



**Adult, Culture and Community Services**

**Adult Services  
Older People**

**Annual Report 2006-2007**



# ADULT SERVICES – OLDER PEOPLE

## Contents

	Page
Introduction	5
Outcome 1: Improved health and emotional well-being	
• Achievements for 2006-2007	7
• Plans for 2007-2008	9
Outcome 2: Improved quality of life	
• Achievements for 2006-2007	11
• Plans for 2007-2008	13
Outcome 3: Making a positive contribution	
• Achievements for 2006-2007	16
• Plans for 2007-2008	17
Outcome 4: Increased choice and control	
• Achievements for 2006-2007	18
• Plans for 2007-2008	19
Outcome 5: Freedom from discrimination and harassment	
• Achievements for 2006-2007	21
• Plans for 2007-2008	22
Outcome 6: Economic well-being	
• Achievements for 2006-2007	24
• Plans for 2007-2008	24
Outcome 7: Maintaining personal dignity and respect	
• Achievements for 2006-2007	26
• Plans for 2007-2008	27
Abbreviations	29

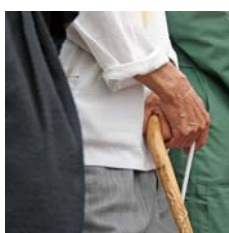


## ADULT SERVICES – OLDER PEOPLE

### Introduction

Adult Services work with the Haringey Teaching Primary Care Trust (HTPCT) to provide a range of help, advice and support services to enable older people to remain in their homes as a real alternative to residential care. This includes:

- personal care, such as help with washing, dressing and bathing
- preparing or delivering ready-cooked meals
- day centres and drop-in centres, providing a range of activities and meals
- long-term care or short breaks in a residential or nursing home, or in a fully-furnished flat
- supported housing, as well as specialist equipment and adaptations at home
- help for carers
- a 24-hour alarm service in case of emergencies
- rehabilitation following a stay in hospital
- protection of vulnerable adults
- shopping and laundry.





## ADULT SERVICES – OLDER PEOPLE

### Outcome 1: Improved health and emotional well-being

- Enjoying good physical and mental health (including protection from abuse and exploitation).
- Access to appropriate treatment and support in managing long-term conditions independently.
- There are opportunities for physical activity.

#### Achievements in 2006-2007

- We developed services to prevent and reduce hospital admissions for older people. This included closer working relationships with community matrons and provision of timely support to people with long-term conditions. The success of the Single Assessment Process (SAP) was used to implement a single user held record shared by all professionals.
- Haringey Home Care Service (HHCS), our in-house provider, expanded its service to provide care for adults aged 18+ as compared to 50+. The intensive support provided at home prevented the need for hospital admissions. The Home Care Rapid Response Team was able to carry out assessments within two hours at the point of discharge or to avoid hospital admission.

**Care at home**  
An 86-year old couple were offered a comprehensive package of care through Haringey Home Care Services (HHCS) which enabled them to stay together in their home with a continued feeling of independence when the husband – and main carer of his wife – was struggling to cope with his caring duties due to ill health.
- In response to a scrutiny review presented at Executive in June 2006, a Joint Rehabilitation and Intermediate Care Strategy was developed with the HTPCT. This successfully reduced the number of hospital admissions for older people through the development of a wider range of community support based provisions.
- Significant improvement in timely assessment ensured increased accessibility to a range of appropriate services, including signposting to services within the Third Sector or other agencies. Information and advice were specifically provided on well-being, directing people for health checks and preventive therapies such as the Falls Pathways.
- The implementation of rigorous performance monitoring saw reviews reach the top banding. Service users were enabled to access services that met their changing needs. A number of people met the eligibility for NHS-funded continuing care. High quality multi-disciplinary assessments

undertaken using SAP also ensured that a significantly higher number of eligible people were now in receipt of NHS-funded Continuing Care.

