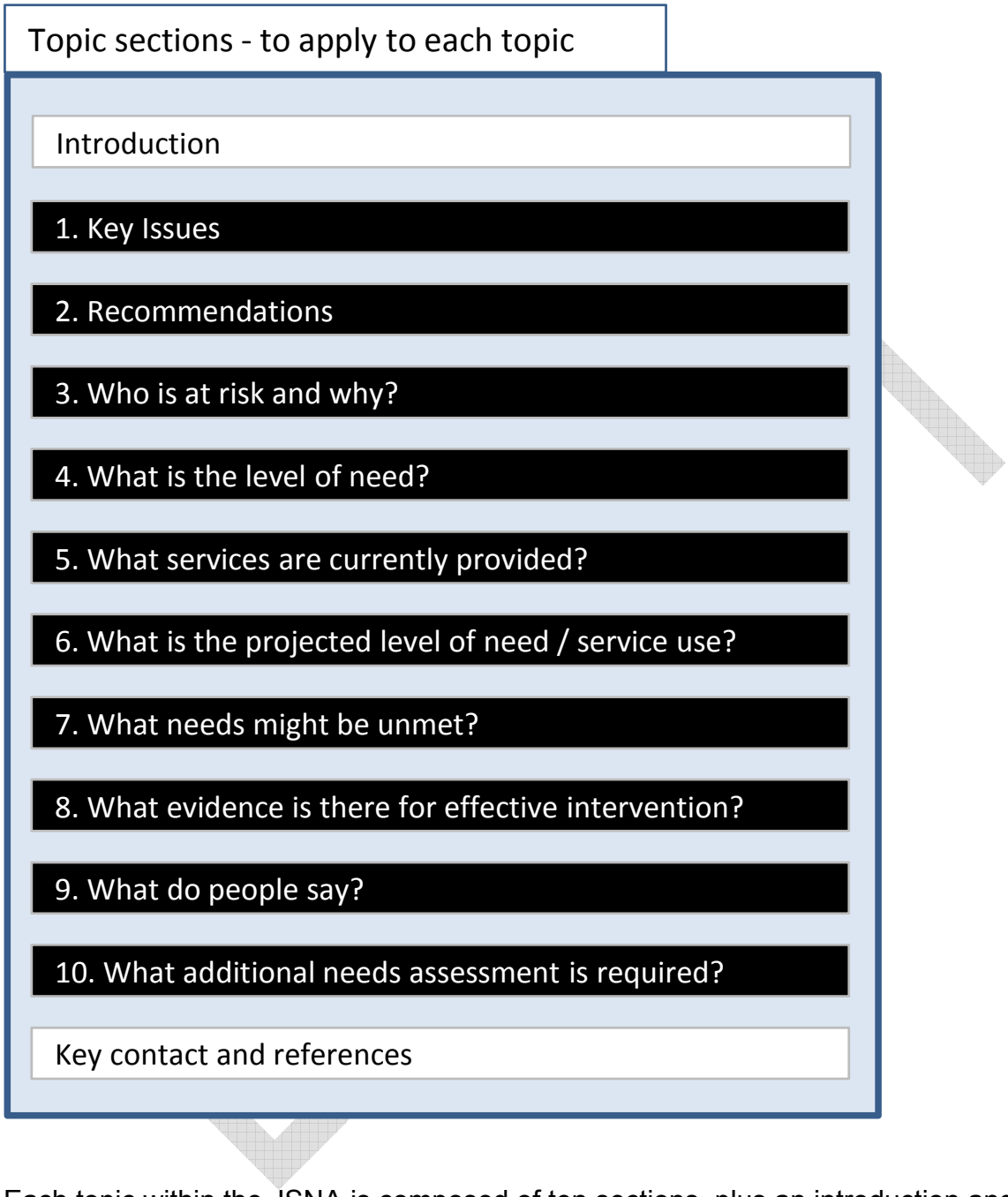
(i) Report of the Scrutiny Support Officer entitled 'Older People – Scoping Report' Presented to the Adult and Community Services Scrutiny Forum on 30 July 2012.

(ii) Minutes of the Adult and Community Services Scrutiny Forum held on 30 July 2012.

Tees JSNA

JSNA
Hartlepool's Older People Section
Final Draft

Figure 1. Tees JSNA topic section structure



Each topic within the JSNA is composed of ten sections, plus an introduction and contact information with references.

Hartlepool Joint Strategic Needs Assessment

Introduction

A JSNA became a legal requirement following the implementation of the Local Government and Public Involvement in Health Act 2007. This document follows a different pattern to previous versions of the JSNA as they did not have a specific "Older People" topic

"Older People" is not a term that has any precise definition. Some people use the term "50+" relating to anyone over the age of 50 years. Others infer that older people are those over the pensionable age. The National Service Framework for Older People defined older people in 3 groups:

- Those entering old age on completing paid employment and child rearing age 50 to 60 years,
- Those in the transitional phase between healthy activity and frailty aged 70 to 80 years,
- Frail older people who are vulnerable because of health or social care needs.

This section on older people therefore refers to the needs of people aged 50 years and over, but focused on those aged 65 years and over. Other sections of the JSNA relate to working aged adults which are usually taken to mean people aged 18 to 64 years of age.

Older people are a very diverse group reflecting the diverse needs of the entire adult population. However, the process of ageing means that some characteristics and conditions are more common in older people. The older people's section of the needs analysis is based on the needs of older people as a whole, how those needs impact on individuals, not just specific diseases or conditions, but also looks at the impact of specific conditions and events on the needs of older people, such as falls and stroke. It also looks at issues where there is a disproportionate impact on older people.

1 Key issues

The number of older people in Hartlepool is estimated currently estimated at 15,700 but is expect to rise to 22,300 by 2030 (1). The sharpest rise will be in older people aged over 85 years where the numbers are expected to nearly double from 1,900 in 2012 to 5,300 in 2030. It is this age group that has traditionally been, proportionally, the heaviest users of care and support services.

