CABINET

REPORT OF THE CHAIR OF THE DEMENTIA TASK AND FINISH GROUP
AND HEALTH AND ADULT SOCIAL SERVICES OVERVIEW AND
SCRUTINY COMMISSION

7th NOVEMBER, 2005

TAKING FORWARD KEY RECOMMENDATIONS OF THE
DEMENTIA TASK AND FINISH GROUP

1. PURPOSE OF REPORT
1.1 The purpose of this report is to update and consult Cabinet on progress in
relation to key recommendations from the Health and Adult Social Services
Commission, specifically:
(i) Work to lobby MPs and Euro MPs to secure additional funding for
dementia services within an adult social care context;
(ii) Work to support the establishment of a regional centre of excellence
in Oldham.

2. RECOMMENDATIONS
2.1 Cabinet are requested to:
(i) Note the substance of the lobbying letter, set out at Appendix 1;
(ii) Support the lobbying activity.

3. BACKGROUND
3.1 The final report of the Dementia Task and Finish Group was presented to the
Commission and accepted on 2nd June, 2005. This report is attached at
Appendix 2 for information. The lobbying document at Appendix 1 is the
outcome of taking forward two of the key recommendations and specifically
aims to address some of the barriers identified by the Task and Finish Group
membership, in particular:
(i) Lack of funding;
(ii) Lack of resources;
(iii) Lack of services for the under 65s;
(iv) Difficulty of access to carers services;
(v) Lack of dependability and availability for respite care;
(vi) Lack of communications between carers, clients and the services that
are available to them.
These were the key issues, together with further research undertaken on my
behalf, which have been brought together in the proposal.

4. CONSULTATION
4.1 The diverse membership of this group has in practice acted as an effective
consultative source. The representation and views of stakeholders and partner
organisations in the public and voluntary sectors have been fully taken into
account in the progress made so far.
5. **FINANCIAL IMPLICATIONS**

5.1 There are significant financial implications for Oldham Council and partner organizations across the public and voluntary sectors. The costs within the lobbying document have been consulted on with colleagues in the Social Services Department, but are indicative at this stage. Detailed proposals and future project plans in relation to the establishment of a centre of excellence would require detailed costing appraisal at the appropriate time.

6. **LEGAL SERVICES’ COMMENTS (PAE)**

6.1 There are no direct legal implications on the proposed lobbying advocated in this report.

7. **TREASURER’S COMMENTS (RE)**

7.1 Revenue expenditure relating to Older People’s services is £39.9m. This figure has been sourced from the revenue estimates for these services and the Service Improvement Plan for the Division. Any additional funding will help to alleviate the pressure on these demand led services.

8. **ICT IMPLICATIONS**

8.1 There are no direct ICT implications impacted by this report at this stage in the scrutiny or proposed lobbying processes.

9. **ENVIRONMENTAL AND PROPERTY IMPLICATIONS**

9.1 There are no direct environmental or property implications impacted by this report at this stage in the scrutiny or lobbying processes.

10. **COMMUNITY COHESION IMPLICATIONS (INCLUDING CRIME AND DISORDER IMPLICATIONS IN ACCORDANCE WITH SECTION 17 OF THE ACT)**

10.1 This issue affects all the Borough’s communities and additional support would be used to support people from across the whole Borough.

10.2 The Borough’s population profile underpins and emphasizes the importance of the inter-generational aspect of the Community Cohesion work undertaken within the Borough, and the requirement for this work to be consolidated at every available opportunity.

The following is a list of the background papers on which this report is based in accordance with Section 100(1) of the Local Government Act 1972. It does not include any documents which would disclose exempt or confidential information as defined by that Act.

**File Reference:** Dementia Task and Finish Group File

Any person wishing to inspect copies of the above background papers should contact Sue Collier, Head of Overview and Scrutiny on 0161 911 3931.
Overview and Scrutiny

Dear Mr Woolas,

Proposal for Dementia Care and Mental Health Services for Older People in the Oldham Borough

Thank you for letting us take this opportunity to present a case for change regarding supporting dementia and services for Older People in Oldham. Through the local government scrutiny process in partnership with Oldham’s PCT and the voluntary sector we have concluded much the same as Profs Philp and Appleby in their recent work for the Department of Health. It is our view that the following factors enrich the context and priority of the issue in our Borough.