- We established an Integrated Mental Health Team in order to meet the mental health needs of older people which reduced duplication across agencies, improved communication and provided more timely outcomes for users of the service.
- The Older People's Partnership Board and Haringey Forum for Older People (HFOP) remained key drivers in promoting healthier and active lifestyles within the borough. The recent Council reshaping allowed us to build on schemes like subsidised access to leisure facilities for those aged 65 and over.
- Our day services continued to raise and promote healthy eating, tackling high incidence of vascular disease in African Caribbean residents due to high salt intake.
- We introduced specialist sickle cell services.
- In 2006-07, three day centres provided new chair-based exercise programmes for clients. In addition, the Grange Day Centre ran a walking group for people with dementia developed in the context of the NHS "Walking to health" programme. Ten service users and five staff took part on a regular basis.
- A Basic Foot Care Service – provided in partnership with the HTPCT Podiatry Service – ran at our luncheon club drop-ins for older people. Two hundred people received the service on a three-monthly basis.
- The Supported Housing Service employed an Activities Officer to develop and enable social activities both within and outside the schemes for 1,450 tenants.
- We registered 18 new dementia beds within Haringey's residential units – nine at Cranwood and nine at the Red House. Broadwater Lodge residential care home registered all of its 45 beds for people with dementia and mental health needs.
- The Community Alarm Service – operated 24 hours a day, 365 days a year – was used by 4,443 people in 2006-07 and enhanced people's well-being by monitoring, responding and referring people to the appropriate supportive or emergency service.

#### **Cutting a dash**

Staff in Haringey Council's introduced a uniform to make team members more identifiable, especially to the elderly and people with a disability.



## Plans for 2007-2008

- Continue work on strategies for modernising and improving services, including:
  - implementing a Rehabilitation and Intermediate Care Strategy.
  - developing an integrated strategy for older people with mental health needs in order to better meet the needs of this group, ensuring access to a full range of services for physical and mental health needs.
  - further developing the Home Care Re-ablement Strategy.
- Further increase the wide range of day opportunities available to older people, linking supported housing and day centres more closely together with the use of service-based transport and community transport by:
  - widening the range of activities inside and outside supported housing, with a special emphasis on exercise and positive living, using the dedicated activities officer.
  - working with the Reminiscence Officer in Bruce Castle Museum to plan an archive of oral local history and memories from older Haringey residents in day care and supported housing services.
  - establishing a pilot inter-day centre sports day for older people as a permanent fixture in the calendar of events – with a “mini Olympics” planned for October 2007.
  - increasing the number of volunteers as part of day opportunities to 84 in line with our Local Area Agreement (LAA) targets emphasising healthy living.
  - increasing the number of older people attending day opportunities to 580, in line with our LAA targets emphasising healthy living.
- Pilot a mental health/dementia support team in HHCS. Up to 15 home carers will receive specialist training in July 2007. Four of our home carers will work jointly with the Older People’s Community Mental Health Team’s dementia support workers.
- In our residential care homes:
  - open Osborne Grove Nursing Care Home, thus providing a greater capacity for higher dependency care within the borough.

### **Safe, secure and still at home**

A couple in sheltered housing – a carer and his wife - were supported through Telecare to remain in their own home. With the use of a door exit sensor, the carer was able to sleep properly at night, secure in the knowledge that the Community Alarm Service would respond if the alarm were triggered.

- plan summer walking groups for residents in our care that are also accessible to wheelchairs or with mobility problems.
- advertise for permanent activities officers at the Red House and Broadwater Lodge residential care homes in June 2007.
- develop a sensory garden at Cranwood residential care home including additional seating areas, herbs, vegetable patches and an enclosed area for the dementia unit complying with health and safety.
- Extend the wrist care project in partnership with the HTPCT.
- Work across the whole of Adult Services to expand referrals of enuresis pads to monitor bedwetting, targeting when carers are needed to respond in the evening.
- Promote and install up to one hundred:
  - dosette boxes that trigger an alarm through to Community Alarm Service when the medication has not been taken. This will assist in monitoring self-medication to reduce the need for district nurse visits.
  - door exit sensors to activate an alarm.
  - fall detectors which self-activate if someone falls, thus preventing a long period of time on the floor, exacerbation of ill health and a subsequent long stay in hospital.

**Experience Counts - Haringey's strategy for improving the quality of life for older people**

It has been developed to tackle discrimination and to promote positive attitudes towards ageing, covering all aspects of older people's lives.



## ADULT SERVICES – OLDER PEOPLE

### Outcome 2: Improved quality of life

- Access to leisure, social activities and life-long learning and to universal, public and commercial services.
- Security at home, access to transport and confidence in safety outside the home.

#### Achievements in 2006-2007

- The Initial Contact Service (ICS) – the access point for all older people into social care – achieved very high levels of performance in undertaking contact assessments. They scored 93.6% on D55(i) with 373 new referrals (in addition to requests for changes to existing care packages). They also responded to urgent situations – often involving safeguarding issues.

