Haringey LONDON

Adult Social Services
Local Account 2016/17

"We will support people to live healthy, long and fulfilling lives with control over what is important to them"

http://www.haringey.gov.uk

Contact details (First Response)

The First Response Team is your single point of contact, and will be able to assist you with your enquiry. Here is all the information you need if you want to get in touch with us.

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Opening Hours: Monday to Friday, 9am to 5pm
E mail: Firstresponse@haringey.gov.uk
(charged at standard rate depending on provider and subscribers package)

One of our dedicated team of Community Care Officers will be pleased to assist you with your enquiry.

Haringey Haricare

Haricare is our Adult social care directory. It contains information about products and services for adults who need care and support, and their carers. Information in this directory is provided by service providers themselves and overseen by Haringey Council.

You can visit Haricare by going to the following link:
http://haricare.haringey.gov.uk/

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FOREWORD

I am pleased to introduce Haringey's Local Account 2016/17 for adult social care services, which gives an update on the progress we have made in the year as well as what we plan to do in 2017/18 and beyond. The Local Account also gives us the opportunity to make more information available to residents on our successes, challenges and priorities.

This account aims to help local residents, service users, carers, care providers and commissioners understand more about the social care services that the Council and its partners provide to adults in Haringey. The account sets out how we have been performing in providing these services and the difference these services have made to the lives of the people that we support.

The national context for adult social care remains very challenging. Continually reducing central government grants to local authorities without a reduction in the demand for care and support, means Haringey Council has to think in new ways to meet the care needs of our population.

Despite this backdrop, the council is working to improve adult social care to offer better support to adults and to strengthen our local community. We are in the middle of a major transformation programme that will change the way we work to develop a sustainable adult health and social care system. The programme aims to support all adults to live healthy, independent and fulfilling lives and have access to services that support and encourage that independence. Our starting point is to consider what people can do for themselves and build upon this.

We want to enable people to maintain their health and independence for as long as possible, and for those who have care needs to provide them more choice and control over how they receive their care. We have laid the groundwork for further improving the coherence and quality of services across health and social care by agreeing a 'design framework' for developing new services or making changes to existing services jointly with health partners.

We are also developing our approach to Co-design, so that our residents and service users are involved in transformation at every stage. This will develop further as we remodel our separate Partnership Boards into a single Adults' Partnership Board, helping to streamline the input and oversight of service users into the services we deliver.

We hope you enjoy reading our Local Account for 2016-17. 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. If you have any comments or ideas for next year's Local Account, please let us know by completing the feedback form at the end of this document.

We remain ambitious and passionate about improving the health and wellbeing for all our residents and will use your views from any current and upcoming consultations to help shape services for the future ahead.

Beverley Tarka
Director Adult Social Services

LIVING IN THE LONDON BOROUGH OF HARINGEY

Haringey is an exceptionally diverse and fast-changing borough. We have a population of 267,540 according to 2014 Office for National Statistics (ONS) Mid-Year Estimates. Almost two-thirds of our population, and over 70% of our young people, are from ethnic minority backgrounds, and over 100 languages are spoken in the borough. Our population is the fifth most ethnically diverse in the country.

The borough ranks among the most deprived in the country with pockets of extreme deprivation in the east. Haringey is the 30th most deprived borough in England and the 6th most deprived in London.

The population of Haringey is expected to continue to grow. Under the 2015 Greater London Authority (GLA) round Strategic Housing Land Availability Assessment (SHLAA) population projection method, the population is estimated to reach 286,900 by 2020, an increase of 5.9% from 2015. By 2025, Haringey's population is estimated to reach 300,600, an increase of 10.9% from 2015.

The 2011 ONS Interim Sub National Population Projections predict that Haringey's 18-64 population will have increased to 199,188 by 2021. This would be a 13.5% increase on the 2011 population estimate of 175,480

The 2011 ONS Interim Sub National Population Projections predict that Haringey's 65+ population will have increased to 26,923 by 2021. This would be a 19.7% increase on the 2011 population estimate of 22,464.

Haringey is divided into 19 administrative areas called wards, which vary in population size between 10,784 and 15,968. Wards in the west of the borough tend to have less density compared to wards in east.