Growth in the number of older people in Hartlepool

	2012	2015	2020	2025	2030
People aged 65-69	4,600	5,200	5,000	5,500	6,400
People aged 70-74	3,700	3,700	4,800	4,600	5,100
People aged 75-79	3,300	3,400	3,200	4,200	4,100
People aged 80-84	2,200	2,500	2,600	2,600	3,400
People aged 85-89	1,300	1,300	1,700	1,900	1,900
People aged 90 and over	600	600	800	1,100	1,400
Total population 65 & over	15,700	16,700	18,100	19,900	22,300

	2012	2015	2020	2025	2030
Population aged 65 and over as a proportion of the total population	17.10 %	18.00%	19.17%	20.82%	23.08%
Population aged 85 and over as a proportion of the total population	2.07%	2.05%	2.65%	3.14%	3.42%
Total females 75 and over	27.39 %	27.54%	26.52%	27.64%	27.36%
Total males 75 and over	63.05 %	63.47%	62.99%	63.32%	63.23%
total aged 75 and over	46.50 %	46.70%	45.30%	48.75%	48.44%

Source: POPPI

Although the numbers of older people is rising the figures for life expectancy remain well below the England average

Current Life Expectancy Status: 2006-08:

	Hartlepool	England	Relative gap
men	75.3 years	77.9 years	3.4%
women	79.0 years	82.0 years	3.7%

Source: POPPI - Health Inequalities Intervention Toolkit, Life Expectancy Tool for Spearhead Areas, 2010: DH

In 2010, of the 354 Local Authorities in Britain, Hartlepool was ranked 24th most deprived Hartlepool has 17 wards, of which:

- seven fall into the top ten per cent of most deprived wards in Britain.
- five – Dyke House, Stranton, Owton, Brus and St. Hilda fall into the top three per cent most deprived in Britain,
- two, Dyke House and Stranton are in the top one per cent most deprived wards.(2)

Addressing the resulting inequalities in health and care are a core driver for the Council NHS Tees and other partners working in the town

A growing number of older home-owners on low incomes also live in poor and unsuitable housing and struggle to meet the cost of repairing and adapting their homes and manage energy costs and household finances. This is particularly true in the North East(3)

2 Recommendations

- Promote and develop accessible information for older people that is available in the right place at the right time, that is, when and where it is needed. Information needs to be provided proportionately to the needs of the individual and their ability to assimilate it at a given point in time. There is no point in providing all the detail if the person is not able to take it on board, e.g. at the point of diagnosis of a condition but they will need to be able to look at the situation in more detail when they are ready. Information therefore needs to be provided flexibly so that individuals can get more [detailed] information when they are ready.

- Transport to access services is vital particularly for individuals who may be increasingly dependent on public transport. The impact of available transport and future arrangements need to be taken into account when planning all services

- Appropriate housing is essential to older people's ability to remain integrated in the community. Information about options is often unclear and there is often insufficient information provided or available around the various options. This can include repair, maintenance adaptation or change of accommodation. Confusion about the difference between various housing options, such as, sheltered housing or extra care housing compounds this issue. Greater clarity and more available information are therefore essential delivered through trusted providers.

- The continued development and promotion of early intervention, reablement and preventative services are vital to maximise people's opportunity to remain fit and well and living independently within the community for as long as they wish and are able to do so. Without this 'conventional' services will be 'swamped' by the demographic shift and the increase in older people living longer and becoming more frail

- The number of older people with a diagnosis of dementia is increasing. There are also significant numbers who remain undiagnosed. It is therefore vital to improved access to services for all individuals who have cognitive impairment, mental health or dementia to address this growing prevalence to support people to live independently and to support them to access services that could improve their physical functioning which has traditionally been hard to access

- Health inequalities remain prevalent. It is therefore necessary to continue to address health inequalities through effective partnership working by partners within the borough and in the Tees Valley

- Access to secondary or hospital care remains a principle concern to older people. It is strongly linked to transport issues because of the changing local situation especially access to accident and emergencies and the continuing lack of clarity of the role of the newly introduced Minor Injury unit. Increased efforts are needed to better inform older people of the local changes and how to access them.

- Carers are key to the continued support for older people. It is therefore necessary to continue to promote help for carers so they can:
    - continue in their caring role,
    - be acknowledged as 'expert' partners in caring,
    - be acknowledged as individuals in their own right with their own needs

A key factor in promoting support to carers is the ongoing identification of carers, particularly within GP practices, and that, once identified, they are offered a carers assessment and support.

- "Personalisation" puts the individual at the centre of support to meet their needs. It is therefore necessary to ensure that all planning and commissioning reflects this personalised approach. This needs to be based on outcomes for the individuals, which maximises their opportunities for self directed care planning. This needs to be based on personal budgets and direct payments in social care and health

- Assistive Technology that supports other services and maintains the confidence and safety of increasingly vulnerable people who are living independently is essential if we are to maintain people in their own home. Maximising the use of new technology so that people can summon or receive help is therefore vital.

- The care environment is rapidly changing so it is essential to promote and commission training that reflects the changing ways that services are delivered. The workforce needs to be fully aware and confident when working with new systems and be aware of different ways of working. This needs to include personal assistants who are directly employed by people to provide their care who also need to access meaningful learning and training.

- Planned Urgent Care support services need to be increasingly able to respond flexibly to needs that occur outside 'traditional' care and support plans. These services are able to pre-identify appropriate responses should an emergency arise. Current interventions are organised separately. Options therefore need to be explored for joint action between health and social care.

3 Who is at risk and why?

Like the rest of the UK and much of the developed world, Hartlepool is starting to experience a huge increase in the proportion of older people. Overall the UK population is expected to gradually increase from 62.3 million in 2010 to 73.2 million by 2035.(4) It is widely understood that there will be a large increase in the number of older people aged ≥60 years which sees a rise from 14.7% in 2010 to 16.4% in 2035. In particular the proportion of those aged 75 years and over is set to increase most dramatically. In 2010 7.9% of the population was over 75 years; this is set to rise to 12.2% in 2035[1]. This may also see an increase in the life expectancy of people with more complex health needs who require care and support, which may require supporting people for longer.