Staff demonstrated a good knowledge of community resources and routinely offered information and advice to signpost people to appropriate agencies or self-assessed services. Services included drop-in centres, community alarms and Supporting People funded support services. Where further assessment was required, service users were enabled to access a wide range of community based resources.

- The service embedded person-centred care with high levels of quality assurance from managers. Fair Access to Care Services (FACS) criteria was used to assess eligibility and we identified services that took into account cultural needs of both user and carer.
- Customers expressed a high level of satisfaction with our care provision, as evidenced from the last home care satisfaction survey.
- Building upon the Older People's Strategy, *Experience Counts*, we agreed LAA targets to develop further day opportunities for older people. We agreed challenging targets to increase the numbers of older people who are engaged in meaningful activities, ranging from volunteering and engagement in self-assessed services to those in receipt of traditional day care.
- We supported 185 people as carers, with an increase in the number of services provided to enable carers to have a break and engage in community life.



*Winners of the 2006 Supported Housing in Bloom competition celebrate with the Mayor of Haringey, Councillor Gina Adamou and (pictured left) Councillor Sheila Peacock, Older People's Champion*

- HHCS's Prevention and Enabling Team - piloted in 2005 - became a national leader in the provision of re-ablement services. The team strengthened its joint working processes with health professionals to support people with intensive short-term, goal-setting services, embedding the philosophy of re-ablement throughout the service. This enabled home carers to 'do with' instead of 'do for' their service users.
- A Falls Prevention Co-ordinator post, funded by the Delayed Discharge pooled budget, was developed to support accident and emergency (A&E) departments at two local acute hospitals to implement policies and procedures for identifying and assessing older people who present for treatment after a fall. This led to the development of an A&E emergency falls pathway and an A&E Falls Register.
- We funded five supported housing units that were not within extra care schemes. The units provided flexible support as part of step-down, avoiding the need for admittance to a care home or avoiding a delayed hospital discharge whilst the person was being referred elsewhere. They were commissioned through the older people's assessment and care management budget.
- We increased investment in access routes to a range of preventative services and in the services themselves, such as the Alzheimer's Society, assisting the development of the local branch and building capacity within the local third sector. The range of contact points expanded as did the ability of those contact points to make onward referrals to a wide range of well-being and preventative services.
- We established links with the Community Safety Unit and Fire Brigade in The Haven Day Centre to promote and supply panic alarms, smoke alarms and safety both in the home and outside.
- We promoted a community transport initiative in day centres and supported housing and, since March 2007, we have enrolled 110 service users into the Taxi Card/Capital Card schemes. This enhanced their mobility on transport and thus access to the community.
- All residential homes had activity programmes for service users for groups and individuals. Our three Council-owned homes shared two minibuses for weekly outings for service users, including trips to garden centres and to places of worship.

**100 independent years**  
 HHCS enabled a 100-year old lady with a visual impairment to remain in her own home and live as independently as possible following a stay in hospital after a fall.

Initially, she received five visits per day from two home carers. After the first week, visits were reduced to three times daily by two carers each visit, and at a further review the care package was reduced to three visits daily by one carer.

The lady did so well that she eventually managed with just two visits per day by one carer: a morning call to attend to her personal care and prepare her breakfast and an evening call to prepare for bed.

- External CCTV cameras were installed at the Red House and Broadwater Lodge residential homes and entry systems were updated. Special keypads installed in the dementia unit at Cranwood. All homes comply with the multi-agency Protection of Vulnerable Adults policy and procedure.
- A fire safety officer and a health fitness trainer were two of the guest speakers at a Community Alarm Service Forum to inform and improve quality of life, safety in the home and access to services.
- Users of Woodside Day Centre for older people with mental health problems worked with film makers from Goldsmith College in South East London in the Spring of 2007 to plan the content of a film and as part of that process were individually interviewed about how they see themselves and their place in their community.
- The carers emergency card was launched in December 2006. Established in partnership with the Supporting People Programme and managed through the Community Alarm Service, the scheme minimises risk for the service user should the carer have an emergency and helps to ensure the safety and emotional well-being of both service user and carer.
- The Community Alarm Service in partnership with the Crime Support Agency expanded the provision of domestic violence monitoring. This innovative service helped to ensure that victims of domestic violence were safe.
- Haringey's mobile library service made regular visits to our residential homes.