Local Population Profile and Trends
Oldham’s population profile as you know is weighted in young and old age groups with a significant dip in the middle age groups, like a dumbbell, as it were. This position is much the same for Oldham’s BME population. Without support of public services, much of the burden of care falls on the local population. 2001 census data shows that the provision of care is undertaken by people of all ages within the local population, but the largest impact, in terms of numbers of people, falls on the 35 – 44yr old group – in the middle years. Census data also shows that the issue of caring for elderly people impacts on 10% of Oldham’s population currently.

Citizenship
Oldham Council is one of the pioneering councils regarding the rights and responsibilities of good citizenship and considers voluntary work to be a good measure of it. Recent research undertaken by the Council with the Citizens’ Panel reveals that volunteering is significantly higher in Oldham than the national average revealed through the 2001 National Citizenship survey. Unsurprisingly, all segments of Oldham’s communities are active when it comes to undertaking unpaid work.

Numbers of Service Users
Mid 2003 Population estimates and prevalence sources attributable to Hofman et al in the 1991 work “The prevalence of dementia in Europe: A collaborative study of 1980 – 1990” indicates that there are estimated to be 2,614 cases in Oldham currently. Oldham Council’s number of service users with dementia is 550 at minimum at the
end of June 2005. This means that an estimated 2,060 people are being cared for through the voluntary sector and within families.

Cost of Caring
Local Authority expenditure in relation to Older People is £39.9m which includes commissioned, directly provided and funding for services provided in partnership. Supporting People Grant accounts for £9m of funding in relation to this. The amount of time according to the census figures of 2001 at today’s minimum wage levels indicates that voluntary and family contributions in Oldham alone amounts to some £189.7m per annum.

Resulting Picture
All this data begins to build a picture of what currently happens in Oldham society, which is that people are assisted by members of their family and community to live independently until there is a crisis. At this point public services intervene, and then the burden of caring is looked at with professionals. Funding constraints mean that the system is just about coping, and this does not make Oldham unique. The fact that the burden of care for both the young and old generations is falling on a relatively small middle segment increases the likelihood in our view that the risk of crisis in Oldham is greater than elsewhere with different population profiles. This picture also means that the aspirations of the Borough in terms of transforming its economy and improving its educational attainment may be hindered by the day to day reality of Oldham’s position. Oldham society bearing the cost itself is not really an option either given the economic profile of the Borough and its position towards the bottom of the average wage table in the region. The ability of homeowners to bear the cost of care is not necessarily viable either, given the position of some property prices in this area.

The Future
Oldham wants to position itself to deliver the type of preventative services which means that people can live independently for longer. As such we think this issue links to the Supporting People agenda. Oldham desires the opportunity to house a regional centre of excellence for dementia and care for older people. We believe that increased investment will assist our partners locally, regionally and nationally and ourselves in overcoming the challenges our research tells us are in store for us. But we realize that investment is not just about money – it’s about establishing links with the University of Huddersfield through University College Oldham, in order to take practical and theoretical training and practice in social care to the next level of excellence for the benefit of local people, and by virtue of regional expertise, the benefit of the people in the AGMA region and the Northern City Regions. We also think that such investment will act as a catalyst for the re-engineering of local caring services and will stimulate social enterprise within this market. However, invariably money has to come into it. Measured costing processes have resulted in the proposals overleaf.
Revenue Implications
£5m additional Support People Grant per annum from 2006/07 onwards.

Capital Implications
£40m set up costs for a regional centre of excellence for dementia and mental health service.
Earmarked efficiency savings from public services throughout Oldham channeled to pick up the additional running costs.

We trust we can count on your support and action to help us help the people of Oldham help themselves where appropriate, and give the best quality care we can to the most vulnerable in Oldham society. We welcome your views at the earliest opportunity.

