



**Haringey** Council

# London Borough of Haringey

## Adult Social Care Local Account 2010/11

A review of progress and emerging priorities

December 2011

# Contents

Foreword .....	3
1. Introduction .....	5
2. Commissioning and development of the adult social care market .....	7
3. Enhancing quality of life for people with care and support needs .....	9
4. Delaying and reducing the need for care and support .....	14
5. Ensuring that people have a positive experience of care and support .....	19
6. Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm .....	23

Please note that all 2010/11 performance figures in this account are based on provisional submissions to the Department of Health. These are subject to change following validation by the Department of Health.

## Foreword

### Councillor Dilek Dogus – Cabinet Member for Health & Adult Services and Chair of the shadow Health and Wellbeing Board



I am very proud of what we have achieved in 2010/11 and am delighted to have the opportunity to present our local account. This account demonstrates to Haringey residents what we do in adult social care, what we have achieved, and why Haringey is a very good place to be.

Some of the achievements I am particularly proud of are:

- ✓ Developing extra care housing to help people stay independent and with easy access to care and support.
- ✓ Reablement and reducing hospital discharges, helping people when they first leave hospital and reducing the need for long-term care.
- ✓ The promotion of health and wellbeing, including early intervention, increasing life expectancy and improving mental health and wellbeing.
- ✓ Following Haringey Learning Disability Partnership's training with GPs, over 70% of people with a learning disability had an annual health check. This makes us 9<sup>th</sup> in the country for completing these checks, against a national average of 40%.

We are very ambitious in our plans for improving health and wellbeing in Haringey. And so I am very proud that Haringey has already established its shadow Health and Wellbeing Board as part of the Government's 'early implementers' programme. The Board will lead on the development of the health and wellbeing agenda across the borough. The involvement of the Haringey Local Involvement Network (LINK) on the Board is crucial to ensuring that the views of patients and the public are represented in this work.

The public health service was transferred to the local authority in April 2011, well ahead of most other places. We already have a draft [Health and Wellbeing Strategy](#), which is currently open for consultation. And a Haringey Clinical Commissioning Group has been established, with GPs represented on our shadow Health and Wellbeing Board.

This account describes our approach to delivering positive outcomes for people who receive adult social care and their carers, through both preventative measures and personalised care services which help to maintain people's independence.

Many of our services are provided in conjunction with the community and voluntary sector and we are committed to working with our partners to develop services that reflect local demand. For example, we worked with Haringey Association for Independent Living and Friends of the Park to open Downhills Park café, which provides training and work experience opportunities for people with a learning disability.

I am pleased with our joint working approach and we will strengthen and develop this further in 2011/12.



### Mun Thong Phung - Director of Adult & Housing Services

I am delighted to present Haringey's first local account of our performance and achievements in adult social care in 2010/11. Last year was the final year of the Care Quality Commission monitoring us and we were found to be performing well with promising capacity to improve. In 2010/11, we have improved our services even further. Our key achievements include:



- ✓ Top performance in London for our joint stroke care with the NHS.
- ✓ Top performance for the private residential care we use.
- ✓ Top ranking in the quality of the community home care services we use.

In January 2011, we introduced a joint social work and NHS reablement service. This has meant an improved quality of life for people coming out of hospital, helping them to regain independence and control over their lives. We have reduced the number of delayed hospital discharges so that we are one of the top performing councils in London.

We have opened a state of the art extra care housing scheme called The Trees which has won a prestigious architectural design award. This offers care for 40 older adults with high care needs and means they can receive the care they need but have their own apartment with the dignity and privacy this affords. We also launched a dedicated Carers Hub at Wood Green Library which provides a relaxing space for carers to meet and access information and advice.

We have been working hard to deliver more personalised services in line with the Government's [Think Local, Act Personal](#) programme. By September 2011, 567 people were using a personal budget to buy their own care, giving them more choice and control.

We are addressing these priorities at a time when councils are facing unprecedented financial challenges. This makes it even more important for us to deliver value for money for the people who rely on us for support. In 2011/12, our aim is to continue delivering high quality services, ensuring that they are delivered as efficiently as possible.

More recently, Adult & Housing Services played an instrumental role in responding to the disturbances in Tottenham. We acted quickly to organise emergency housing and a Community Assistance Centre to help residents and businesses. Our focus now is to support efforts to rebuild and regenerate the area and to rejuvenate community pride.

As this is our first local account, we are keen to get your views on how we can improve the report in future and include the information that you want to read. A feedback form is available with this report and I hope that you will take the opportunity to send us your comments.

A handwritten signature in black ink, appearing to read 'MTP Phung' with a stylized flourish underneath.

### 1. Introduction

We provide social care and safeguarding services in partnership with agencies, such as the NHS, the voluntary sector and the private sector. We offer a range of information, advice and care services to support residents over the age of 18, in particular, older people, people with mental health needs, people with physical and learning disabilities, people with substance misuse issues, people living with HIV/AIDS and carers.

#### 1.1 Key issues for adult social care

In line with the Government's [Vision for Adult Social Care](#), the [Localism Bill](#) and the [Think Local. Act Personal](#) transformation agenda, we are working closely with community and voluntary organisations to find ways of developing more personalised and preventative services which meet people's changing care needs. Haringey's [Voluntary Sector Strategy](#) provides a new commissioning and funding framework which sets out the core principles for how the Council will support and work with the voluntary sector in this area.

Joint working with health services is one of our key priorities. We support this through joint commissioning and the recent [integration of health improvement functions](#) within the Council. Our shadow Health and Wellbeing Board, established in April 2011, is made up of elected Councillors, Council officers, health services, the Clinical Commissioning Group and the voluntary and community sector. This Board is taking forward the promotion of early intervention, prevention and wellbeing for everyone in Haringey, with one of its first tasks in 2011/12 being to develop a [Health and Wellbeing Strategy](#).