Demand for adult social care services is increasing. In the UK, people are living longer lives and this is resulting in a rise in the number of older people in the population. According to the Department of Health (DoH), 80% of older people will need care in the later years of their lives. The ageing population is also living longer and the Haringey must address the needs of each individual as they arise.

BACKGROUND

The scale of the demand and financial challenges for health and social care, driven by demographic changes and national spending decisions, has driven a new approach to designing our future local services. Since April 2016, there has been significant engagement between health, public health and social care to define a model for integrated health and care that can improve outcomes for residents as well as move our services towards financial sustainability.

Adult Social Services (ASS) plays a crucial part in helping residents to remain healthy and independent, whether this is through the provision of information and advice, access to universal or prevention services or more intensive support to those with very significant needs. Some of these services are directly delivered and others commissioned from independent providers, including the voluntary sector.

We have developed a Design Framework to ensure that we have a shared point of reference for defining and agreeing how we use our resources and design our services in the future.

The Design Framework will inform but also be shaped by our transformation. It will be used as a starting point as we work across different scales to design future health and care services with Islington and other boroughs in North Central London. It will also be used to engage other Haringey stakeholders in our strategy for health and care, including other council services, community groups and Residents themselves.

The Design Framework contains three elements that we will continue to develop and build on with our partners and stakeholders across Haringey, as well as with Islington and the wider North Central London.

Prevention - sets out our whole population approach to health and wellbeing, reflecting the need to consider how we can support healthy, long and fulfilling lives for everyone by preventing or intervening early.

Design principles – these provide the criteria for all of our transformation to ensure strategic fit of each of the parts to the overall direction of travel for health and care.

Objectives and outcomes – based around the five objectives for Priority 2 in the Corporate Plan, we are developing a set person-centred 'I statements' that summarise our shared aspirations for how Haringey residents will experience integrated health and care

There are six guiding principles that underpin our integrated vision for health and care in Haringey:

Prevention

Taking every opportunity to support healthy and fulfilling lives by preventing the emergence or escalation of health and care needs and reducing the long-run need for services

Stronger in communities

Working with residents, the voluntary sector and providers to ensure more of their needs can be met in a community setting and reflect their personal networks and relationships

Maximising independence

Helping residents, patients and service users to find ways to maintain control of their lives and their health and to receive services that are proportionate to changing needs and capabilities

Integrating health & care

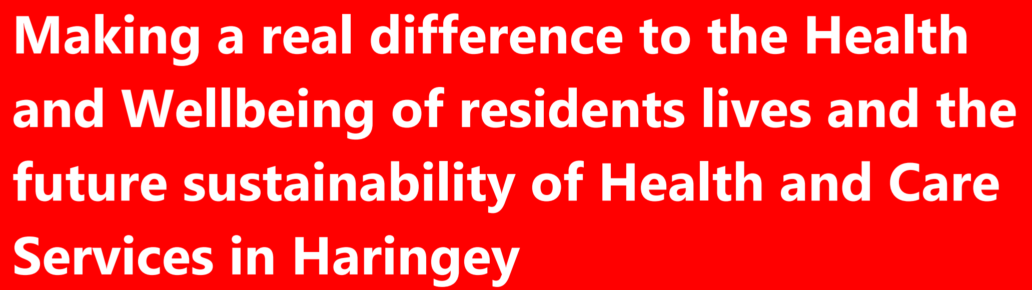
Designing and commissioning services jointly so that resources are allocated in the most effective way and residents' experience of maintaining or regaining their health and independence is joined-up and supportive

A fair & equal borough

Recognising the diversity of our communities and how different groups experience risk and vulnerability so that we can reduce inequalities in their health and wellbeing

Co-design

Ensuring that we actively engage all stakeholders in identifying the detailed models of future services and how we will be using our resources, in particular working with users, carers and their representatives in a transparent and evidence-based



Making a real difference to the Health and Wellbeing of residents lives and the future sustainability of Health and Care Services in Haringey

Harry Grey is 85 years old, with a complicated medical history including suffering a stroke and high blood pressure, he lives with his wife, also in her late 80s in Haringey.