Yours sincerely,

Mayor of Oldham
Councillor Kay Knox

Chair of the Oldham Partnership
Gail Richards

Leader of Oldham Council,
Councillor David Jones

Chair of the Lifelong Learning Partnership, Nick Brown

Leader, Liberal Democrat Group
Councillor Howard Sykes

Chair of the Health and Social Care Partnership, Alan Higgins

Chair of the Health and Adult Social Services Scrutiny Commission,
Councillor Jean Jones

Vice Chair of the Health and Adult Social Services Scrutiny Commission,
Councillor Barbara Dawson

Executive Director, Social Services
Oldham MBC, Veronica Jackson

Chief Executive, Oldham MBC
Andrew Kilburn
P4 Table Showing Provision Of Unpaid Care By Age

<table>
<thead>
<tr>
<th>Number of Census Respondents</th>
<th>Median Number of Hours in Range</th>
<th>Minimum Wage Rate x (October 2005)</th>
<th>52 weeks</th>
<th>Total (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15,482</td>
<td>10</td>
<td>5.05</td>
<td>52</td>
<td>40,655,732</td>
</tr>
<tr>
<td>2,765</td>
<td>34.5</td>
<td>5.05</td>
<td>52</td>
<td>25,050,070</td>
</tr>
<tr>
<td>5,304</td>
<td>89</td>
<td>5.05</td>
<td>52</td>
<td>123,961,905</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Grand Total £189,667,707</strong></td>
</tr>
</tbody>
</table>

P3 Table Showing Prevalence Rates of Dementia Applied to the Population of Oldham


Social Services Performance Team – Numbers of Clients with Dementia as at 30th June, 2005 – Primary cause indicated only. There are likely to be additional clients where dementia is a secondary cause for being within the social care system. Caseloads are likely to be somewhat duplicated within PCT caseload records.

http://intranet.oldham.gov.uk/reference/performance/plans_05/socs/opsipfinal.doc

http://www.dti.gov.uk/er/nmw/
p21 “Economic Activity Targets and Outcomes”
p60-61 “Well Educated and Highly Skilled People Targets and Outcomes”
Purpose of report

To produce a report by April 05, in the initial stages for the Commission but to be shared with the Cabinet and our Partners that:

- Sets the subject of Dementia into context
- Identifies the strengths and weaknesses of services throughout Oldham
- Suggests potential for moving forward and improving together

Summary

This is the draft report on Dementia Services within Oldham, compiled by the Health and Adult Social Services Commission. Following a meeting with partners early in 2004 this issue proved to be of common concern. A wealth of information has been made available to the Commission, for which we thank everyone. We have not been able to include it all in this report, but it has added to Members understanding of the issues and it is anticipated that the Commission will continue to explore this area of work.
Background

Primarily, people with Dementia present with problems affecting memory, language, activities of daily living and also have other associated symptoms of mood swings, thinking and overall behaviour. From early stage, difficult to diagnose manifestations, the disease progresses to an obvious loss of cognitive skills with marked memory loss and there is further deterioration with language as speech diminishes and behaviour problems occur. Individuals can also exhibit florid psychotic symptoms with hallucinations and delusion. There are some pattern variations with different types of Dementia. (Examples of Dementias are Alzheimer’s, Lewy Body Dementia, Vascular Dementia, CJD, Huntington’s Chorea, Frontal Temporal Dementia and Parkinson’s).

From visits and interviews Members have made, there is a general agreement that the services on offer are of good quality and the commitment of staff is exceptional. These are not in question. The major concerns are outlined below in the Issues section.

The following statistics may provide some insight into the scale of the issue of Dementia in Oldham, which is consistent with the rest of the country.

Complied by Graham Handley, graham.handley@oldham.gov.uk, Ext. 4757
Oldham Population By Age

This table contains the latest estimates of Oldham’s population broken down into 5-year age groups. The figures are the estimated population in Oldham for mid-year 2003.