### Plans for 2007-2008

- Continue to improve waiting times for assessments.
- Improve access to services by making more proactive test calls to customers.
- Enable people to access communal activities and develop better links with universal services to enable flexible access to community resources such as libraries and leisure, widening access to the range of services available to older people, especially around lifelong learning.

#### **Reducing risk, maintaining independence**

A physically frail Asian lady with impaired eyesight and bed/chair bound was referred to HHCS following discharge from hospital. She was at risk of falls and unable to transfer from bed to wheelchair or attend to her personal care. She received a visit from two carers each morning to assist the transfer and provide her personal care and two carers in the evening to prepare for bed. This enabled her to remain at home, reducing the risk of falls, avoiding self-neglect and improving her well-being.

- Establish a service-based transport model in day care for older people to enable day centre clients to outreach into the community and take part in a wider range of activities with support from day centre staff. Current plans in the day centres include:
  - going to classes in college and in garden centres
  - participation in swimming and other exercise programmes appropriate to their abilities at leisure centres.
  
- Include day centre vehicles in the planned Community Transport pool to maximise efficiency of use out of hours and to participate in the Community Transport initiative. This will also benefit the wider population of Haringey.
  
- Continue work in residential homes to complete the actions from a National Osteoporosis Society audit of care homes in 2005. During this audit, residents received risk assessments, and the homes received a certificate of participation in the programme. Actions include implementing chair-based exercises, regular medication reviews and other falls prevention methods.
  
- Work in partnership with Community Transport in order to set up a Shoppa bus service which will include virtually every sheltered housing block and day center in order to:
  - offer a service that caters equally for borough-wide need
  - generate enough interest to be successful both in terms of a valuable service but also successful in terms of being financially viable
  - sustain interest for possible future expansion (more vehicles or higher frequency)
  - market the service to prospective sheltered tenants as a reason for moving in as opposed to staying put with a dispersed alarm
  - make sheltered schemes a focal point of local neighbourhoods and to encourage inter-scheme social interaction whilst promoting independence
  - integrate sheltered housing (Council and housing association) with day and community centres.

#### **The Hollywood project**

Cranwood hosted a research day for an American Composer in February 2007 which was dubbed "The Hollywood project". It was organised through an organisation called Contact the Elderly.

Service users at Cranwood were interviewed and recorded talking about what older people feel about the young generation today. The recordings will be used as part of a play in London theatres towards the end of 2007 or early 2008.

The day was successful and included participation from residents of Broadwater Lodge, The Grange Day Centre and Contact the Elderly.

- Train all home carers in re-ablement to ensure that we listen to people's preferences and provide outcomes-based home care.
- Install keypads to external doors at the Red House as the ground floor now accommodates service users with dementia.
- Expand newsletter to all users of the Community Alarm Service.
- Update public information on Haringey's website.
- Make information about the Community Alarm Service and the carers emergency card more widely available, especially targeting young carers.
- Work with partners, including the Falls Action Group, to develop a care pathway and a risk assessment tool which will concentrate on high risk patients (those with scores of three or more), in line with SAP.

## ADULT SERVICES – OLDER PEOPLE

### Outcome 3: Making a positive contribution

- Maintaining involvement in local activities and being involved in policy development and decision-making.

#### Achievements in 2006-2007

- The Older People's Partnership Board continued to contribute to the development of services. In particular the board monitored the implementation of our older people's strategy, *Experience Counts*. This was developed and steered in partnership with older people in Haringey, in particular through the HFOP. The Council continued to support the forum which in turn fed into the partnership board, funding a development worker who helped older people engage with the wider community and identify priorities.
- The Council worked with Third Sector partners to increase opportunities for volunteering, especially befriending for older people. Targets were established within the LAA.
- The Home Care Service User Forum grew in success, with the highest levels of attendance yet. The forum provided an opportunity for users of domiciliary care to directly speak with service providers to ensure their voice was heard. The Council agreed to pilot outcome-based home care across internal and block-contracted provision which will put the service user in control. The 2006 domiciliary care survey showed 84% satisfaction.
- Over 150 supported housing service tenants attended the supported housing conference in October 2006 to discuss developments in the service. The day included workshops on aspects of the Audit Commission's key lines of enquiry for housing as well as presentations from the Executive Member for Housing, the Head of Housing Management and the Service Manager with responsibility for supported housing in the borough.
- Nineteen new service user representatives were elected to the Supported Housing Tenant Forum in early 2007, bringing the total to 43. The majority of schemes now have an elected representative. The forum meets quarterly to discuss operational and strategic issues in relation to the

#### Effective participation

Participation of Older People in the development of services was robust. The Haringey Forum for Older People (HFOP) and the Older People's Partnership Board have challenged officers to improve outcomes for people in the borough as they grow older, for example, by participation in the monitoring of the implementation of *Experience Counts*.

supported housing service, covering both the care support and housing management elements. They established their own constituted group, the Association of Tenant Representatives, funded through the Housing Service with a pre-agenda planning function.