In 2011 the number of older people in England was estimated as being 8,756,400. This is expected to rise to 12,938,300 by 2030 with the biggest rise being those people aged the estimate for people 85years and over; 1,226,500 in 2011 [2.33% of the total population] to 2,339,200 in 2030 [4.02% of the population]. This is significant as this is the group of people who are the heaviest users of health and social care.

In the North East a similar picture is expected with the percentage of people aged 85 and over rising from 2.23% in 2011 to 4.0% in 2030.

Nationally, regionally and locally it is estimated that there are proportionately more older women aged 65 and over than men [56% & 44% respectively in 2012 changing to 54% & 46% respectively in 2030.]

impact of deprivation

The impact of deprivation also disproportionally affects the life of older people.

> *"Age UK has persistently raised concerns about the impact of the rise in State Pension Age, especially on women, given that the poorest could be hit hardest as they have a lower life expectancy. Now, none other than the Office for National Statistics itself, tells us that older residents in poorer neighbourhoods suffer from a triple whammy: a lower life expectancy, a lower disability-free life expectancy and a higher proportion of their shortened lives in bad health."*
>
> *Source: ageukblog.org.uk(5)*

This is a relevant factor as Hartlepool continues to have a high level of deprivation with a significant proportion of the wards in Hartlepool featuring in the most deprived 10% of wards in the country. Overall Hartlepool ranks 11th of the 20 most deprived towns and cities in England.(5)

Life limiting long term illness

It is estimated that 4,115,044 older people in England had a limiting long term illness [LLTI]. This means that there are approximately 246,055 older people in the North East with LLTI.

Dementia

Dementia is one of the most pressing issues in relation to older people. The term is used to describe a set of symptoms which include loss of memory, mood change, and problems with communication and reasoning. These symptoms occur when the brain is damaged by a certain diseases, including Alzheimer's disease. Dementia is progressive and at present there are no cures. A main thrust of efforts to support people with dementia is to delay the

onset of dementia. The Nation Dementia Strategy [Living well with dementia: a National Dementia Strategy; 2009] highlights the need for early diagnosis and treatment. The strategy estimated that only 1/3rd of people with dementia get an accurate and timely diagnosis. POPPI estimates that there are 628,823 older people in England who have a dementia. A greater number of women than men [64%/36%] are estimated to have dementia. The expected incidence is particularly larger over the age of 80 approximately 2 to 1. This may be affected by men having a shorter life expectancy but this does not fully explain the difference.

Depression
National guidance dating back to the National service Framework for Older People identified that depression in older people remained under diagnosed or treated. Reasons for this included a belief by people themselves, family and service providers, including some health and care professionals that this is part of the aging process but this is not the case. The 2011 estimate was 757,399 older people with depression in England with 240,888 predicted to have severe depression. (6)

Falls
The National service framework for Older People: 2001 identified Falls as a key priority area. It identified that whilst most falls do not result in serious injury, the consequences for an individual of falling or of not being able to get up after a fall can include:

- psychological problems, for example a fear of falling and loss of confidence in being able to move about safely
- loss of mobility leading to social isolation and depression
- increase in dependency and disability
- hypothermia
- pressure-related injury
- infection.

It identified that falls can precipitate admission to long-term care. After an osteoporotic fracture, 50% can no longer live independently. Fear of falling can provide a significant limitation on daily activities. Falls in a later life are also a common symptom of previously unidentified health problems which need be identified and managed. Hip fracture is the most common serious injury related to falls in older people, resulting in an annual cost to the NHS estimated to be in billions of pounds for England. Forty five percent of the cost is for acute care, 50% for social care and long term hospitalisation and 5% for drugs and follow up. In England, 2,343,315 people were predicted to have a fall of which 1,445,566 [62%] were women and 897,749 [38%] were men. 185,953 requiring hospital admissions, 154,001 [the majority] being over 75 years

As people grow older they are increasingly at risk of falling and consequent injuries. A fall may be the first indication of an undetected illness. The prevention of falls is of major importance because they engender considerable mortality, morbidity and suffering for older people and their families, and incur social costs due to hospital and nursing home admissions. (7)

Stroke and Heart attacks [See JSNA section on Circulatory disease.]
Strokes and transient ischemic attacks (TIA), collectively referred to as cerebrovascular disease [CVD] are the main causes of death in the UK.
Age [being older] is a significant non-modifiable risk factor associated with Stroke that contributes to disease onset. Gender is also an issue including, family history and ethnicity. Associated lifestyle risk factors and conditions are considered within their own

sections of Joint Strategic Needs Assessment. These include: smoking, physical inactivity, diet and nutrition, diabetes mellitus, and obesity
It is estimated [POPPI] that the number of people over the age of 65 years predicted to have a longstanding health condition caused by a stroke 201,634 is double the number for people under that age. Men are more at risk than women 125,795 to 75839 [62% to 38%].

In England, the incidence of heart attacks that result in a longstanding health condition is predicted to be 427,649, 204,021 men, 188,736 women. However, over the age of 75 the predicted no of women is larger than the figure for men of the same age 96,986 men, 126,643 women

Heart Attacks
The proportion of men to women expected to experience a heart attack overall is less diverse between men and women but this disguises trend for those age 65 to 74 and those aged 75years and over. Under the age of 74 a men appear more likely but over 75 years women are more likely to be affected.