Key emerging issues for 2011/12 will include:

- The proposed Government White Paper, [Caring for Our Future](#), bringing together the [Vision for Adult Social Care](#), the [Dilnot Report](#) on future funding of adult social care and the [Law Commission's reform of adult social care](#).
- Further delivery of integrated commissioning with health services in line with the [Health and Social Care Bill](#).

#### 1.2 Leadership

The provision of adult social care services in Haringey is backed by strong leadership and political commitment. The Council's Chief Executive, Leader and Cabinet Member for Health & Adult Services hold regular performance meetings with our Director and Deputy Director to monitor our improvements. We also have monthly performance meetings with heads of service to ensure that a strong performance culture is maintained.

Our Adult, Commissioning and Safeguarding Quality Board ensures that data on social care outcomes is systematically collected and analysed to inform service delivery. Quality assurance helps us to improve the quality of our care delivery. Examples of our quality assurance activities include case file audits to improve care planning and recording, home care audits, and monthly inspections of our in-house residential care homes. We also hold monthly Provider Forums with external providers which cover topics including quality assurance, safeguarding and best practice.

The Haringey Learning Disabilities Partnership carries out an annual programme of clinical audits and holds reflective practice groups with staff to identify positive practice and areas of learning. This helps us to make improvements to our services.

Despite a challenging financial period for the Council, adult social care has been provided within a stable organisational context. The budget remained in balance and staff turnover and sickness absence levels were maintained at low levels. We have supported staff through regular supervision, information sharing and training, particularly with the introduction of personalisation which has required additional training to help staff deliver this important change. We also developed an Integrated Local Area Workforce Strategy to support the organisational changes resulting from personalisation, following a detailed mapping of the new roles, skills and competencies needed.

In 2010, we held a series of 'health check' sessions with around 100 social workers, based on the [Social Work Task Force Standard for Employees](#). The sessions found that staff supervision, appraisals and other support mechanisms are in place and that there are high levels of morale and commitment amongst our staff. In late 2011, we will submit adult social care workforce data for the National Minimum Data Set for Social Care. This will enable us to benchmark performance and identify areas for future improvements.

### 1.3 Improving services

Since 2010 all regulated social care activities carried out within Haringey have been registered on the Care Quality Commission's [new registration system](#). Three of our in-house residential homes have been inspected under the new regime and all were found to be compliant with the [essential standards of quality and safety](#).

In 2009/10, the *Annual Performance Assessment* by the Care Quality Commission (CQC) judged that, overall, our adult social care services are performing well. The main areas for improvement in the CQC's assessment were:

- Further reducing the number of delayed discharges from hospital.
- Giving strategic priority to personalisation.
- Further developing quality assurance.
- Consolidating safeguarding partnerships with health colleagues.
- Increasing safeguarding training for independent sector staff.

We have been working hard to address the areas identified, including improvements in:

- Delayed transfers of care reduced to 4.6 per 100,000 population in 2010/11.
- Increased take-up of personal budgets and direct payments through widening access for both new and existing service users.
- The Adult, Commissioning and Safeguarding Quality Board has been set up to oversee quality assurance activities across our services.
- We are working towards improved safeguarding partnerships with GP practices and commissioners.
- Our three-level safeguarding training programme is offered to a wide range of staff and partners, including GPs, health staff and elected members.

From 2010/11, the CQC have ended their system of annual inspection of adult social care departments. This has been replaced by the local account, which is intended to let residents know how well adult social care has performed. This account looks at how we have progressed against the outcomes set out in the Department of Health's [Adult Social Care Outcomes Framework](#).

## 2. Commissioning and development of the adult social care market

### 2.1 Commissioning of services

To meet the social care needs of people who require services, the Council provides some of its adult care services directly and buys others from the private and voluntary sector.

We are the best in London and among the best in the country for placing people in excellent or good residential care. Through the development and management of the local care market and the community and voluntary sector, we ensure that our purchased services are of good quality and value for money.

In 'The quality of care services purchased by councils' (November 2010), Haringey scored 96% for commissioned residential care users and 99% for commissioned home care users receiving services rated as excellent or good.

To support personalisation and the move towards community-based services, our Commissioning Team has worked with a wide range of stakeholders and with our Partnership Boards to develop the Haynes Centre for older people with dementia and to review the home care service. This has enabled the move away from conventional and residential care towards services in the community such as extra care housing.

A new personalised contracting framework was introduced in 2011 to support people to make their own social care purchasing decisions. Our personalised contracting approach and the associated accreditation framework has become a model of good practice and will inform a piece of work by the [North London Strategic Alliance](#) to develop a London-wide accreditation programme for providers of care.

We worked with providers, people who use services, voluntary and community organisations and carers to develop a framework which can be used by residents to choose a provider to buy their services from. The framework includes a model contract agreement and list of accredited suppliers, currently totalling fifteen providers. These include a good range of national and local providers, some offering specialist services (e.g. dementia care) and others offering inclusive packages for a fixed fee, all at a range of different prices. Our Service Finding Team works with residents to use their personal budgets to buy and specify the services they require from their chosen service provider.

Our work has included working with providers around quality of services and value for money, to ensure people who use services are getting services that best meet their needs at a reasonable cost.

The **care funding calculator** is a tool that helps care commissioners and providers reach an understanding of care costs. We adopted the calculator for Learning Disabilities and Mental Health services from April 2010, and have secured better value for the packages of care in existing and new residential care placements.

### 2.2 Market development

Market development helps to ensure we have a wider choice of adult social care services. Our market development approach includes effective use of customer feedback to develop new services, such as [personal assistants](#) who can provide a more flexible service directly managed by people who use services.

## 2.3 Understanding the future health and social care needs of our community

Market development is assisted by the findings of the ongoing [Joint Strategic Needs Assessment](#) programme. Examples include:

- Setting priorities in the development of [Moving Forward](#), Haringey Adult Social Care Services and NHS Haringey's Joint Mental Health and Wellbeing Strategy for Adults 2010-2013. This sets out how we will move the balance of care from institutional settings to personalised and responsive community services.
- A needs assessment of the mental health needs of black and minority ethnic communities, including newly arrived communities. This helped us review our plans to ensure appropriate provision of services.
- Development of our [Older People's Mental Health and Dementia Commissioning Framework for 2010-2015](#) which was recognised by the Department of Health as good practice.
- A project looking at long-term health and social care needs of older people living in the borough, which influenced the Council's decision to redevelop one of our sheltered housing blocks to provide an additional extra care housing scheme.