- Service users in residential homes were helped to make choices. We completed refurbishment of all three of our residential units, in consultation with residents and in line with their wishes.
- Residents in our care homes took part in the annual residential unit survey in February 2007, providing them with an opportunity to make choices on the quality of care provided, the food and activities.
- The Community Alarm Service's user group was also involved in the Supporting People Forum which helped to ensure that the service met the needs of its users.
- We involved service users in the externalisation process of Cooperscroft residential care home. Carers and families were part of the interviewing panel for the new provider.
- There continued to be significant support at elected Member level for older people, including an Older People's Champion. In addition, the Executive Member was very supportive of developments within the service and routinely attended events across the service.

### **Plans for 2007-2008**

- Use the Supported Housing Tenants Conference in September 2007 to consult with older about the implications of the well-being agenda on the pattern of service provision for older people.
- Reconfigure care provision in supported housing schemes to develop a core and cluster model to create more responsiveness to tenants' wishes.
- Analyse feedback from people living in our care homes who took part in the annual residential unit survey to help us decide where we need to make changes and how we will do this.

## ADULT SERVICES – OLDER PEOPLE

### Outcome 4: Increased choice and control

- Through maximum independence and access to information.
- Being able to choose and control services and helped to manage risk in personal life.

#### Achievements in 2006-2007

- We continued to implement our Community Care Strategy, with its emphasis on shifting resources from care homes to community-based resources. This resulted last year in 25 fewer long-term placements. Since the strategy was first implemented we have enabled more than 200 people to access community-based support so that they will not require long-term residential care.
- We significantly increased the number of older people opting to use direct payments to commission their care. In the past year, 59 people used direct payments, an increase of 18 on the previous year, exceeding targets set by the service. The Rapid Response Team ensured that all new service users received information about direct payments and information on benefits to maximise their income while all their long-term service users received updated information.
- An advocacy service was commissioned by the Council and its partners in the NHS to support people in hospital making life-changing decisions, especially around choice of care provision. Since its launch in March 2007, six people have approached the service for assistance.
- Users and their carers were routinely given information to help them make informed choices about support available to them (both assessed and universal services). Staff ensured that information on access to records, complaints procedures and statements of needs were provided, together with other information pertinent to the individual's needs.
- We secured increased capacity within and around the borough and took into account the needs of service users and carers to ensure that we provided care as close to their community as possible.
- Service users were better enabled to make informed choices around managing risk as their needs changed. The Assistive Technology Grant was used to enhance the Council's capacity to offer support through



innovative technology. Using this technology, around 50 people have been helped to remain independent at home, making informed choices about risks with support available as required.

- The partnership of HHCS and the HTPCT led to the development of the Admission Prevention Service offering a combination of medical and social care in the home in order to avoid hospital admission. A designated nurse provided information to GPs, encouraging them to refer to the service via district nurses, instead of sending people to A&E.

Referrals for immediate crisis interventions were also made by A&E, occupational therapists and physiotherapists. Intensive multi-disciplinary care prevented hospital admissions. Last year, 131 people avoided admission and were able to remain at home with short-term intensive support.

- We worked in partnership with Age Concern and increased the number of volunteers working with older people in day opportunities to 76, meeting our agreed target.
- The Supporting People funded floating support service, 60 Plus which provides advice and support to older people, provided a service to 629 people last year.
- We improved and implemented a revised support planning format in day care taking into account new areas of falls prevention and pressure area risk assessment.
- Service users in day centres, drop-ins and some supported housing were able to access free internet access to gain direct access to government and voluntary sector information websites.

### **Plans for 2007-2008**

- Implement the outcome-based home care pilot.
- Increase the number of people receiving direct payments.
- Extend the Hospital Advocacy Service.

#### **Informed risk and choice**

A pensioner with a history of need including schizophrenia, alcohol abuse and epilepsy moved to a residential care home to provide him with a secure home environment that would prevent his self neglect.