How we making a real difference

Harry Grey Case Study

ASS has been providing Harry with assistance from formal home care twice a day, in addition his wife provides on-going support. His wife has previously injured herself helping Harry out of bed, due to his mobility issues.

Harry was admitted to hospital with severe vomiting and dizziness, with reports that he had been unwell for few weeks. He was diagnosed with an acute kidney infection and needed a catheter fitted on admission.

Now at this point previously there were a number of key system and service issues, across health and social care partners, that would have negatively impacted on Harry and his wife

- ☹ Slow referrals between services causing uncertainty and anxiety to Harry and his wife
- ☹ Harry would not have had the right care for his needs at the right time – due to the right service options to support his independence not having been identified or available
- ☹ Remaining in hospital for too long, risking further deterioration of his mobility
- ☹ Less independence when he did get home and additional emotional and physical burden on his wife
- ☹ Returning back to hospital when this could have been avoided and the same issues causing further impact on Harry and his wife's health, wellbeing and independence

So what do the changes made to our reablement services mean for Harry?

An improved patient experience:

- ☺ Referral to the Single Point of Access (SPA) ensured that the right care option was identified in a timely way.
- ☺ Referral from the SPA to new service option was made the same day using a single assessment form, reducing time
- ☺ Discharge from remaining in hospital inappropriately was quickly made to community rehabilitation in an intermediate care bed. As a targeted resource, it has demonstrably better and quicker impact than a similar intervention in hospital.
- ☺ Supported home with home based reablement service with a clear ambition to improve mobility and independence

ADULT SOCIAL CARE IN NUMBERS 2016/17

WHAT WE HAVE DONE AND WHAT ARE OUR PRIORITIES FOR 2017/18

"We are supporting people to make positive, informed choices about their health and wellbeing"

Objective 1

A borough where the Healthier Choice is the Easier Choice

We have developed a Health and Wellbeing in All Policies (HiAP) approach by giving greater corporate recognition for the health of all residents, systematically taking into account the health implications of decisions, developing a systematic approach to understanding the policy levers that create health-enhancing environments and seeking synergies across corporate priorities.

We have established the Obesity Alliance and engaged a wide range of local stakeholders in recognising and challenging causes of obesity. The Alliance is dedicated to combating the rise of obesity in Haringey and has been formed by a wide range of partners including Haringey Council, the local NHS, Homes for Haringey, the Tottenham Hotspur Foundation, and local schools. The alliance is committed to reducing obesity in Haringey by supporting more people to eat well and be physically active, and by creating an environment where the healthiest choice is the easiest choice.

Free gym access is one of a number of initiatives that Haringey Council has introduced to make Haringey a healthier place and increase the number of older residents 65+ involved in leisure activities.

Established Haringey Walks initiative and campaigning, a community-led campaign supported by organisations including the Haringey Friends Forum, the Friends of Priory Park and Fusion, to encourage people in Haringey to walk more regularly.

Our priorities for 2017/18 and beyond:

- Increase the council's powers to create healthy environments locally through clear asks of central government on devolution of powers
- Work with our regeneration and housing colleagues to incorporate healthy design and planning principles into future developments
- Improve the quality and amount of information and advice available to residents for healthy living
- Work local health providers, including hospitals, to recognise and affect the wider determinants of health
- Develop the ability of the local workforce to 'make every contact count' for improving health behaviors.

"We are working with our communities and the voluntary sector so they can support wellbeing"

Objective 2

Strong Communities, where Residents are Healthier & Live Independent, Fulfilling Lives

Haringey Advice Partnership established with Citizen's Advice to provide a first point of contact in the community for information, advice and guidance. The Haringey Advice Partnership brings together local organisations who work to ensure that people living in Haringey receive the right kind of information, advice and guidance when they need it.

Updated and improved the availability of information about community groups and services on Haricare, helping people choose the right care and support as well as reducing the number of unnecessary contact to the First Response Team (formerly the Integrated Access Team).

Appointment of a strategic partner, Bridge Renewal Trust (BRT), to help develop community assets and build capacity in the voluntary sector. We are working with our partners to ensure the local voluntary sector is stronger, able to attract more external funding and deliver better services. A stronger sector will be better placed to use its grass roots expertise to provide quality services that meet the needs of all residents in Haringey.