### Specialist housing development

The Market Development Team has built an effective relationship with a local private sector provider of residential care for people with mental health needs. The supplier acquired a site in Wood Green and sought advice from the team on how to develop the site to offer housing, support and other services to people with mental health needs and learning disabilities. The team helped by presenting their outline plans for the site to residents, service user and carer groups, partners and commissioners. The provider is now developing a mixed site with properties for sale and fully accessible supported flats for rent for people with autism and mental health needs. This includes a commercial café with job opportunities for people with learning disabilities and autism.

## 2.4 Priorities for 2011/12

- Consult on the [Voluntary Sector Commissioning and Funding Framework](#), promoting volunteering and maximising opportunities for the voluntary sector to become delivery partners.
- Continue to implement plans to embed joint commissioning with the Mental Health Trust and to move the balance of care from hospital settings to community services.
- Increase the number of supported and independent living schemes by working with local providers to increase provision.
- Continue to drive through efficiencies using value for money commissioning.
- Deliver the [Older People's Mental Health and Dementia Commissioning Framework](#).
- Establish our shadow Health and Wellbeing Board in readiness for the Health and Social Care Bill becoming law. This will include developing a HealthWatch model for Haringey, and providing a joint platform focused on prevention and early intervention.
- Work with the NHS and the Clinical Commissioning Group to develop joint priorities for Haringey, including integrated working where this makes sense, to deliver better health and social care outcomes for residents.

### 3. Enhancing quality of life for people with care and support needs

This chapter describes how we help people to:

- Live their own lives to the full and achieve the outcomes which matter to them by accessing and receiving high quality support and information.
- Balance their caring roles and maintain their desired quality of life.
- Manage their own support as much as they wish, so they are in control of what, how and when support is delivered to match their needs.
- Find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.

#### 3.1 Personalisation

Over the past three years, we have been implementing a major programme of change as part of the national *Transforming Adult Social Care* project. This saw the introduction of “personalisation”, an exciting new way of delivering social care to adults.

The majority of people using adult social care services told us they “had adequate or as much control as they wanted over their daily life” (Adult Social Care Survey 2010/11).

Our personalisation programme was implemented in phases. It developed a new form of assessment where individuals complete a self-assessment questionnaire and a support plan, with social care professionals, to meet jointly agreed care needs. A personal budget is then allocated so that people can make their own care arrangements. This gives people more choice and control over which services to fund in order to achieve the outcomes that matter to them.

Personal budgets are a key feature of personalisation. We have significantly increased the numbers of people receiving personal budgets from 17 in 2009/10 to 278 in 2010/11 and to 567 in September 2011.

People who use adult social care services in Haringey have an average ‘quality of life’ score of 18 out of 24, which is the average for London. It also makes us one of the best when compared with similar London councils (Adult Social Care Survey 2010/11).

We have improved access to personal budgets by offering them to all new service users across older people’s, physical disabilities and learning disabilities services, as well as to carers. We have also made progress in offering personal budgets to people with mental health needs. To assist the personalisation process, we offer an independent advocacy service for older people and for people with mental health needs and learning disabilities.

Mrs A, in her late 50s, had a major heart attack which left her with shortness of breath. She has a range of health conditions, including high blood pressure, diabetes and arthritis in her spine. Through the personalisation assessment she was awarded a budget of £146 per week. She has used her budget for daily assistance with personal care. This has relieved the pressure on her husband, her informal carer, and supported her in her weight loss which has greatly improved her health and given her more confidence. She has returned to work and is now using the budget and her personal assistant to help her.

### 3.2 Personalisation survey

In early 2011, the National Personal Budget Survey was conducted by Lancaster University to look at the experiences of those receiving personal budgets and their carers. We took part in the survey with nine other local authorities. A [summary of the main findings](#) was published in May 2011. The survey was completed by 110 service users and 68 carers from Haringey, showing positive levels of engagement.

Overall in Haringey over 70% of people reported that their personal budget had made their lives better in at least five of the seven areas the survey asked about. The key areas where respondents said that personal budgets had the most impact were:

- being supported with dignity
- being as independent as the person wants to be
- getting support when needed
- being in control of their support.

To learn more from the survey findings, a series of workshops are being held in September 2011 with different stakeholders, including local service providers, staff, carers and people who use services. The workshops will gather further views and experiences and identify key issues and future opportunities.

### 3.3 Integrated access team

To assist the personalisation process, we have made it easier for people to contact adult social care services for advice and information through the launch of the [Integrated Access Team](#). This team is now the first point of contact for new service users and their carers and families, as well as for those looking for general advice and information about services and activities locally. The Integrated Access Team can also refer people for a formal care assessment where appropriate.

### 3.4 HAricare

Our web-based directory, [HAricare](#), was launched in 2010 to support personalisation by helping residents find information and advice about local care and support services. The directory includes sections where:

- People can find services, support and activities in Haringey and other forms of advice and information of use to users of adult social care services, their families and carers.
- People can get financial advice and advice on personal assistants.
- Social care professionals can find information on research, guidance and policy documents, services and an A - Z of practitioner terms.
- Organisations or care service providers can include their details.

#### People using personal budgets told us:

- “I feel completely in control and more independent”
- “more control in type of care and more suitable care”
- “made life easier – eased pressure on my family”
- “able to plan my own needs and pay for them”
- “gives my informal carer a break”

We are piloting the **Neighbourhoods Connect** project to increase participation of older people in their neighbourhoods, assist community involvement in the care of older people and support the personalisation of social care. An online network – [www.bowesandbounds.org](http://www.bowesandbounds.org) – means people can connect with friends and neighbours to get formal and informal support.