	Men	Women
People aged 65 to 74 years	69%	31%
People aged 75 years and over	44%	56%
total		

all older people
Poppi quoting General Household survey 2007: Chronic sickness rates per 1000. (8)

People who offer carer support
Many individuals may be supported through family and friends who act as informal carers. The vast majority of carers are aged 50 – 70 years. There is likely to be a proportionate increase in the number of carers who may be over 75 years with poor health themselves, and need support.
However, one clear trend has emerged since the 1985 GHS, which is the continued increase in the number of carers providing in excess of 20 hours care per week. This figure has risen from 1.5 million in 1985 and 1990, to 1.7 million in 1995, to 1.9 million in 2000. This rise is confirmed by the 2001 Census, which also gives a figure of 1.9 million. Figures on the number of carers providing 50 or more hours per week have also increased to 1.25 million in the 2001 Census. Previous GHS figures from 1985 to 2000 had fluctuated between 750,000 and 850,000.
Carers UK's research has suggested that the number of carers is likely to increase in the future. Carers UK's 2002 report "*It could be you"* demonstrates that demographic change, coupled with the direction of community care policy, will see a 60% rise in the number of carers needed by 2037 – an extra 3.4 million carers (9). Furthermore, the research showed that every year over 2.3 million adults become carers and over 2.3 million adults stopped being carers and that 3 in 5 people will be carers at some point in their lives.

Impact of housing on Older People
A growing number of older home-owners on low incomes also live in poor and unsuitable housing and struggle to meet the cost of repairing and adapting their homes and manage energy costs and household finances. This is particularly true in the North East. [10]

- 75% of older people are home-owners; the number of older home-owners is projected to increase from around 4.5 million in 2011 to around 6 million in 20265.
- Home-owners make up two-thirds of all older low income households (after housing costs) (4).

- 10% of older home-owners are in the bottom fifth of incomes [11].
- 1 in 6 low income (in the bottom quintile of income) older home-owners live in a home that is considered non-decent and 1 in 3 lives in a home that does not meet their needs in terms of accessibility of adaptations [12].
- A particular concern is the rise in the number of those over 75 who are living with serious disrepair (which has risen to over 14% of these households), with the majority of these households likely to be owner occupiers

4 What is the level of need?

An estimated 15,700 older people live in Hartlepool. In the early 20th Century the number of pensioners was 1:20 of the population. Now in the early 21st century that ration is 1:5 with more people now over the age of 65 years than those under the age of 16 years for the first time in living memory and possibly ever.

Older people, who make up 20% of are population, are users of a larger proportion of some key resources, such as up to 65 % of hospital beds. Of those people, up to approximately 1/3 may have some symptoms of dementia. This is why dementia is seen as such a key priority by Government.

Many older people live alone in the UK. The figure for England is estimated to be 3,343,992. In Hartlepool, the estimate is 5,743 older people living alone, of whom 1,800 are men and 3,943 are women. This reflects the higher life expectation of women although the life expectancy for both men and women remains lower than the national and regional averages.

The Council currently supports 18% of the older people in the town.
In 2011 it was estimated that 8,541 people aged 65 years and over+ had a limiting long term illness (LLTI), 4,957 were estimated to need help with self-care and 6076 were estimated to need help with domestic care.

However, only 2639 [2011 – 2012 RAP P2S p3 65 and over] were supported to live at home by the Local Authority and 503 older people were permanently living in residential or nursing care. This number can be broken down as:

- 61 were in nursing care for Older people with mental Illness [EMI]/dementia
- 146 were in residential care for Older people with mental Illness [EMI]/dementia
- 40 were in nursing care for frail older people
- 256 were in residential care for frail Older People [13]

This means that there are is a significant number of older people who are supported with self care tasks by families and carers or self funded care or who receive domiciliary care from family and carers or self fund their own support or who receive no support.

Within the population of Hartlepool it was estimated that in 2011

- 8,541 older people had life limiting long term illnesses [more than half of the older people population]

- 976 older people were estimated to have a dementia. This is set to increase to 1,597 in 2030[4] approximately a 60% increase and should be seen as a key priority for commissioning services and support.

- 1310 older people with depression [with twice as many women as men having this condition] Of these 409 are predicted to have severe depression [(14)]

- 3954 will have falls resulting in of these:
  - 315 requiring hospital admissions

  The prevalence of falls is initially lower for men but evens out as people reach 80 to 85+

Age range	% men	%women
65- 69	18	23
70 – 74	20	27
75 – 79	19	27
80 – 84	31	34
85+	43	43

Source Health Survey for England 2005 [(15)]

- 344 will have a long lasting health condition caused by stroke men are disproportionately represented [62%]
  Source General Household Survey 2007 [(16)]

- 733 will have a long standing health condition due to a heart attack – again men are disproportionately represented 407 or 55%] but the proportion is much higher for men aged 65 – 74 [247 or 70%]

- 4957 older people are unable to carry out at least 1 self-care task [women disproportionately represented 3552 or 72%]; Living in Britain survey (2001)(17)

- 6076 older people are unable to manage at least one domestic task on their own. Again women are disproportionately represented; 5085 or 69%
  [Source Living in Britain survey (2001) table 37] (18)

- 2684 older people unable to manage at least 1 or more mobility activity on their own. Women are disproportionately represented. [1839 or 69%]

Living in Britain Survey (2001) (19)
[overall source: Oxford Brookes University, IPC POPPI website using ONS population projections]

Physical inactivity impacts significantly on the whole community. In England, the estimated cost of physical inactivity is estimated at £8billion. Physical inactivity decreases with age with 7 out of 10 men and 8 out of 10 women over the age of 75 being inactive. There is a growing body of evidence to indicate that an active lifestyle can increase independence and can help to reduce things such as falls, diabetes and obesity. There are 4098 people estimated to have a BMI of greater than 30 and 1867 will have diabetes [Source; Health Survey for England 2006 Vol 1] (20)

There is an increasing need for services that support people on a 24/7 basis and for "Planned Urgent care" which can offer support outside mainstream working hours on a variable basis and also offer support where health and care needs suddenly change. This is partly because of the increasing numbers of people with complex needs health and social care needs who are living in their own homes longer.