We are improving our digital information offer which will enable us to positively build on prevention initiatives. Improved our online information offer supporting residents, staff and partners to access relevant information whenever needed. We now have a website that supports an improved customer journey.

We have produced an up to date and comprehensive directory of services on Haricare that supports the workforce with support planning and signposting, as well as giving residents access to information on the services available in their area.

We are implementing a pre-screening tool that enables residents to assess their eligibility whilst sign posting to alternative provision where necessary and we are working with partners to explore how we can develop and implement a joined-up Universal Information and Advice offer.

Carers

Carers have the rights to an assessment of their needs, separate to those of the cared for person and regardless of eligibility for social care. Carers are supported to recognise their own needs and access appropriate support. Our vision is to have a coherent and effective carers' offer that supports carers to maintain their health and wellbeing, continue to care and promotes independence. To date, we have:

- engaged with carers to help us plan and design services that gives carers the help and support they need to continue caring.
- produced a carers respite policy that clearly sets out the local position for respite care in Haringey
- recruited carer assessors to carry out assessment and support planning

- Carers' week in June 2016 focused on Building Carer Friendly Communities. Communities that support carers to look after their family or friends well, while recognising that they are individuals with needs of their own. The Carers Week was brought to life by organisations (such as Haringey Association for Independent Living (HAIL)) who come together to organise activities and events throughout the borough, drawing attention to just how important caring is.

Our priorities for 2017/18 and beyond:

- Information and signposting to an up to date directory of community services online
- Delivering more of our health and social care services in community settings to improve links, including Care Closer to Home Integrated Networks
- Local area coordination, with a particular focus on MH & substance misuse to improve access to community services
- Improvements to the carer support service and a renewed local offer for carers that draws together contributions from across local partners to make caring easier and more sustainable
- Improving the quality of community services and ensuring they are providing the right support to local populations
- We will produce an interactive online carers eligibility checker that will signpost residents to the appropriate service or support.
- We will ensure that services for carers within the borough meet their needs, helps them to continue with their caring role and balance this with having a life of their own.

"We are joining up health and care to provide services that keep people at home and independent"

Objective 3

Support at an Earlier Stage for Residents who have Difficulty in Maintaining their Health and Wellbeing

We are working with our partners to develop and improve our services to offer care and support, which is person-centered and coordinated to improve outcomes and deliver a better experience for service users, their families and carers.

We have:

- Locally commissioned service in place for stroke prevention, including identification and treatment of hypertension.
- Increased capacity of the Reablement Team and increased the number of clients receiving six weeks of support to regain independence, particularly from hospital.
- Improved intermediate care (including home-based rapid response and out of hospital beds) to reduce non-elective admissions to hospital due to falls for the over 65s
- Improved discharges from North Middlesex hospital has resulted in a 20% reduction in the number of delayed days in hospital for 2016-17 compared to 2015-16.
- Extended opening for GPs across four 'hubs', including two until 8.30pm Monday-Friday and 8am–8pm Saturday & Sunday

Our priorities for 2017/18 and beyond:

- Single point of access for out of hospital services to improve crisis management and prevent unnecessary admissions, including enhanced rapid response and use of 'virtual wards' to enable more clients to be supported to remain at home
- Improving the guidance and support for patients to identify and manage long-term health conditions, including new secondary prevention services for diabetes, kidney disease and mental health to be commissioned over the 2017/18 and 2018/19
- Working across Haringey and Islington to identify older people with frailty and test interventions to support and prevent a health and care crisis
- Adult social care 'first response' and short-term teams to provide problem solving for clients that helps them to regain independence, including increased use of assistive technology and Reablement

“We are focusing services on maximising independence, with flexible choice & control”

Objective 4

Those who Need Care and /or Health Support Will Receive Responsive & High Quality Services

In Haringey, we have developed a range of provision for vulnerable older people that has a greater emphasis on helping people to continue to live independently at home, maximising their independence and reducing social isolation. We are redesigning our services so they are delivered with a joint approach that successfully brings health and social care elements together and offers residents support responsive to their needs.