### 3.5 Support for carers

In line with the move towards personalised services, carers are offered an annual assessment to identify their support needs and agree a personal support plan. This is conducted through our new supported self-assessment questionnaire for carers, which was developed with the Carers Partnership Board.

Haringey has the highest number of carers receiving direct payments in London. In 2010/11, 645 carers received direct payments to achieve greater independence. Where a carer is eligible for support, we offer a personal budget so that they can choose the most appropriate services to enhance their own life alongside their caring role. This enables carers to access non-traditional services such as training courses, driving lessons or short breaks.

We work in partnership with local voluntary organisations to provide other support to carers, including information and advice services, benefits maximisation, advocacy, support groups, IT classes and yoga classes. We also support carers through the following services:

- Respite.
- Day opportunities for the person they are looking after.
- Personal home care to support the carer.
- Sitting services.

Information and advice for carers is available through the carers section on [HARicare](#), our Integrated Access Team and to carers on our Carers Register. We also launched a dedicated Carers Hub at Wood Green Library in 2011. This provides a relaxing space for carers to meet and access information and advice. We will be working to develop additional facilities at the hub over the next year.

Carers in Haringey provide an invaluable service to the people they care for as well as on behalf of the Council. Haringey carers are estimated to save the borough £236.5 million a year (see [Haringey Adult Carers Strategy](#)). To recognise carers locally, we organise the Carer of the Year award and an annual programme of activities with local carer organisations during national Carers Week. Activities in recent

A Tottenham man was chosen as **Haringey Carer of the Year 2010**. Tom O'Hara was one of 16 people nominated for the prestigious award. This was the fourth year that we organised the Carer of the Year award to highlight the commitment and dedication of the estimated 16,000 unpaid carers in the borough. Tom was nominated by his sister and two doctors. He cared for his mother Mary for 11 years. Nominating him, his sister Maureen said: "Tom has looked after our mother's physical and emotional needs and has done everything possible to maintain her dignity and to provide her with an environment in which she feels secure and loved." Dr Michael Payne said: "He always puts her needs first, almost to the neglect of his own needs." And Dr Sally Dowler added: "I have always been struck by the unwavering determination to provide her with the best possible care."



Photographer: David Tothill

years have included complementary therapy and pampering, canal trips, bowls, afternoon tea, a trip to Bath and a Carers Week conference.

### 3.6 Employment and volunteering

We undertake a number of initiatives to help people gain employment and work experience. In October 2010, we held a World Mental Health Day event to raise awareness of mental health issues and the services available in the borough. Held in partnership with the Department for Work and Pensions, the focus was on helping people get back into work. Employers such as Sainsbury's, Tesco, Marks & Spencer and Boots were involved. Visitors had the opportunity to find out about local services to stay healthy, learn new skills and get support and advice on getting back to work.

People recovering from mental health illness received help to find jobs from places like the Clarendon Resource Centre. [Equilibrium](#) is a quarterly magazine written and produced by people who use adult social care services, guided by an experienced journalist and graphic designer.

A community café was opened at Downhills Park in Tottenham in March 2011 as a result of a collaborative venture between the Council, Haringey Association for Independent Living and Friends of the Park. The café operates as a social enterprise and provides training and employment opportunities for adults with learning disabilities. Ten volunteers with learning disabilities work at the café regularly and one employee has complex needs. The café will be running weekly lunch clubs for people with learning disabilities and offering training opportunities in catering to help people with learning disabilities to apply for jobs.

Working with NHS Haringey, we helped around 340 people recovering from mental health illness to come off benefits and return to work. We did this through the Improved Access to Psychological Therapies (IAPT) service, which offers employment advice. IAPT provides mental health care in places that are easy and comfortable for patients and at a time that suits them. People can access support at locations including libraries and children's centres and patients can refer themselves or via a GP.

Two young people have been employed in a job share within the Haringey Learning Disability Partnership. Joint working with the Haringey Association for Independent Living (HAIL) has also enabled two people with complex needs to gain employment via HAIL's cleaning enterprise and resulted in over 30 applications for voluntary work.

Wolves Lane nursery gardening group continues to provide a range of gardening and horticultural work opportunities for adults with learning disabilities, with:

- 45 people volunteering on a weekly basis.
- Two people taking up employment.
- One person going on to attend a course at Capel Manor Horticultural training college.
- Seven people involved in setting up and maintaining an allotment.

### 3.7 Priorities for 2011/12

- Increase access to personal budgets for existing service users through the annual care review process and for people with mental health needs.
- Continue to support personalisation by:

- Ensuring that information for people who use our services is maintained and updated.
- Market shaping in the private and voluntary sectors to widen choice.
- Further developing Neighbourhoods Connect.
- Hold workshops with people who use services, carers, local providers and staff to enhance learning from the personalisation survey.
- Set up a personal budget user forum for people receiving personal budgets or direct payments to share experiences and contribute to the development of adult social care services.
- Carry out joint project with NHS Haringey to review respite provision for carers.
- Extend services available at the Carers Hub in Wood Green Library.
- Continue to raise awareness of carers' needs and experiences through staff training and high profile events, such as Carer of the Year awards.

## 4. Delaying and reducing the need for care and support

This chapter describes how we help people to:

- Have the opportunity to have the best health and wellbeing throughout their life, and access support and information to help manage their care needs.
- Ensure earlier diagnosis, intervention and reablement so that people and their carers are less dependent on intensive services.
- Ensure that when people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence.

### 4.1 Discharge from hospital

We have improved services in order to reduce hospital admissions and we have significantly reduced the number of delays in discharging those who are in hospital.

We are one of the best local authorities in London for helping people leave hospital without unnecessary delays. This means that people are less likely to become dependent on long-term services and improves their quality of life and independence. Our delayed discharges stood at 4.6 per 100,000 population in 2010/11. This is a huge reduction from 13.5 in 2009/10.

We have achieved this by establishing a joint team with the NHS, from January 2011, made up of occupational therapists, nurses, physiotherapists and social workers. This includes daily teleconferencing with our health partners, a new stroke care pathway and more prevention services.