5 What services are currently provided?

Social care

- Person centred Social care assessment: "personalisation" is well established in the town with 92% of people eligible for support having a 'personal budget.'
- Assistive technology /telecare: now considered part of mainstream services to maintain people's independence in the community by use of simple but effective remote sensing and contact technology
- Domiciliary care; In-house direct care and support team offering short term rapid response home care and supporting telecare, carers emergency respite care; contracted area based registered domiciliary providers and specialist niche providers
- Housing with Extra care; 5 schemes run by 2 organisations offering in excess of 500 potential accommodation units
- Day services: for older people, people with disabilities and people with mental health issues, both in traditional day centres and activity specific facilities
- Community support: for older people, people with disabilities and people with mental health issues to assist them access community resources and avoid social isolation
- Intermediate care working closely with health colleagues to avoid unnecessary hospital admissions and enable speed hospital discharge including home based support and step up step down rehabilitation and transition care beds
- Reablement: the service assists people with poor physical or mental health to accommodate their illness [or condition] by learning or re-learning the skills necessary for daily living and increase their confidence. This is done by
    - helping people 'to do' rather than 'doing to or for' people
    - outcome focused with defined maximum duration
    - assessment for ongoing care packages cannot be defined by a one-off assessment but requires observation over a defined period
- Aids, equipment and adaptation: to assist activities of daily living
- Personal budgets including the use of 'Direct Payments' to enable people to manage their own care needs; often employing their own personal assistant [PA.]

Health

- Primary care / GP interventions, including walk-in and out of hours support
- Community nursing; including 'rapid response' nursing service to assist hospital discharge and avoid hospital admissions; and 'out of hours' service
- Intermediate care working closely with social care colleagues to avoid unnecessary hospital admissions and enable speed hospital discharge including home based support and step up step down rehabilitation and transition care beds
- In-patient acute services; most support to older people in Hartlepool is provided by two foundation trust [N. Tees and H'pool FT and S. Tees FT]over 3 general hospital sites offering a full range of general hospital and sub regional specialist services.
- Community Older People mental health services provided by TEWV NHS Foundation trust, inc support to primary care and nursing homes, memory clinic, secondary out-patient and in-patient services.
- In-reach by mental health staff into acute hospitals to assist colleagues identify and adapt treatment for people with dementia and delirium
- Inpatient Older People mental health services
- Falls service: Multi factorial assessment addresses risks with a high correlation of falls (Indicated in NICE 2004 guidance); appropriate intervention to modify risk and

hopefully reduce incidence of further fall and consequential injury put in place Core service includes physiotherapy, occupational therapy and preventative activity including supporting falls prevention activity, organised by the voluntary sector.

6 What is the projected level of need?

The number of older people in the borough is expected to rise to 22,300 by 2030. [All figures on population projection taken from POPPI website] The sharpest rise will be in older people aged over 85 years where the numbers are expected to double to 2,900 in 2030. Increased age does not automatically mean that a person has a disability or illness but, proportionately, this age group has traditionally been the heaviest users of care, support and health services.

There are high levels of deprivation and ill health in Hartlepool. This is in part due to factors such as its heavy industrial past, historic and current high level of unemployment and a disproportionate impact of low income for older people. This means that a local health and lifestyle improvements gap remains.

It is predicted that by 2030 the number of people with life limiting long term illnesses will increase to 12,515 people, of whom 7,423 will need help with self-care, and 9,080 will need help with domestic tasks, but, using current levels of uptake only a projected 3,829 will be supported by the Local Authority.

Levels of disability remain high and are likely to do so for the foreseeable future. This is compounded by frailty associate with aging and other degenerative conditions compounded by the town's heavy industry heritage and other deprivation factors.
Within the population of Hartlepool it was estimated that by 2030

- 12,515 older people will have life limiting long term illnesses [more than half or the older people population]
- 1597 older people will have a dementia an increase of 60% from 2011
- 1895 older people with depression [with twice as many women as men having this condition] Of these 608 will have severe depression [
- 5925 will have falls resulting in of these:
    - 470 requiring hospital admissions
- 537 will have a long lasting health condition caused by stroke men are disproportionately represented [62%]
- 1082 will have a long standing health condition due to a heart attack – again men are disproportionately represented [626 or 58%] but the proportion is much higher for men aged 65 – 74 [358 or 70%]
- 2747 will have diabetes
  Health Survey for England 2006 Vol 1 Cardiovascular Disease and risk factors in adults (21)
- 4957 older people are unable to carry out at least 1 self-care task [women disproportionately represented 3552 or 72%]
- 6076 older people are unable to manage at least one domestic task on their own. Again women are disproportionately represented; 5085 or 69%
- 2684 older people unable to manage at least 1 or more mobility activity on their own. Women are disproportionately represented. [1839 or 69%]

The prevalence of both young onset (under 65 years) and late onset dementia increases with age, doubling with every five year increase in age.

The number of people with dementia in Hartlepool is set to increase by nearly double to 1,597 by 2030. This is approximately a 60% increase in the number of people who suffer

from dementia and should be seen as a key priority for commissioning services and support.

At a time of increasing need it is likely that the number of people who are in a position to offer support as carers both professionally and by informal carers will not increase at the same rate, and nationally may decline

Demographic trends suggest that over the next few years, there are several key pressures facing the health and social care sectors:

- Increasing longevity
- Declining birth rate
- An increase in the number of young people with learning disabilities
- The disproportionate size of the 'baby boom' generation
- The shift in the age distribution of the population and workforce in industrialised countries.

National research (22) indicates that there are significant numbers of older home owners who are on low income who are currently unable to repair, maintain or adapt their homes as their needs change over time. This is particularly prevalent in the N East of England an therefore Hartlepool but they remain a largely unknown factor

Lack of access to appropriate information has a considerable impact on all areas.

7 What needs might be unmet?

The number of people who fund their own care and support and who do not make contact with the local authority is difficult to ascertain. They may well make up a significant proportion of those people who, based on censes returns have LLTI or need.

If current funding arrangements continue there is a risk that people who fund their own care may in the future require local authority support. However, until government plans for reforms of support of personal care are clarified estimating the impact is problematic.

In 2011 it was estimated that 8,541 people aged 65 years+ were predicted to have a limiting long term illness (LLTI), 4,957 were estimated to need help with self-care and 6076 were estimated to need help with domestic care. However, only 2,881 are supported by the Local Authority. Lack of access to appropriate information can have a considerable impact on all areas.