Currently, too many older or vulnerable people are admitted to hospital, when with appropriate out of hospital care, they could be treated in the community and looked after in their own home. In response, we are investing in out of hospital care which will ensure people who are in hospital but do not need to be, have access to community alternatives.

We are developing new approaches and improving the skills mix in hospital discharge teams to reduce unnecessary referrals to social care from hospitals.

We have:

- Implemented a ‘day opportunities’ offer for Older People and adults with learning disabilities, replacing council day centres with more personalised alternatives that encourage independence
- Improved our processes for reviews for care packages and adjusted packages where they were not well targeted to promote independence for the individual based on changing needs
- partnered with local acute trusts to devise a simple Hospital Notification Form that has reduced out of hospital discharge for patients.
- agreed a trusted assessment model that involves a clinical response service backed up by practical support to manage people through a crisis in their own homes and communities. This has resulted in a 95% increase in number of people receiving Reablement homecare
- facilitated on average 10 discharges per week through Reablement with a reported saving of 2-3 days bed days per discharge.
- Provided extensive training for staff and partners of the new notification process.
- We continue to work collaboratively with colleagues across health and community services to avoid duplication and provide an assessment of residents’ need that addresses their health and social care problems.

WHAT WE HAVE DONE AND WHAT ARE OUR PRIORITIES FOR 2017/18?

- We are supporting people to stay in the homes for longer by providing services such as Reablement and Enablement. Haringey Community Reablement Service (CRS) provides a domiciliary care service to adults of any age in their own homes. The service aims to offer a period of intensive Reablement for up to six weeks to help people regain their independence after a period of ill health or hospital stay. The service gives people the peace of mind that they or their loved ones are safe through solutions such as Telecare - a 24-hour home safety and personal security alarm that automatically summons help when a person needs assistance.

Find out more about the community alarm service by calling 020 8489 2365.

Our priorities for 2017/18 and beyond:

- Extending the availability of assistive technologies as part of a care package in order to maximise independence
- Increased availability of supported living placements as an alternative to residential
- Multi-disciplinary teams for those with long-run social care needs to ensure health conditions are also managed
- Developing our workforce to embed the principles of 'maximising independence' through our assessments, reviews and care planning to ensure all clients are helped to progress towards identified goals
- Use of an integrated digital record across health and care to improve the ability of health and care practitioners to join-up
- Improved quality of support for those who receive direct payments to maximise choice and control

We will continue to work with all our staff, to ensure they understand our vision and commitment to maximise independence and quality of life. We continue to work with staff to develop methods of sharing good practice, ensuring seamless, joined up services which empower services users.

Extra Care Housing

Over the last year, we have been working with One Housing Group to develop two new extra care sheltered housing schemes in the borough. The first, Protheroe House (opened in August 2016), is a brand new development with 50 flats designed to enable independent living with the safety net of high quality personal care and support provided by a specialist on-site team. There are 36 one-bedroom and 14 two-bedroom self-contained flats, providing bright and modern homes. These are complemented by spacious common areas and facilities, including restaurant, bar, lounges, and landscaped gardens.

The second scheme, **Lorenco House,** on Pretoria Road Tottenham, which provides older people with the safety net of award-winning personal care and support, while

enjoying their independence in 44 one bed and eight two bed apartments designed specifically, to enable independent living. Lorenco House boasts first class facilities including a medical and wellbeing centre, landscaped gardens, guest bedrooms for visitors and stylish dining area. Eight of the rooms are specially designed to provide high quality care for people with dementia.

What is Extra Care?

The concept of extra care enables residents to live completely independently, with high quality on-site care and support available if needed. This care covers a range of needs and is able to respond flexibly to meet changing needs. You have your own front door and retain as much control and independence over your life as possible.

Think you may need help?

If you are paying for your own care, you can contact the homes directly to find out how to make an application. If you are not arranging your own care, we will need to carry out an assessment of your housing and care needs. The assessment will help us agree on what services you need, and how much we can fund them.

Your personal budget, which is we pay to meet your assessed needs and with your personal contribution, can be used to meet the costs of the care provided in the extra care scheme.

If you are interested in or think you might be eligible for 'extra care', please contact our First Response Team (details at the front of this report).