His care planning and risk assessment identified the need for an escort to help him go out. At first, this was problematic but following a lot of support, a multi-disciplinary risk assessment review agreed that he was able to go out into the community on his own.

On a few occasions, due to his epilepsy, he went missing from the home and was admitted to hospital. However, his risk assessment was reviewed regularly and he continued to take the informed risk of going out alone. He no longer self neglects, his mental health is stable, alcohol use moderate and he always returns home.

The placement effectively assisted him to make his own decisions and manage his own risk.

- Develop the volunteering service, in partnership with Age Concern, in line with our LAA targets.
- Further develop Extra Care Housing in order to enable more people to remain in a “home for life”.
- Implement the Assistive Technology Strategy to target enhanced levels of remote monitoring and support at those who are most vulnerable.
- Develop ‘core and cluster’ model in supported housing.
- Develop an effective admission prevention service using a tool that tracks outcomes of cases receiving multi-disciplinary admission prevention care.
- Benchmark every aspect of the day care service against the new draft Day Opportunities Standards issued by the Department of Health in 2006 following a national process of consultation via work by the Learning and Information Network (LIN).
- Include discussion of budget issues with clients in the various user groups in day centres to consult on matters such as prioritisation of equipment purchases.
- Produce a regular newsletter to service users and families for those living in our residential homes.
- Create a three-tier system of choice for the community alarm service:
  1. Monitoring only service.
  2. Monitoring and response service where in an emergency an Emergency Response Officer will respond to an emergency call-out and access the customer’s home with keys that have been provided.
  3. Monitoring Response and Telecare services where extra Telecare products are required to enable the customer to remain safe in their homes.

Introduce flexible payment options for customers alongside the three-tier system.

Develop individual risk assessments which are updated every six months when clients’ records are checked.

**Keeping families together**

A carer in his late 80s was struggling to cope with caring for his wife and son. His wife had dementia, fell frequently and was urine-incontinent; their son was also a vulnerable adult.

Following assessment, a package of care and day service support from the Prevention and Enabling Team was identified which would enable him to look after his wife, his son and his own needs at home.

The care began with three calls a day. The lady began attending a day centre and the care was reduced to two calls a day. This combined package of care and support helped to prevent deterioration and enabled the family to stay together.

## ADULT SERVICES – OLDER PEOPLE

### Outcome 5: Freedom from discrimination and harassment

- Equality of access to services.
- Not being subject to abuse.

#### Achievements in 2006-2007

- We achieved equitable access to assessment and provision of services to all people within the borough, regardless of their ability to pay. For people choosing to make private arrangements, staff provided advice and information to help direct them towards appropriate resources as well as giving information on benchmark pricing where possible.
- Equalities monitoring was undertaken by line managers and through annual service-wide evaluation of service provision to ensure that no groups were excluded from support. The second bi-annual equalities audit was carried out in supported housing and day care services in June 2006 to determine demographic shifts in client ethnicity in the service over the previous two years. Statistics showed that the number of white UK clients in the supported housing service was gradually falling (43.7%) compared with a rise in those of Caribbean origin (16.6%, up 4.6%) and those of African origin (7.2%), groups concentrated mainly in the east of the borough.
- We reviewed 1,400 support plans in supported housing to ensure cultural and religious needs are specifically assessed separately following discussions at a meeting of the Faith Forum.
- We identified and addressed needs arising out of diversity by using person-centred assessment and care planning, linking with a range of service providers who are able to meet the needs of the diverse population of older people within the borough.
- The Haven Day Centre facilitated a number of very successful discussion groups during Lesbian, Gay, Bisexual and Transsexual (LGBT) Week in 2007 focusing on LGBT people and society's attitude, linking to the life of Quentin Crisp.

#### Building confidence

A service user with dementia and severe physical disabilities was referred to a residential care home following a stay in hospital. She had previously lived with her son who was also her carer. Both found the move to residential care very difficult and it was made reluctantly. Staff at the home were apprehensive due to her high care needs.

Two months later, the care manager received positive feedback from both service user and family who felt that the secure, bright, clean and comfortable surroundings had made a real difference to her well-being.