Stroke services, provided jointly by the Council and NHS Haringey, ensure people have support and advice to resume their lives in the community after suffering a stroke. Haringey performed very well in the [CQC review of stroke services](#), ranking top in London and 5<sup>th</sup> in the country. Our assessment process for transferring people from hospital to home was highly rated. Community activities to support stroke survivors include:

A Facebook page – [Stroke-Community Haringey](#) – is helping stroke survivors, their families, carers and other interested parties keep in touch. The idea came from the stroke information committee which includes stroke survivors and carers.

- Stroke clubs for people aged 50+ run by Age UK, offering advice and information, exercise, goal setting, social opportunities and befriending.
- Monthly drop-ins run by volunteers at Wood Green Library, offering blood pressure checks and advice and information to stroke survivors, their families and carers.

### 4.2 Reablement

Reablement is an intensive, time-limited service offered to people when they are first discharged from hospital to help them regain independence, improve their quality of life and reduce the need for long-term care. Funding has been agreed for a new Reablement Service, due to be

95% of older people were still at home 91 days after discharge from hospital into reablement services, a 13% improvement on 2009/10.

launched in 2012. It will involve closing the current in-house home care service to establish a smaller and more focused reablement service. The primary focus of the new service will be to improve outcomes for very high intensity users and those with long-term conditions.

### Step-down and move-on

Step-down is a community-based service that helps people regain independence following illness or injury. A social worker assesses people whilst in hospital and, if they cannot return home immediately, makes arrangements for them to 'step-down' into residential care or supported living. We then work with people who use services to help them 'move-on' to independent living as much as possible.

This means we continuously reassess people who live in residential care homes – inside and outside of Haringey – as it may be more appropriate for some to 'move-on' to supported living or independent living in the borough. The Care Quality Commission supports this approach, in particular reducing the number of out of borough care placements. For example, since April 2010, 38 people recovering from mental health issues have moved to more suitable independent living accommodation.

### Telecare

Telecare helps to protect and support people, who are usually elderly or vulnerable, to live independently in their own homes. Telecare equipment makes it possible for them to call for help and assistance when needed. In Haringey, more people are now using the remote monitoring service, with between five and ten new referrals every week and well over 1,000 individual sensors in people's homes. The sensors monitor such things as gas, intruders, falls and medication dispensing. Six people are helping us to pilot a global positioning system (GPS) to track people with dementia who leave their home and become lost. Since the pilot, the number of people using the scheme has risen to 36.

### Community equipment and adaptations

Community equipment, such as eating utensils, grab rails, hoists and lifts, is essential in helping disabled or older people retain their independence. While Haringey has an excellent Community Equipment Service, we need to adapt the service to meet the challenge of providing more personalised services, accommodating choice, and to meet growing demand as a result of changing demographics. Alongside many other London boroughs, we are planning to adopt a [retail model approach](#) where simple aids to daily living can be obtained free of charge on prescription. This approach will also open up the market for self-funders through the development of an affordable alternative to public provision of equipment. The aim is to begin issuing prescriptions in November 2011.

### 4.3 Extra care housing

The Trees, our new extra care housing scheme, won an architectural and design award for innovation in older people's housing. Opened in March 2011, this is a new state of the art facility providing on-site care and support.

Extra care housing is designed to keep people independent for as long as possible. It is another

We recently helped a man in his 60s to gain a more independent lifestyle by moving out of residential care. Mr D had sustained a brain injury but has been able to move back into the community by accessing care and support offered through a local extra care housing scheme.

alternative to residential care. We have done very well on avoiding unnecessary admissions to residential and nursing care, with the seventh lowest level of permanent admissions in London. Extra care housing maximises dignity, privacy, choice and control. People have their own front door – but easy access to the care they need.

### 4.4 Dementia care

Twenty different health and care services were brought together with the opening of the Hornsey Neighbourhood Health Centre. The centre – set up by NHS Haringey and Barnet, Enfield and Haringey Mental Health Trust – includes the Haynes Day Centre for dementia care which offers specialist care and support, reminiscence, life story work, music and art therapy, dance, singing and exercise. This is part of a longer-term initiative to meet the needs of an ageing population and has doubled respite and day care provision for people with dementia.

A dementia conference in May 2010 celebrated local progress in dementia care including the presentation of two awards to encourage good practice. The Excellence in Dementia Practice award went to Tom's Club, a monthly group run by the [Haringey Admiral Nurse Service](#) to provide a social and supportive environment for dementia sufferers and carers. It is named after local resident Tom Harmer, who had dementia and was cared for by his wife, Jean, until his death in 2007. Jean donated monies raised at Tom's funeral to help set up the project.

Our [Older People's Mental Health and Dementia Commissioning Framework for 2010-2015](#) looks at how we will provide good quality services to improve the mental health and wellbeing of people in Haringey.

A photo exhibition at the Haynes Day Centre showcased around 70 photos, reflecting people's wide interests and talent over many years of photography. The event was "well presented and very professional" and "made clients feel valued and appreciated".

A monthly dementia café helps people with dementia, their families and carers to socialise, learn from specialists on matters such as legal and finance issues, and to try out new activities like tai chi.

The Cheerful Choir at the Grange and Haynes day centres brings people who use these services and staff together to have fun and socialise with lots of laughter and fun.

We worked with Middlesex University and Silver Comedy to hold a comedy roadshow



Source: Middlesex University

for older people at The Grange Day Centre. The event, which was a good way of involving our diverse community, received [national coverage](#). As well as producing a DVD of the "mockumentary" of a visit by the Queen, it was written up in the Journal of Dementia Care, and is now being used as a learning tool for social workers to promote positive images of people with dementia and to improve the care they receive.

### 4.5 Falls prevention

Footcare services are important for the wellbeing and continued mobility of older people. Without access to footcare, people can be left in pain, housebound and at increased risk of falls. In 2010/11, we provided 900 basic footcare and toenail cutting sessions at older people's drop-in centres.