Mid – 2003 Population Estimates

<table>
<thead>
<tr>
<th>Age Groups</th>
<th>Males (numbers)</th>
<th>Females (numbers)</th>
<th>Total (numbers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1600</td>
<td>1400</td>
<td>3000</td>
</tr>
<tr>
<td>1-4</td>
<td>6100</td>
<td>5700</td>
<td>11900</td>
</tr>
<tr>
<td>5-9</td>
<td>7800</td>
<td>7400</td>
<td>15200</td>
</tr>
<tr>
<td>10-14</td>
<td>8300</td>
<td>7600</td>
<td>15900</td>
</tr>
<tr>
<td>15-19</td>
<td>7900</td>
<td>7500</td>
<td>15400</td>
</tr>
<tr>
<td>20-24</td>
<td>6100</td>
<td>6300</td>
<td>12400</td>
</tr>
<tr>
<td>25-29</td>
<td>6000</td>
<td>6500</td>
<td>12600</td>
</tr>
<tr>
<td>30-34</td>
<td>7900</td>
<td>8000</td>
<td>15900</td>
</tr>
<tr>
<td>35-39</td>
<td>8500</td>
<td>8500</td>
<td>17000</td>
</tr>
<tr>
<td>40-44</td>
<td>7600</td>
<td>7900</td>
<td>15600</td>
</tr>
<tr>
<td>45-49</td>
<td>6700</td>
<td>7000</td>
<td>13700</td>
</tr>
<tr>
<td>50-54</td>
<td>6800</td>
<td>6900</td>
<td>13600</td>
</tr>
<tr>
<td>55-59</td>
<td>6700</td>
<td>7000</td>
<td>13700</td>
</tr>
<tr>
<td>60-64</td>
<td>5300</td>
<td>5500</td>
<td>10800</td>
</tr>
<tr>
<td>65-69</td>
<td>4500</td>
<td>4700</td>
<td>9200</td>
</tr>
<tr>
<td>70-74</td>
<td>3300</td>
<td>4100</td>
<td>7400</td>
</tr>
<tr>
<td>75-79</td>
<td>2600</td>
<td>3600</td>
<td>6200</td>
</tr>
<tr>
<td>80-84</td>
<td>1800</td>
<td>3300</td>
<td>5000</td>
</tr>
<tr>
<td>85-89</td>
<td>600</td>
<td>1600</td>
<td>2200</td>
</tr>
<tr>
<td>90+</td>
<td>300</td>
<td>1000</td>
<td>1300</td>
</tr>
<tr>
<td>All Ages</td>
<td>106400</td>
<td>111600</td>
<td>218100</td>
</tr>
</tbody>
</table>

Source Office for National Statistics, 2004

Estimated Prevalence Of Dementia In Oldham

The following table contains the estimated prevalence of dementia for age group and gender, expressed as the number with dementia per 1000 population in each group. It is necessary to include gender as the rates vary between men and women. The prevalence rates are then applied to
the male and female population by age group in Oldham. The final column gives the total estimated number in each group with dementia. There is some debate surrounding prevalence rates as determined by different studies. These estimates use one source.

**Prevalence Estimates Of People With Dementia By Gender**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Male Prevalence (per 1000)</th>
<th>Male Population</th>
<th>Male Dementia Estimate</th>
<th>Female Prevalence (per 1000)</th>
<th>Female Population</th>
<th>Female Dementia Estimate</th>
<th>Total Dementia Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-59</td>
<td>1.6</td>
<td>44200</td>
<td>71</td>
<td>0.9</td>
<td>45300</td>
<td>41</td>
<td>111</td>
</tr>
<tr>
<td>60-64</td>
<td>15.8</td>
<td>5300</td>
<td>84</td>
<td>4.7</td>
<td>5500</td>
<td>26</td>
<td>110</td>
</tr>
<tr>
<td>65-69</td>
<td>21.7</td>
<td>4500</td>
<td>98</td>
<td>11</td>
<td>4700</td>
<td>52</td>
<td>149</td>
</tr>
<tr>
<td>70-74</td>
<td>46.1</td>
<td>3300</td>
<td>152</td>
<td>38.6</td>
<td>4100</td>
<td>158</td>
<td>310</td>
</tr>
<tr>
<td>75-79</td>
<td>50.4</td>
<td>2600</td>
<td>131</td>
<td>66.7</td>
<td>3600</td>
<td>240</td>
<td>371</td>
</tr>
<tr>
<td>80-84</td>
<td>120.9</td>
<td>1800</td>
<td>218</td>
<td>135</td>
<td>3300</td>
<td>446</td>
<td>663</td>
</tr>
<tr>
<td>85-89</td>
<td>184.5</td>
<td>600</td>
<td>111</td>
<td>227.6</td>
<td>1600</td>
<td>364</td>
<td>475</td>
</tr>
<tr>
<td>90+</td>
<td>320</td>
<td>300</td>
<td>96</td>
<td>328.2</td>
<td>1000</td>
<td>328</td>
<td>424</td>
</tr>
<tr>
<td>All AgesTotal</td>
<td></td>
<td>62600</td>
<td>960</td>
<td>69100</td>
<td>1655</td>
<td>2614</td>
<td></td>
</tr>
<tr>
<td>Totals 65+</td>
<td></td>
<td>13100</td>
<td>903</td>
<td>18300</td>
<td>1588</td>
<td>2491</td>
<td></td>
</tr>
</tbody>
</table>