- HHCS undertook a project to provide information about the service to community centres for minority ethnic groups, including the Somali Centre, the Polish community, the Chinese Centre and the Asian Centre. Publicity for the in-house service has been translated into the top eight languages.
- Culturally appropriate meals were provided in our residential homes by Sodexo, our meals on wheels supplier. Broadwater Lodge residential care home, with its specialist Caribbean unit, was able to provide Caribbean food on a daily basis.
- Care home residents were involved in local and national events celebrating diversity and equality. Broadwater Lodge celebrated Black History Month in keeping with the needs of the service users and involved residents in a tree-planting ceremony as part of Haringey Peace Week.



*Councillor Gina Adamou helped to deliver meals during National Meals on Wheels Week 2006.*

- Residential homes used picture cards for service users who spoke very limited English at the Red House and Cranwood, where languages included Turkish, French and Congolese.
- The Community Alarm Service launched the domestic violence night-time and weekend service, following research which showed these times were when domestic violence was most likely to occur.
- Equality Impacts Assessments (EIAs) were carried out on all new service provisions and policies that we implemented to ensure they did not marginalise individuals or groups.

### **Plans for 2007-2008**

- Build on achievements in meeting diversity needs by building up links with the community and faith sectors.
- Develop closer links with Safer Communities Teams, specifically around supported housing schemes, in order to reduce potential abuse and fear of crime.
- Review EIAs for assessment and care provision and revise action plans and team plans accordingly.
- Review support provided to carers from black and minority ethnic (BME) groups in order to ensure equity of access.
- Develop targeted “key schemes” in sheltered housing, orientated towards the needs of specific cultural groups and linked to relevant community

centres/areas of population. The service will also develop information in the main community languages of the relevant ethnic groups.

- Launch a major cultural project at the Haven Day Centre to gather and share knowledge of other cultures, especially those of service users, including information on country of origin, food, recipes, costumes, art and music.

## ADULT SERVICES – OLDER PEOPLE

### Outcome 6: Economic well-being

- Access to income and resources sufficient for a good diet, accommodation and participation in family and community life.
- Ability to meet costs arising from specific individual needs.

#### Achievements in 2006-2007

- We continued to have robust continuing care arrangements with the HTPCT. A weekly panel of professionals chaired alternately by the Council or the HTPCT met to review all cases of high level needs or whenever there is any suggestion of entitlement to continuing care. Staff across both agencies worked together in partnership to ensure the best outcomes for service users in line with legislation and national guidance.
- We undertook benefits checks with all new supported housing tenants – around 120 over the year. Complex cases were referred to our Financial Assessment Team.
- We launched a review looking at how we can improve access to advice services, particularly on issues of debt and benefit entitlements.
- 60 Plus, a Supporting People funded floating support service was routinely used to help older people maximise their incomes. This service used an open referral system and had the capacity to deal with 150 people at any one time, so although a large proportion of the referrals came via statutory services, approximately one third came from self-referral. This service was a very effective preventive service, highly regarded by professionals and older people.

#### Plans for 2007-2008

- Build on the success we have had in identifying eligibility for NHS funded continuing care by reviewing cases with the highest levels of dependency.
- Further develop opportunities for benefits checks, especially by developing links with library services and older people's groups within the borough.

#### Financial management

An elderly pensioner was bed bound following hospital discharge. He returned home with a large care package. There was some doubt as to whether he would be able to remain at home and whether he would soon need residential care.

Mr P was clear he did not want to move. HHCS provided him with a care package consisting of five daytime and two night-time visits amounting to 56 hours. As he became more confident at home the care package was reduced by almost half.

HHCS managed his finances and bills and did all his shopping and laundry for him. He was able to remain in his own home until he passed away.

- Complete the review of how people can access services offering advice, particularly on debt and benefits, looking at how we can improve the quality of services to make information and advice easier to access. Lack of money and financial hardship make a huge impact on the lives of many of Haringey's residents. The review will also examine what we do well, and what additional initiatives would improve advice services. This will feed into an Income Maximisation Strategy for the borough which is currently under development.
- The finances for all Appointeeships are managed by HHCS, contributing to people's ability to remain in their own homes with relative independence.

#### **Getting the sums right**

A pensioner was living alone when she started to receive home care. We visited her at home to complete a financial assessment and identified an Attendance Allowance payment error dating back to May 1995.

After lengthy negotiation with the Disability Benefits Centre in Blackpool, she received a backdated payment of £21,937.85. The Benefits Centre also made an ex-gratia payment of £4,556.51 in recognition of the loss of use of the arrears.

## **ADULT SERVICES – OLDER PEOPLE**

### **Outcome 7: Maintaining personal dignity and respect**

- Keeping clean and comfortable.
- Enjoying a clean and orderly environment.
- Availability of appropriate personal care.