“We are making safeguarding everyone’s business to reduce the risk for vulnerable people”

Objective 5

Safeguard vulnerable adults from abuse

The Care Act 2014 creates a legal framework so key organisations and individuals with responsibilities for adult safeguarding can agree on how they must work together and what roles they must play to keep adults at risk safe from abuse or neglect.

The provisions of the Care Act are intended to promote and secure wellbeing. Under the definition of wellbeing, it is made clear that protection from abuse and neglect is a fundamental part of that. Identification and management of risk is an essential part of the assessment process; the risk to an adult of abuse or neglect should be considered at this point.

The Adult Safeguarding Prevention Strategy 2014-2017 and delivery plan sets out how we will go about preventing abuse amongst all adults at risk in Haringey. The strategy aims to ensure that all adults within Haringey have easy access to appropriate preventative information and advice and where needed, and interventions to enable them to live a life free from violence and abuse in any setting.

Training, of adults at risk and staff, is a key part of the Prevention Strategy. We have a staff programme of regular safeguarding adults training that includes online training. There is a wide range of awareness information to keep our wider workforce, partners and service providers aware of adult safeguarding issues. Safeguarding referral data is used to identify adults most at risk and to target prevention work such as awareness and support information.

Adult Social Services Lead Agency

Adult Social Services is the responsible lead agency for providing care services for people in need, including those at risk of abuse. We investigate allegations of abuse as well as:

- Liaise with advocacy services;
- Complete needs assessments for vulnerable people and their carers;
- Contribute to Strategy Meetings; and
- Use intelligence to identify key themes, raise awareness of abuse, and neglect with staff, partners and the public through improved communications and campaigns to include those that organise their own care via personal budgets.

We have:

- Embedded the principles of Making Safeguarding Personal to enhance involvement, choice and control for the individual subject to a safeguarding concern

- Improved the proportion of people subject to a safeguarding intervention

who say that outcomes partly or fully met.

- Reduced the number of Section 42 enquiries in Haringey to closer to our comparator boroughs by screening cases only requiring advice, information and signposting.

- Improved the proportion of service users who report feeling safe and secure in those services to above the London average.

- Screening times for safeguarding has significantly reduced

Our priorities for 2017/18 and beyond:

- Continue to ensure that safeguarding practice is person centred, outcome focused and unnecessary deprivation of liberty of vulnerable adults by regular auditing.

- Continue to ensure that timely, proportionate responses when abuse or neglect has occurred and vulnerable adults are not being unnecessarily deprived of their liberties via response time and prompt allocation of cases /applications.

- Continue to ensure that vulnerable adults are not deprived of their liberties unnecessarily, safeguarding practices continue to improve and enhance the quality of life of adults in Haringey.

- Focus on improving the quality of our directly delivered and commissioned services to put in place a preventative approach to safeguarding risk

- Increase the coordination and impact of our work with partners through the Haringey Safeguarding Adults Board to ensure it is a shared agenda locally

- Raise awareness of safeguarding among our residents and improve the information and advice available beyond those receiving formal services

- Further develop the awareness and skills of clinical staff across Haringey's health providers to ensure issues are raised and dealt with.

Haringey Safeguarding Adults Board

The Haringey Safeguarding Adults Board is a statutory body that works to make sure that all agencies are working together to help keep adults in Haringey safe from harm and to protect the rights of citizens to be safeguarded.

For more information on what we did in 2016/17, you can visit the Haringey website to view the Haringey Safeguarding Adults Annual Report 2016/17 (http://www.haringey.gov.uk/social-care-and-health/safeguarding-adults/haringey-safeguarding-adults-board-sab#sabannual_report).

How safe and secure do residents feel?

Haringey's performance has continued to improve with **89.2%** saying that services have made them feel safe and secure. This is above both the London average and its Comparator borough averages for 2016-17, and is actually within London's Top Quartile.

HOW WE KNOW WE ARE MAKING A DIFFERENCE

Compliments

Your views and experiences of ASC services in Haringey are important to us because we want to give you the best services we can. By listening to you, we can find out how well we are doing and learn how to continue to improve the services we offer.