**Estimated Number Of Carers In Oldham**

The numbers of carers in Oldham was recorded in the 2001 Census. This table only contains the population in Oldham in households and not those living in other residential establishments, this is reflected in the lower total population than in the mid year estimates. The table provides the total population in Oldham broken down into age group and the total numbers in each age group providing care. This number is then broken down to indicate the amount of care being provided, expressed as the numbers of hours provided.
### Provision Of Unpaid Care By Age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Total Population</th>
<th>Total Providing Care</th>
<th>Provides care: 1 to 19 hours</th>
<th>Provides care: 20 to 49 hours</th>
<th>Provides care: 50 or more hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 4</td>
<td>15,196</td>
<td>0</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>5 to 7</td>
<td>9,088</td>
<td>27</td>
<td>18</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>8 to 9</td>
<td>6,522</td>
<td>49</td>
<td>37</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>10 to 11</td>
<td>6,406</td>
<td>93</td>
<td>80</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>12 to 14</td>
<td>9,531</td>
<td>306</td>
<td>276</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>15</td>
<td>3,244</td>
<td>167</td>
<td>128</td>
<td>30</td>
<td>9</td>
</tr>
<tr>
<td>16 to 17</td>
<td>6,182</td>
<td>356</td>
<td>279</td>
<td>52</td>
<td>25</td>
</tr>
<tr>
<td>18 to 19</td>
<td>5,052</td>
<td>344</td>
<td>268</td>
<td>33</td>
<td>43</td>
</tr>
<tr>
<td>20 to 24</td>
<td>11,896</td>
<td>911</td>
<td>635</td>
<td>123</td>
<td>153</td>
</tr>
<tr>
<td>25 to 34</td>
<td>30,073</td>
<td>2,944</td>
<td>1,946</td>
<td>404</td>
<td>594</td>
</tr>
<tr>
<td>35 to 44</td>
<td>31,229</td>
<td>4,283</td>
<td>2,948</td>
<td>484</td>
<td>851</td>
</tr>
<tr>
<td>45 to 49</td>
<td>13,666</td>
<td>2,664</td>
<td>1,901</td>
<td>282</td>
<td>481</td>
</tr>
<tr>
<td>50 to 54</td>
<td>14,941</td>
<td>3,289</td>
<td>2,360</td>
<td>373</td>
<td>556</td>
</tr>
<tr>
<td>55 to 59</td>
<td>12,216</td>
<td>2,703</td>
<td>1,788</td>
<td>333</td>
<td>582</td>
</tr>
<tr>
<td>60 to 64</td>
<td>10,774</td>
<td>1,981</td>
<td>1,195</td>
<td>237</td>
<td>549</td>
</tr>
<tr>
<td>65 to 74</td>
<td>16,160</td>
<td>2,388</td>
<td>1,230</td>
<td>252</td>
<td>906</td>
</tr>
<tr>
<td>75 to 84</td>
<td>10,390</td>
<td>936</td>
<td>351</td>
<td>114</td>
<td>471</td>
</tr>
<tr>
<td>85 to 89</td>
<td>2,108</td>
<td>90</td>
<td>33</td>
<td>13</td>
<td>44</td>
</tr>
<tr>
<td>90 and over</td>
<td>826</td>
<td>20</td>
<td>9</td>
<td>-</td>
<td>11</td>
</tr>
</tbody>
</table>