The level of unreported fallers is also not clear so will include people who would benefit from advice or treatment but don't currently receive it and may not do so in the future.

The prevalence of both young onset (under 65 years) and late onset dementia increases with age, doubling with every five year increase in age. The expected 60% increase in people with dementia by 2030 is a major issue and should be seen as a key priority for commissioning services and support

The disproportionate increase in people over the age of 75 years to 12.2% in 2035 will increase the pressure on already stretched resources.

Nationally, around 10 per cent of workers are from minority ethnic groups, increasing to 15 per cent or more in domiciliary care, care homes and in regions like London. Whilst Hartlepool experiences a small proportion of people from BME communities this is growing

and likely to rise in the future.

There is likely to be a locally, largely unknown group of older house owners who are on low income who do not have access to support to enable them to repair or adapt their homes to meet their changes needs as they age or become frailer.(22)

Changes in the demographic trends in the developed world mean that measures to attract more mature entrants, retention of over 50s (and increasingly the over 60s) and flexible retirement options to retain older workers may be necessary to maintain an effective workforce.

The age profile of the social care workforce shows a greater proportion of older workers. Measures to attract new entrants, supported by flexible and modern working opportunities, are an important element in bringing more staff into the sector. It will also be crucial to ensure flexible working practices are fully utilised to maintain workforce capacity.

8 What evidence is there for effective intervention?

1 **National Service Framework for Older People**

2 Under Pressure. Audit Commission, 2010. The report outlines if care service costs simply increase in line with population change, they could nearly double by 2026. Carers over 60 provide care worth twice public spending on care services for older people. The biggest single financial impact will be on social care spending. There are big differences in care costs – some councils spend three times more than the average per person on some services. Small investments in services such as housing and leisure can reduce or delay care costs and improve wellbeing.

3 Preventive Social Care. Is it cost effective? Kings Fund 2006. There is little quantified information of the effectiveness of preventive services. Available cost-effectiveness analyses are often small scale and not comparable with other studies. It is often not clear quantitatively or qualitatively what element(s) of a reportedly successful service elsewhere have contributed to its success and could be potentially replicated. "Measuring the effectiveness of community services (e.g. improved public transport) has seemingly proved too complex". Although the benefits are difficult to quantify, low level interventions provided informally, and by all sectors, are highly valued.

4 'The billion dollar question': embedding prevention in older people's services – 10 'high impact' changes HSMC, 2010. This paper draws on Interlinks, an EU review of prevention and long term care in older people's services across 14 European countries and *The case of adult social care reform - the wider social and economic benefits*46 and finds evidence to invest in: Healthy life styles; Vaccination; Screening; Falls prevention; Adaptations/practical support; Telecare; Intermediate care; Re-ablement; Partnership working; and Personalisation.

5 Confident Communities, Brighter Futures, Department of Health, 2010. Age-related decline in mental wellbeing should not be viewed as an inevitable part of ageing. The factors affecting mental health and wellbeing in older people are the same as in the general population. To promote the wellbeing of older people: psychosocial interventions, high social support before and during adversity, prevention of social isolation, multi agency response to prevent elder abuse, walking and physical activity programmes, learning, volunteering. To reduce prevalence of depression: early intervention, target prevention in high risk groups. For dementia: exercise and anti-

hypertensive treatment.

[2 to 5 :synopsis by R Papworth SBC]

6 National Dementia Strategy "Living well with Dementia" :DH 2009
7"Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own" – national carers strategy: DH 2009
8"Recognised, valued and supported: Next steps for the Carers Strategy": DH 2010
9 Royal College of Psychiatrists Report of the National Audit of Dementia Care in General Hospitals Executive Summary 2011assistive technology
10 Hartlepool strategy for assistive technology 2010 – 2015; The way forward for Telecare and Tele-health, including Tele-monitoring and Telemedicine: HBC 2011
11 Hartlepool Older People Strategy 2004
12 Hartlepool Older People's Housing Care and Support Strategy 2008; Peter Fletcher Associates
13 [Telecare] "Whole System Demonstrator programme Headline Findings: DH - December 2011"
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131689.pdf
14 Hartlepool Housing Care and Support Strategy 2012

9 What do people say?

Findings from consultation with older people

There has been a succession of consultation events stemming back to the original Older person's strategy in 2004 , the older people's housing care and support strategy in 2007 and several town wide events to update the older people's strategy action plan the latest of which was in 2011 and the draft town wide Housing Care and support strategy.

Several common themes occur throughout this work:

- **Information**- often information existed but it was not easily accessible or appropriate, "signposting" was inadequate and individuals felt they often needed to chase the information, sometimes being referred to several organisations.

- **Transport**- this can be problematic as public services have been cut and taxi rates are often varied, a dial-a-ride service has been discontinued; the recent the closure of the local hospital accident and emergency unit means people have to travel out of town and service transferring to other hospitals, coupled with a marked reduction in bus services.

- **Hospital**- issues were:
    - hospital changes that required travel to North Tees or James Cook Hospitals or use the One Life Centre Minor Injuries Unit whose usage, purpose and function remains unclear to many of the public at large
    - lack of a clear, consistent and easy to understand discharge process which was felt to be necessary to ensures patients and carers are clear about the next steps including intermediate care, reablement, care at home and self care

- **Housing Options**- there is often not enough information provided or available around the various options. There remains no extra care housing for people with mild to moderate dementia. Also many older people live in large or unsuitable accommodation that no longer meet their requirements or needs.

- **Low level support-** it was important to have assistance with jobs that they couldn't manage by themselves. Many felt that without assistance they would either leave the job, wait until family or friends could help, if this was not an option they would attempt the job themselves (even if this was unsafe) The SAILS service that attempts to begin to address this is still only in its infancy and is not universally known.

- **Social isolation**: -addressing the needs of older lone adults and carers who may face social and family isolation which in turn impacts on health and wellbeing.