To make a comment, compliment about Haringey Council ASC, please visit our website and navigate to **'How to make a complaint'** page 25. You can provide us with ideas or suggestions on how we may improve our Adult Social Care services and letting us know when our staff or services have done a good job and we get things right.

Here are some of the compliments ASC received during the year:

Safe and Sound Team

"The system worked fantastically for my 100 year old mother, who slipped and broke her hip. I want to thank you so much for being so vigilant, and for you to know how well the system works!".

Assessment

"You have completely restored my faith in the social work system in a similarly challenged community. I really have appreciated your support and advice over recent months, which has enabled dad to get the best possible care".

Duty Social Worker

"I would like to compliment the duty social worker, I called to speak to someone about my mother's needs and the social worker was excellent and sincere, very helpful and informative, she gave me hope in your service".

Social Worker

"I would like to take this opportunity to thank you for the professional and courteous manner which you have shown me throughout our liaison on this matter"

Reablement

"Thank you so much all of you for your hard work and helping me to come through a very difficult time. you all showed me kindness, patience whilst always maintaining professionalism".

Safeguarding

"I would like to acknowledge the social worker for the professionalism and support she has provided me over the past few months, which has made such a difference".

Here are four case study examples on how we are making a difference to residents

Engagement in the Community

- Sarah (not her real name) is a lady in her 40s with a diagnosis of Mild Learning Disability and Schizophrenia. Until August 2015, S was an inpatient in an Assessment and Treatment Unit (ATU) for treatment of Schizophrenia and the difficulties she had while living in the community. At the time she exhibited significant behaviours that challenge including physical aggression towards others and harm to herself. Sarah was initially admitted to hospital in 1991 and over the course of the next 24 years she moved on 16 occasions within institutions and residential settings before returning to the community to live in her current home in 2015.
- The Assessment and Intervention Team (AIT), an intensive support service in Haringey Learning Disabilities Partnership (HLDP), supported Sarah to move from a locked rehabilitation unit to the community following a Care Treatment Review (CTR) 6 months prior. The AIT helped her manage her behaviour and worked with her support staff to facilitate the transition back to the borough and to reduce the likelihood of placement breakdown.
- Since her move into the community in August 2015 Sarah has developed skills in many areas and now lives a fulfilling life in her own home. Sarah now engages in many community activities including going to Mind in Haringey to join the women's group, gardening group and cooking group. She goes to the MENCAP disco with other service users and also likes visiting City Farm. Sarah has worked hard on managing her anxiety which was stopping her from using the bus, walking alone and visiting the supermarket. She now is able to take short bus journeys alone, will walk down the street on her own and will visit the supermarket alone for small shopping trips. She hopes to find voluntary work, possibly at a local charity shop.
- In 2017, Sarah has been working with an Assistant Psychologist in HLDP to write up her experiences of being an inpatient and being discharged into the community. Sarah is keen to tell her story so that she can help other inpatients and commissioners to see how her experiences have impacted on her life, but also to show that there is a light at the end of the tunnel; and successful reintegration in to community living is achievable. Jointly, Sarah and the Assistant Psychologist are collating this story in to an article, for publication in the British Psychological Society Intellectual Disability Bulletin.

Safeguarding Alert - Intervention

- Mr William (not his real name) is a 78-year-old gentleman who lives with his daughter in a ground floor council rented flat. Mr William has been diagnosed with heart failure and cognitive impairment following a stroke. His mobility is significantly impacted and he requires the support to ensure his safety.
- In March 2017, The Haringey Safeguarding Adults Team received a report that Mr William had fallen whilst care was being administered. A CCTV was previously installed to monitor his general wellbeing.
- A safeguarding alert was raised and in response an email was sent to the care provider requesting a report in relation to events leading to Mr William's fall as provider's account of incident differed.
- The Haringey Council Commissioning and Brokerage teams intervened an investigated the alert with the provider. An Occupational Therapist was also assigned to a joint investigation visit to Mr Williams. Further to the investigation, it was recommended that the members of staff involved should undertake further training. As a result, the provider withdrew both carers and signposted for training.
- The relationship between client/family and care provider broke down beyond repair. We assisted in alternative carers to be financed via Direct Payments.