### 4.6 Staying healthy and being active

Over 800 older people received advice on healthy eating in their own community languages from our community nutrition assistants. We also have a full-time catering and nutrition adviser working with adults in social care settings. This looks at food production, environmental health and healthy catering, and links to the *Dignity in Care* campaign.

Haringey is one of the best in the country for completing annual health checks of people with learning disabilities, with 74% receiving a health check in 2010/11. The number of people with learning disabilities who have health action plans has continued to increase. This has improved the understanding of the health needs of people with learning disabilities among health and social care professionals.

The Keeping Healthy subgroup of the Learning Disabilities Partnership Board has supported a number of initiatives to help people stay healthy including the new podiatry and chronic obstructive pulmonary disease pathways. These help adults with learning disabilities to access services that were previously unavailable to them.

We recognise the value of exercise in maintaining physical and mental health and wellbeing for people who use our services, according to their age, abilities and choices. Our social care services enable people to access a wide range of exercise opportunities, including ballroom and salsa dancing, cycling, walking groups, badminton, swimming, chair-based exercise and yoga/tai-chi.

We offer a range of initiatives to promote healthy lifestyles for adults. For example, our [Libraries for Life](#) programme offers services including health and fitness courses, health checks, blood pressure checks and 'back to work' sessions. [Active for Life](#) is a GP referral scheme run by the Council and NHS

North Central London to help people who are inactive to become more physically active and to improve health issues such as diabetes, high blood pressure and obesity. In 2010/11, over 280 people used this scheme.

In 2010/11, our **Supporting People** programme provided over £17m of housing related support services for vulnerable adults, including people who are single and homeless, older people, people with physical or learning disabilities, mental health needs or sensory impairments, people experiencing domestic violence and people with substance misuse issues. This helps to support people's living arrangements so that they can maintain their independence.

### 4.7 Priorities for 2011/12

- Continue to develop the retail model for delivering Community Equipment Service.
- Implement the Reablement Service.
- As part of the falls prevention programme, establish a footcare post, managed through the Haven Day Centre as part of the Reablement Programme.
- Submit a joint bid for a dementia nurse to work across Haringey and Islington.

- Increase the number of Tom's Clubs to provide greater opportunities for people with dementia and their carers to meet socially.
- Redevelop a sheltered housing scheme into an additional 45-unit extra care housing scheme.
- Extend health action planning training for health coordinators and people with learning disabilities.
- Carry out audit of learning disability health action planning to establish link between the outcome of health checks and health action plans.
- Address the need for healthy lifestyles through the development of Haringey's [\*Health and Wellbeing Strategy\*](#).

## 5. Ensuring that people have a positive experience of care and support

This chapter describes how we help to ensure that:

- People who use social care and their carers are satisfied with their experience of care and support services.
- Carers feel that they are respected as equal partners throughout the care process.
- People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.
- People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual.

### 5.1 Haringey adult social care survey 2010/11

We are one of the best in London for assessing people in good time. 91% of our social care assessments were carried out in four weeks and, for 93% of people, the social care package was delivered within four weeks following assessment.

According to our 2010/11 Adult Social Care survey:

- 85% of people who use our adult social care service were satisfied with the care and support services they receive.
- 64% stated that “having help makes me think and feel better about myself”. This result was among the best in London.

### 5.2 Carer feedback

Carers in Haringey took part in the National Personal Budget Survey. The analysis of responses from family members or carers found that:

- 67% of carers said that a personal budget improved the support to continue caring and remain well.
- 69% of carers said their views were included in the support plan.
- 60% of carers said that a personal budget had made their quality of life better.

We will consider the findings with carers at our personalisation workshops in 2011.

### 5.3 Domiciliary care survey

A Quality and Outcomes Domiciliary Survey was carried out in June 2010 to look at the satisfaction of people receiving home care services. Of those who responded:

- 78% were satisfied the domiciliary care they received.
- 73% said they had some form of involvement in the daily decisions that affected their care and support.
- The vast majority of those who had meals prepared by their home carer were satisfied with the quality.
- 68% said that the support they received made things easier for them and 78% that they felt safer.
- 68% felt that they had control of their daily life.

### 5.4 Supported housing survey

In early 2011, we carried out a survey of our supported housing users. There was high satisfaction amongst people using this service, with 89% agreeing that they are happy with their accommodation and 84% saying that they feel safe and secure. Residents were also satisfied with the services provided by the scheme support staff, with over 90% stating that they are treated with dignity and respect.

### 5.5 Feedback

We received 150 [WOW! award](#) nominations from local people for outstanding customer service, resulting in 26 awards. Our Community Alarm Team was complimented because: "They arrive when they say they will, are courteous, friendly and efficient, give me reassurance and make me feel that I am not alone but am indeed 'safe and sound'".

In 2010/11, we received 94 complaints about adult social care services. All complaints were responded to within 10 days and were resolved at a local level. We use feedback from complaints to improve our services, such as the learning disability service, which is developing a communications strategy to improve communication with service users and carers following user feedback.

An [inspection](#) of [Broadwater Lodge](#) nursing home in early 2011 found that people living at the home 'are encouraged to express their views on the care provided to them and make decisions about their care'. Care plans described people's needs and wishes including some sections written as if in the residents' own words.

### 5.6 Scrutiny reviews

We have been progressing recommendations from two reviews carried out by the Overview and Scrutiny Committee during 2010/11.

The [scrutiny review of transition from children's to adult services](#) found that Haringey has a well established multi-agency approach to transition planning involving young people, their parents or carers, education and health professionals, Connexions Personal Advisors, the Disabilities team and others. In 2010/11, we:

- Developed transition policies, protocols and pathways.
- Held joint personalisation training with children's and adults' services to help people direct their own care as they move from children's to adult services.
- Arranged a parents evening and an opportunities fair – attended by over 100 families – offering information, consultation and networking to support young people and their families through the transition to adults' services.
- Increased social activities for young people on the autistic spectrum. A trial service organised by Haringey Autism started in March 2011 at Bounds Green Scouts Park.