**All People** | 215,500 | 23,551 | 15,482 | 2,765 | 5,304

The term 'unpaid care' covers any unpaid help; looking after or supporting family members; friends; neighbours or others because of long-term physical or mental ill-health or disability or problems related to old age. Source: 2001 Census (Extract from Table S025), Office for National Statistics, Crown Copyright

### Issues raised

From the statistics above and from the visits and conversations Councillors have had with service providers as well as Carers and people with Dementia, it can be seen that within Oldham, as in the rest of the country, Dementia is not an issue any of us would want to or can ignore. Oldham has a significant number of good quality services and dedicated service providers and carers. Everyone is working together to continually improve the lives of people with Dementia and the Council is privileged to be only 1 provider amongst a number of highly skilled, Professional
and Voluntary organisations as well as individual carers. The Carers Forum provides a useful, clear and consistent voice as a main partner of the Authority.

There are several issues, which are actually serving as barriers that have been raised during this research. They will come as nothing new to our partners and the findings of this report have served to reinforce their messages.

**BARRIERS**

- Lack of funding and what funding is available is often short term.
- There are large referral numbers to Consultants and also delays in referring.
- Although much information is available and disseminated, there is always room for improvement. Too much information can often, in itself, be a barrier.
- Lack of resources, financial, personnel etc.
- Difficulty in assessing and diagnosing, particularly in a timely manner.
- There is a lack of services for the under 65s.
- Difficulty of access to carers services.
- Lack of dependability and availability for respite care.
- Lack of support in the home can lead to a requirement for residential care.
- Lack of communication between carers, clients and the services that are available to them.
- Lack of general awareness.
- Fear.
- Stigma.

RECOMMENDATIONS

- Members are requested to work with partners and the press to raise a positive profile of Dementia and Dementia services in Oldham. This will help to lift the stigma attached to Dementia as well as raise general awareness.

- Members are requested to work with our partners and the press to lobby MPs and Euro MPs to secure extra funding for Dementia services. The Authority can take a lead role in this.

- Members are requested to support the development of the Life Story Project. Not only has the project been successful but it assists in the alleviation of fear. The Authority could investigate rolling this out across the Borough.
• Members are requested to support a request to the Cabinet Member for Social Services to look at the feasibility of developing, along with our partners, a general advocacy service that is a core rather than periphery service.

• Members are requested to promote ‘independent choice’ for sufferers and carers.

• Members are requested to recommend to the Cabinet Member for Social Services that the Department looks at how there can be a seamless service provision when an individual moves from the under 65 age group into the over 65 age group.

• Members are requested to support the establishment of an Oldham ‘centre of excellence’.
VISITS MADE BY COUNCILLORS

Charles House
Franklin House
Highbarn Resource Centre
Limecroft
Primrose Bank Day Centre
Sycamores Day Hospital
Werneth Lodge

Thanks to all those who hosted these visits.

THANK YOUS

The Commission would like to thank all its partners for the support and time they have given to the Commission. Special thanks goes to the following for their support and publications the Commission has found extremely helpful:

Hazel Arda
Fran Beckett
Paul Benedek
Stan Boaler
Sarah Burlinson
Jakki Crawley
David Curtis
David Friday
Annette Gaskell
Ken Holt
Claire Hopkin
Polly Kaiser
Tahmena Khan
Rosie Kingham
Yvonne Lee
Sophie Mackrell
Julie McBride
Mick McNamee
Jennie McVinnie
Stuart Needham
Chris Newton
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John Tench
Jean Wild
Tom Wilders

PARTNER ORGANISATIONS

Age Concern
Alzheimers Society
Carers Forum
CIPFA
C.A.B.
Mind
Oldham Carers Centre
Oldham Carers Steering Group
Oldham Carers Support Group
OPAL
Pennine Acute Hospitals NHS Trust
Pennine Care Mental Health Trust
Pennine Care NHS Trust
PPIH
Oldham Promobility

Social Services
PUBLICATIONS

A Mental Health Liaison Service For Older People in Oldham, (Mcnamee et al., 2003)

A Pilot Survey – The Mental Health Needs of People Aged 65 Years of Age and Over in an Acute Medical Setting, (Hopkin et al, 2003)

Oldham Mental Health Services for Older People, Intensive Home Treatment Service