- **Engagement:** widening engagement of older people in service planning, decision making and consultation

10 What additional needs assessment is required?

Social isolation has been identified as an increasing factor in the lives of older people. Even where help is available older people have been at best "living in two worlds – a 'service world' and 'ordinary life'. Most of their contact is with people who are either paid for providing a particular role or who have a formal volunteering relationship.
It is often their 'ordinary life' and their ordinary social networks that shrink – and their 'care life' or 'support life' with its 'formal' network that now dominates. Particular problems can arise for older people and their families when the service world starts to dominate and not support - or allow for – an 'ordinary life' to continue or restart."
Person Centred Thinking with Older People: Practicalities and Possibilities; Helen Bowers, et al. © Helen Sanderson Associates 2007

Personal Budgets in social care are now an established and personal health budgets are being piloted. If used creatively, these can attempt to link the 2 worlds but more work is needed to establish meaningful best practice that puts the older person in control.

Groups of older, vulnerable, home-owners have been identified who are in need and require appropriate forms of funding to maintain repair or adapt their property. Hitherto, they have largely not been 'on the radar' in terms of policy development or identification of appropriate forms of funding. These vulnerable older home-owners are likely to need trusted sources of information, advice and support that are accessible. The suggested mechanism is for joined up delivery through Home Improvement Partnerships. This requires leadership, effective support infrastructures and the need for development or scaling up of available innovative affordable finance.(22) At present these structures and resources are not available locally.

Access by people with dementia or cognitive impairment to mainstream physical support and therapy remains problematic. The true size of the issue has been difficult to quantify. However, recent local developments such as those around dementia in Acute hospital settings and the N of Tees Dementia collaborative and NT&H dementia strategy group will be major players in addressing this.

Key contacts and references

Key Contacts

Phil Hornsby, Head of Service, Hartlepool Borough Council Child and Adult Services dept.
Steve Thomas, Modernisation lead, Hartlepool Borough Council, Child and Adult Services dept.

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2. Department of Communities and local Government, indicies of Deprivation ,2010

3 Living well in retirement: -An investment and delivery framework to enable low income older home-owners to repair, improve and adapt their homes© HACT 2012 –Written by Tamsin Stirling

4 National Census 2001 – ONS

5 ageukblog.org.uk

6 McDougall et al, Prevalence of depression in older people in England and Wales: MRC CFA Study in Psychological Medicine 2007, 37

7 "What are the main risk factors for falls amongst older people and what are the most effective interventions to prevent these falls?": Health Evidence Network WHO Europe 2004

8 Poppi quoting General Household survey 2007: Chronic sickness rates per 1000.

9 Carers 2002 [2002] Office of National Statistics

10 Living well in retirement: -An investment and delivery framework to enable low income older home-owners to repair, improve and adapt their homes© HACT 2012 -Written by Tamsin Stirling

11 Households Below Average Income 2010 [http://statistics.dwp.gov.uk/asd/index.php?page=hbai]

12 http://www.hm-treasury.gov.uk/press_116_11.htm

13 HBC Carefirst database

14 McDougal et al, Prevalence of depression in older people in England and Wales 2007]

15 Health Survey for England 2005

16 General Household Survey 2007

17 Living in Britain survey (2001)

18 Living in Britain survey (2001) [table 37]

19 Living in Britain Survey (2001)

[14 to 19 - overall source: Oxford Brookes University, IPC POPPI website using ONS population projections. All figure Crown Copyright 2010]

20 Health Survey for England 2006 [Vol 1]

21 Source; Health Survey for England 2006 Vol 1 Cardiovascular Disease and risk factors in adults]

22 Person Centred Thinking with Older People: Practicalities and Possibilities; Helen Bowers, et al. © Helen Sanderson Associates 2007

23 Living well in retirement: An investment and delivery framework to enable low income older home-owners to repair, improve and adapt their homes: Tamsin Stirling, HACT Associate April 2012
http://www.housinglin.org.uk/_library/Resources/Housing/OtherOrganisation/Fit_For_Living_Framework.PDF

ADULT AND COMMUNITY SERVICES SCRUTINY FORUM

11 March 2013

HARTLEPOOL BOROUGH COUNCIL

Report of: Scrutiny Support Officer

Subject: INVESTIGATION INTO THE JSNA TOPIC OF 'OLDER PEOPLE' - FEEDBACK FROM THE GROUP EXERCISES UNDERTAKEN BY THE ADULT AND COMMUNITY SERVICES SCRUTINY FORUM ON 11 FEBRUARY 2013

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1. PURPOSE OF THE REPORT

1.1 The purpose of this report is to provide Members of the Adult and Community Services Scrutiny Forum with the feedback from the group exercises held at the meeting of the Forum on 11 February 2013.

2. BACKGROUND INFORMATION

Feedback from Group Exercises

2.1 As part of this investigation, the Forum at its meeting of 11 February 2013, spilt into small groups to gather views from members of the public, partner organisations and officers from the Child and Adult Services Department, on health and social care services available to older people in Hartlepool.

2.2 The feedback received from this exercise can be found in section 3 of this report. The comments are listed alongside each of the questions that were asked. In addition to the feedback received at the meeting, written views have also been submitted and are included in the feedback in section 3.

3. Feedback from Group Exercises held on 11 February 2013

QUESTION	COMMENTS
1. What makes a difference?	Being able to access information easily in a range of venues and formats. • Suggested using a pull out section in Hartbeat; • Information being provided by GPs /consultants (some GPs better than others at signposting). Social activities are important – positive feedback on drama group, low-level services, sitting services etc. Good listeners, respect, dignity, and involving family members in communication and feedback. Secure and safe in own home. Joined up communication (single point of contact – consistently the same message). Night-time and weekend access to own G.P. Training of health and social care workers to better understand dementia Transport. Action to address issues and feedback of action taken. Continuity of care (same carers attending). One 'one stop' contact phone number for the elderly to ring for advice and who to contact for various issues e.g. transport, access to health care and am I eligible? Being able to access information in easy language for people who cannot access the internet, from public libraries etc. Also social activities are important, involving people. Shuttle service to North Tees.
2. What is not effective?	Very difficult to provide information to people who are not known to services or don't access traditional places such as libraries and community centres – need to think about it differently (discussed using supermarkets or Council vehicles to promote key messages). Feedback is not good from some professionals/not acted upon. Complacency, lack of conscience 'right from the top'.