The [scrutiny review of support to carers](#) found that the Council and its partners are committed to improving the support given to carers in Haringey and that carers highly value the support given to them by the community and voluntary sector organisations. The review also concluded that the Carers Partnership Board has a strategic input and is an effective forum for discussions and developments. A progress update was presented at [Overview and Scrutiny Committee](#) in October 2011.

## 5.7 Partnership boards

We have robust and vibrant [partnership boards](#) for learning disabilities, mental health, older people, safeguarding and carers. These are improving empowerment amongst people who use services and carers and helping them to influence and shape the social care and health agenda. The boards are made up of people who use our services and carers, Council officers, health partners and other community and voluntary sector representatives. Many of these boards are chaired or co-chaired by service users and carers. Below are some examples of how our partnership boards have been involved in developing services.

### Carers partnership board

In 2010/11, the Carers Partnership Board contributed to the development of the carers' information section on HAricare and the carers' supported self-assessment questionnaire and identified priorities for 2011/12 at a Carers Partnership Board awayday.

### Learning disabilities partnership board

In the last year, we have improved the way we work as a Board. There are now more carer and user champions and we have changed the way we conduct our meetings, for example, by discussing in small groups so that everyone can have a voice. We also produce a [Partnership Board newsletter](#) every two months in an easy words and pictures format to keep people who use our services up-to-date with what we are doing.



### 5.8 Involving people who use our services

A new independent Residents and Relatives Council was established in September 2010 for our in-house older people's residential and nursing care homes. Facilitated by Haringey Local Involvement Network, it brings together representatives of the homes' residents, their relatives and carers with senior managers in the service. It advocates on behalf of residents, their relatives and carers, giving them greater choice and control, and deals with issues of relevance and interest to all the care homes.

The [Haringey Forum for Older People](#) was launched in 2002 and has built up a membership of over 800 members. The forum gives older people an opportunity to discuss the issues that matter to them with each other and Council officers. As well as influencing the way services are run, the forum is also a very friendly and sociable group. We involved older people in the development of Haringey's [older people's housing strategy](#). This included talking with older people and older people's groups over a three-month consultation period. The discussions helped us to identify a number of priorities for the future, including the development of housing options to enable people to live independently and ensuring that specialist housing is targeted at those most in need.

### 5.9 Dignity in care

Launched in November 2006 by the Social Care Institute for Excellence (SCIE), the national [Dignity in Care](#) campaign aims to put dignity and respect at the heart of care services. Over 23,000 people across the UK are Dignity Champions, promoting dignity in care, including all of our care home managers.

We have developed *A Charter of Rights* for our residential homes and wide publicity for the '[10 Dignity Principles](#)'. Haringey was also a lead member of a Department of Health Dignity in Care pilot audit in our care homes in summer 2010. The findings have been very positive with a number of areas of good practice identified. The report is published on the [SCIE](#) website, and we are continuing this work with people who use our services, carers and their representatives to improve standards.

### 5.10 Priorities for 2011/12

- Hold personalisation workshops to identify issues, concerns or opportunities around personalisation for carers.
- Continue to progress the findings of the carers scrutiny review through delivering training for Council staff and partners to raise awareness of carers in Haringey.
- Continue to progress the findings of the learning disabilities scrutiny review of transition from children's to adult services by:
  - Ensuring that health action plans are in place for every young person before they reach 18.
  - Increasing the focus on mental health and wellbeing for young people in transition.
  - Increasing advocacy for young people in transition.
  - Supporting carers to plan for older transition and also younger transition.

## 6. Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm

This chapter describes how we help to ensure that:

- Everyone enjoys physical safety and feels secure.
- People are free from physical and emotional abuse, harassment, neglect and self-harm.
- People are protected as far as possible from avoidable harm, disease and injuries.
- People are supported to plan ahead and have the freedom to manage risks the way that they wish.

### 6.1 Adult safeguarding in Haringey

Our [Adult Safeguarding and Deprivation of Liberty Safeguards](#) service protects adults at risk over the age of 18 who, due to their disability or frailty, are dependent on others for their care or support. The service investigates allegations of abuse, protecting people against significant neglect, harm or exploitation. This involves working with the adult at risk, their carer or family, health service, police and anyone else involved with them.

Over the past year, Haringey has further improved the way it handles adult safeguarding alerts, and the support it provides.

What we have done:

- We restructured the service to develop a more effective multi-agency way of working. The service was re-launched in July 2010. This was supported by a publicity campaign to raise awareness about safeguarding and included a series of leaflets and posters as well as a Morrisons supermarket campaign.
- We established new working arrangements to deal with safeguarding referrals through our Integrated Access Team. This is helping us to process referrals quickly and deal with safeguarding issues.
- We entered into a new contract for providing Independent Mental Capacity Advocates (IMCAs) to support adults at risk who are involved with the safeguarding process.
- We introduced a new Safeguarding Member Panel to oversee our safeguarding work. We are already benefiting from the closer working relationship with Councillors and their contributions to the developments of this important service.
- We restructured our multi-agency Safeguarding Adults Board (SAB), which oversees adult safeguarding in Haringey, to reflect organisational changes across our partner agencies. The Board is now chaired by the Director of Adult & Housing Services. The

In the autumn of 2010, Morrisons supermarket helped us to raise awareness of adult safeguarding by printing information and contact details on till receipts at their Wood Green store – their busiest in the UK. It was estimated that around 500,000 people would receive the information during an eight-week period.

Adult, Commissioning and Safeguarding Quality Board also oversees quality assurance within the safeguarding service.

- We developed new adult safeguarding arrangements with the London Fire Brigade. By April 2011, they had their own procedures and referral form to enable better identification of safeguarding risks.

### 6.2 Adult safeguarding risk assessment tool

Giving people more choice and control is not always as simple as it may seem. Everyday life involves us all in making choices and decisions. People who use health and social care services are not different. Some choices might involve taking risks and, while this can be a positive thing, it can also pose questions over people's safety, the safety of others and who is ultimately responsible if something goes wrong ([Independence, choice and risk: a guide to best practice in supported decision making](#)).