#### **Achievements in 2006-2007**

- Commissioners and service providers took very seriously dignity in the provision of care. We placed all care home residents in single rooms, unless they or their families specifically requested a shared room.
- Wherever care was delivered, staff were expected to work with service users, respecting their wishes and preferences and ensuring privacy and respect. This was closely monitored by managers, commissioners and contracts teams. HHCS and external providers undertook “peer reviews” of care each year to ensure that all performed to the highest standards.
- HHCS was inspected by the Commission for Social Care Inspection (CSCI) and was found to be ‘good’ in all areas. The service was commended for its emphasis on service users’ independence.
- A new Crisis Team was developed in HHCS consisting of two home carers trained in risk assessment who could be called upon in a crisis by the Out of Hours and Emergency Response Teams to immediately visit a resident and provide short term care.
- HHCS achieved 67% NVQ 2 trained or training home carers. 90% of home carers have been trained in Protection of Vulnerable Adult (POVA) procedures.
- All three residential care homes have been fully refurbished to a high standard. Premises continue to be checked daily to ensure they comply with both health and safety regulations and hygiene.
- Following an unannounced inspection by Environmental Health officers, the Haven Day Centre scored 100% score.

#### **Respecting preferences**

Following referral, a service user with short-term memory loss, diabetes and self-neglect was adamant he did not want to go into hospital or respite care.

An emergency assessment was arranged jointly between the district nurse and the Home Care Rapid Response Team. It was agreed that he required at least three visits daily but he could only be persuaded to accept one visit in the morning to assist with personal care, breakfast and medication.

He was monitored and offered support in order for him to gain confidence to manage with minimal support.

- We worked more closely with community matrons to ensure better social care and health provision to our client group.
- We continued to follow rigorous safeguarding procedures for vulnerable adults. Care Managers worked closely with service users, carers and other professionals to investigate concerns. The number of investigations within older people's services has doubled since 2005-06 to 96 cases last year. This evidenced increased awareness across health, social care and other stakeholders in identifying potentially abusive situations. POVA training has been rolled out to all staff within the older people's service.

### Plans for 2007-2008

- Pilot "Scores on the Door", an environmental health scoring scheme based on restaurant and hotel premises, following the excellent performance at the Haven Day Centre which would have scored the maximum five stars under the scheme's criteria.
- Further develop the HHCS Crisis Team to ensure 24 hour service access. Through the Whole Systems Capacity Planning, examine peak demand periods at A&E and match the Home Care Rapid Response Team's capacity for providing an extended assessment time to improve access to services.
- Improve the quality of environment for care home residents using a government grant of £104,000 received in May 2007.
- Review and restructure the Safeguarding Adults Board to establish a more strategic board that will be supported by a number of sub-groups. This will raise the profile across all stakeholders within the borough and also help us to make further improvements in this area.
- Raise awareness, through training, around personal and cultural practices.
- Launch a Bogus Caller initiative targeting vulnerable adults prone to bogus callers.

#### **Safeguarding and protection**

A bank reported concerns about possible financial abuse of a pensioner with no known family or friends apart from a recent acquaintance.

An investigation revealed that the acquaintance had withdrawn substantial funds from one bank and sent it abroad, while a joint account had been set up at another bank to which both the pensioner and the acquaintance had access.

As the pensioner was not able to give evidence, the police were not able to pursue the matter and the first sum was never recovered. In order to prevent theft from the joint account, the pensioner's assets were protected by a successful application to the Court of Protection.

Without alert bank staff and our subsequent application to the Court, the pensioner was likely to have lost his life savings. In this instance, he was successfully protected, his care greatly improved his well-being and he is now fully aware of the incident.



## ADULT SERVICES – OLDER PEOPLE

### Abbreviations

A&E	Accident and Emergency
BME	Black and minority ethnic
CSCI	Commission for Social Care Inspection
EIA	Equality Impacts Assessment
FACS	Fair Access to Care Services
HFOP	Haringey Forum for Older People
HHCS	Haringey Home Care Service
HTPCT	Haringey Teaching Primary Care Trust
ICS	Initial Contact Service
LAA	Local Area Agreement
LGBT	Lesbian, Gay, Bisexual and Transsexual
LIN	Learning and Information Network
POVA	Protection of Vulnerable Adults
SAP	Single Assessment Process