	Communication around what is available and how to access it. Patient transport/ambulances (accessing it in emergencies). Transport to hospitals North Tees and James Cook still not competent after 6pm and at weekends. Getting information to people who are isolated. Negative attitudes from workers in community whatever their role. Lack of knowledge for dementia/ mentally ill elderly people resulting in mismanagement/treatment.
3. Where are the gaps?	Befriending service for people who are socially isolated. Availability of bungalows (two bed-roomed ideally). Transport is a concern – access is poor after 6pm and this can contribute to people feeling isolated. Discussed possibility of using volunteer drivers. Support plans are not followed through due to a lack of, or falling resources. A lack of understanding of conditions and issues particularly dementia amongst carers and support workers. Support to access benefits and ability to raise issues (consider Comments/complaints box in public places). Advocacy support to have a voice. Increased pay & training for care workers. Chain of information is not clear. Co-ordination between doctor, care worker, hospital, ambulance and council. Agreements and melding of budgets covering different geographical areas and catchment patients. Lack of knowledge/awareness of community support/social events geared towards the elderly. Should be a more joined up approach by organisations working together to produce a document with all events/support whether it be benefit advice phone number, social services, meals on wheels, befriending services, Hartlepool Carers, local community centres and what they provide for elderly residents. A single point of information, to assist all elderly residents e.g. Hartbeat Magazine?

4. Is there anything else you would like to tell us?	Recognise that it s a priority to keep people living independently for as long as possible but this must be done with appropriate funding and support – aids and adaptations, assistive technology etc. This shouldn't be seen as a cheap alternative to residential care in the current financial climate. Information needs to be available, easy to understand and update. Health and Wellbeing Board, whilst mandatory in law has no teeth/only consultation with regard to implementation and/or accountability of persons/units or organisations. **<u>Written Response Received</u>** I wanted to bring up the situation regarding lack of community transport for disabled people in Hartlepool. My husband is tetraplegic and uses an electric wheelchair. He can only travel in the buses which have a tail lift. He is unable to use wheelchair taxis or vehicles with a side ramp as his chair is too tall and he is unable to bend his head. I work from 9:00am until 1:00pm Monday to Friday, and when the weather allows we both like to go out for a few hours together on a weekend, to the cinema, for a meal or just walking round the Marina or Seaton Carew. We were able to do this whilst the "Dial-a-Ride" was in operation (if we could get booked as this service was used a lot by people with block bookings), and subsequently with Manor West Community Transport. However, this has now closed down and we are unable to find any transport my husband can use to go out, so he is mostly confined to the house. We can go for short walks together when the weather is fine, but as we live in Owton Manor the furthest we can get is to Rossmere Park. My husband goes into the Nursing Home for respite 3 times a year, to allow me a break so that I can have a holiday or go to see our grandchildren who live in Nottingham. Last December we had to use the services of a company called Medical Services who operate from Boldon as we could not find any other way to get him to Seaton Carew. Ambulance Transport will only transport patients who are going to an NHS bed. We had to pay £48 each way. We are unable to have any meaningful form of social life together without transport for my husband, which does not seem to exist in Hartlepool.

3. RECOMMENDATIONS

3.1 That the Adult and Community Services Scrutiny Forum consider the feedback from the group exercise held on 11 February 2013 as part of the investigation into the JSNA topic of 'Older People'.

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BACKGROUND PAPERS

The following background papers were used in preparation of this report:-

(i) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into Older People – Scoping Report' – Presented to the Adult and Community Services Scrutiny Forum on 30 July 2012.

(ii) Minutes of the Adult and Community Services Scrutiny Forum held on 30 July 2012.

ADULT AND COMMUNITY SERVICES SCRUTINY FORUM

HARTLEPOOL BOROUGH COUNCIL

Report of: Scrutiny Support Officer

Subject: INVESTIGATION INTO THE JSNA TOPIC OF 'OLDER PEOPLE' – FORMULATION OF RECOMMENDATIONS - COVERING REPORT

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1. PURPOSE OF REPORT

1.1 The purpose of this report is to provide the Adult and Community Services Scrutiny Forum with the opportunity to formulate views and make recommendations in relation to the JSNA topic of 'Older People'.

2. BACKGROUND INFORMATION

2.1 Members will recall that at the meeting of this Forum on 30 July 2012, the Terms of Reference and Potential Areas of Inquiry/Sources of Evidence were approved by the Forum for this scrutiny investigation. In accordance with those terms of reference Members are requested to formulate a view in relation to:-

i) the needs of Hartlepool residents; and
ii) the current level and quality of service provision to meet those needs.

2.2 Members are also requested to make recommendations to inform the development and delivery of the health and wellbeing and commissioning strategies.

2.3 Throughout the course of the investigation Members have considered the responses to the 10 questions outlined in the 'Older People' JSNA entry, it is recommended that the evidence presented at today's and previous meeting of the forum is utilised to formulate a view and make recommendations as outlined in paragraph 2.1 and 2.2.

2.4 During the formulation of recommendations, Members should be mindful of the Marmot principle 'Enabling all children, young people and adults to maximise their capabilities and have control over their lives'.

3. RECOMMENDATION

3.1 That Members of the Forum consider the evidence presented during the course of the investigation to:-

i) Formulate a view in relation to:-

a) the needs of Hartlepool residents; and
b) the current level and quality of service provision to meet those needs; and in doing so

ii) Make recommendations to inform the development and delivery of the health and wellbeing and commissioning strategies.

Contact Officer:- Elaine Hind – Scrutiny Support Officer
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Tel: 01429 523647
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