Establishing risk is central to the safeguarding work we do and is the cornerstone of high quality care. But there is a balance to be struck between enabling people to have control over their lives and ensuring that they are free from harm, exploitation and mistreatment.

In July 2010, we trialled the [Adult Safeguarding Risk Assessment Framework and Tool](#), jointly developed between Haringey, Camden, Hackney and Sutton. The aim of this tool is to provide a clear, standardised framework so that all staff feel confident and clear about their role and responsibility in the assessment of risk within the context of:

- enabling greater choice and control
- [safeguarding](#)
- [Mental Capacity Act](#)
- [Deprivation of Liberty Safeguards](#).

Following a successful trial period, we have now adopted the tool for local use.

### 6.3 London safeguarding procedures

We are in the process of implementing new London-wide adult safeguarding procedures, published in January 2011 by the Social Care Institute for Excellence, the Association of Directors of Adult Social Services, Metropolitan Police and NHS London. The procedure, [Protecting adults at risk](#), sets out a single agreed process for safeguarding adults, including raising alerts, making referrals, discussing strategy, investigating cases, developing and reviewing protection plans and closing the safeguarding adults process. A consistent procedure across London will ensure that adults at risk are best protected.

The **safeguarding adults team** worked closely with colleagues in local agencies to respond to an allegation of financial and emotional abuse towards an elderly woman. The alleged perpetrator was a member of the family and there were concerns about the care provided as well as the health care needs of the individual. Following an investigation by the Council, a health care needs assessment was carried out, control was obtained over the finances and a move arranged to a sheltered accommodation scheme. This enabled the woman's family to continue visiting her at a neutral setting within the community.

We were also part of a four borough working group which produced a safeguarding adults case file audit tool. This tool is designed to enable an evaluation of safeguarding adults work and has now been implemented for local use in Haringey.

### 6.4 Safeguarding training

All new staff are required to undertake safeguarding training to ensure that they are aware of this important area of work. The Council has three levels of safeguarding training: basic awareness; managing decisions and outcomes; and investigations. Deprivation of Liberty Safeguards training is also provided. The courses are aimed at a wide range of groups, including GPs, other health staff, Councillors and those applying the Deprivation of Liberty Safeguards. The training increases awareness and ensures that all participants:

- know the different types of abuse
- know how to make a referral
- complete a referral form
- know contact details for making referrals
- know how to access further information or templates from the intranet and internet
- understand definitions and terminology related to safeguarding.

Training for 2011/12 onwards is to be reviewed with more emphasis given to specific training such as provision of financial abuse training.

We launched a very successful campaign aimed at tackling hate crime directed at people with a learning disability. The initiative was set up by Mencap, the Metropolitan Police and the Council to encourage more victims to come forward. An easy-to-read form has been produced that victims can leave in special red boxes at key locations in the borough, such as day centres. The forms are passed on to the police who will then investigate the incident with the victim and their family or carer. This makes it easier for victims and their families to report hate crimes and reflects our commitment to preserve everyone's right to live without fear of abuse or intimidation.



Photographer: Andrew Wiard

### 6.5 Quality of life reviews

Our approach to improving the quality of life for Court of Protection clients has been cited as an example of good practice in adult safeguarding prevention by the [Social Care Institute for Excellence](#).

In summer 2010 we introduced quality of life reviews for people whose financial affairs are administered by adult social care. We now ask 'independent visitors' from the national

Association of Independent Visitors (AIVUK) to make a visit to each person where we are the appointed Deputy. They meet with a person in their own home, talk to them about their life, their friends and family, and what they like to do. They establish what the person would like to spend their money on and report this back to our Finance Assessment Team. Everyone has different interests and needs but so far, as a result of the quality of life reviews, we have arranged for money to be spent on a wide range of items – such as magazine subscriptions, DVDs, clothing and holidays.

This proactive approach is helping people to use their own money to improve their quality of life and initial feedback has been very positive.

Mr W lives in supported housing. His mobility is becoming more limited and so, as a result of a quality of life review, the Council helped him buy a motorised scooter to get around the local area.

Mr S lives in a care home. At his quality of life review, he told the independent visitor that he would appreciate some male company and a weekly visit to the local pub. As a result, he now self-funds a small additional care package where a care worker takes him out regularly.

### 6.6 Multi-agency safeguarding hub (MASH)

Looking ahead to 2011/12, Haringey is one of three London boroughs working with the Metropolitan Police to introduce a Multi-Agency Safeguarding Hub (MASH). A MASH is a safeguarding centre for receiving safeguarding referrals, cited as good practice in the [Munro review of child protection](#). A MASH has professionals from social care, the police, education and health working together in a secure environment to identify safeguarding risks at the earliest possible opportunity and to carry out safeguarding interventions. The Head of Safeguarding Adults attends a MASH implementation board which is looking to introduce a safeguarding hub in Haringey in 2011/12 for both children's and adult safeguarding.

### 6.7 Priorities for 2011/12

- The Safeguarding Adults Board will produce an annual report of adult safeguarding activity in Haringey, which will be available on the Council's website.
- Continue to promote awareness of adult safeguarding and risk assessment.
- Conclude work to implement the pan-London safeguarding procedures.
- Review the adult safeguarding training programme for 2011/12 onwards, giving more emphasis to specific training such as dealing with financial abuse, ensuring that higher numbers of independent sector staff receive training.
- Continue to consolidate safeguarding partnerships with NHS colleagues and GPs.
- Monitor the development and implementation of hospital safeguarding boards.
- Implement new policy directives set out in the Law Commission's report to [reform adult social care](#).
- Continue to establish Haringey's multi-agency safeguarding hub, and identify its impact on domestic and gender based issues.

### How to contact us

For more information on adult social care services in Haringey, please contact:

Website: [www.haringey.gov.uk/haricare](http://www.haringey.gov.uk/haricare)

Phone: 020 8489 1400

Email: [IAT@haringey.gov.uk](mailto:IAT@haringey.gov.uk)