Good Partnership Outcome

- A safeguarding concern was instigated regarding a service user who was found neglecting herself. The victim's home was full with clutter and causing congestion in the living spaces and was impacting on the use of her living space. A safeguarding meeting was held that involved the following partners: local authority, G.P, health, Fire Service and the Housing Department. This ensured a robust and coordinated response across the key partnership to plan the interventions required.
- Her flat was cleaned by the Housing department and the service user was referred for on-going support by health services in the community.
- Crucial to all decision making was a robust multi-agency risk assessment that included the views of the adult and her personal network, making sure that the victim's Human Rights were not breached. The victim was referred for psychological intervention and free safety checks.
- The roles and responsibilities for key partners were well understood ensuring that actions are agreed, owned and delivered and that there are clear lines of accountability.

New Service - Positive Effects

- Nicola (not her real name) attended one of Haringey's in house day services for many years 5 days per week, but now she has moved to a different centre run by a national charity organisation. She has had difficulties with eating healthily and getting enough exercise in the past.
- Nicola seems to be happy at a day centre run by the charity organisation. She reported that she enjoys attending and she likes the staff and the activities that she is doing.
- Nicola takes part in different sessions such as bingo, indoor sports, going to the gym (Haringey Police Club), walking, travel training, healthy eating, music and dancing.
- The manager of the new day service reported that Nicola is becoming more confident and willing to try new things. She sees her peers doing exercises and this encourages her to take part in sports activities. She has lost some weight since she started attending the Centre and seems to be fitter. Nicola is involved in walking activities and staff at the centre support her to go for a walk every day.
- Nicola's key worker in her residential service reported that this was a very positive change for Nicola as she seems to be happy to get up and out to attend the Centre in the mornings, she gets the attention that she needs, she seems to be calmer, more balanced and is keen to do sports.
- At home they are now also trying to support Nicola with healthy eating and increased exercise as this has worked so well at the new centre.
- At the centre Nicola enjoys the healthy eating programme; she purchases groceries in the morning, and prepares the meals. Her food portions are measured and she also helps to clear the kitchen every day.
- Travelling independently is one of her targets at the Centre and she has already tried to use public transport with staff support. Nicola used to get a cab to and from her previous day centre (sole occupant) but now she shares a cab with 2 other service users and her keyworker at home reported that this is going well.
- In general, everyone was happy with the new service and the positive effects on Nicola's well-being.

FEEDBACK FROM OUR RESIDENTS

ASS wants to ensure that residents have a say in how we plan and deliver services, how we can improve them, as well as take part in key decisions concerning changes to services. We use customer surveys, meetings, regular forums, complaints and compliments to make sure we know what is important to local residents to improve services and review progress.

Two of the more formal ways of doing this are the ASC survey and the Carers survey.

Adult Social Care Survey

Our most recent ASC survey of the people who use our services was sent to **2373** people. The recipients represent a fair cross-section of ages, locations and types of need. The questions are set by the DoH. Of the **2373**, we received **936** (39%) responses. Of the individuals surveyed:

Overall Satisfaction

Haringey's performance has improved slightly in 16-17 with **60%** overall satisfaction. This is above the performance of both London and Comparator Boroughs. Haringey is slightly below its current target but is constantly improving towards it.

Feeling Safe

Haringey's performance has continued to improve with **89.2%** saying that care and support services help them in feeling safe and secure. This is above both the London average and its Comparator borough averages for 2016-17, and is actually within London's Top Quartile.

Social Contact

43% of people said they have had as much social contact as they would have liked. Data indicates that Haringey's performance has improved from its previous decline in 15-16, and is now back up in 16-17, slightly above previous performances and now 3% above its statistical neighbour average which fell in the last year.

Choice

65.3% of service users in the community reported they have enough choice over care and support they receive. This is above the London average.

Control

87.4% of people said that care and support services help them have control over their daily life.

Cares Survey

Haringey's carers are as diverse as the people of the borough. They live in all parts of the borough and come from all sections of the community. Some may be starting to care as a family member partner or friend becomes frail or disabled. Others may have been caring for many decades. Some carers have given up paid employment; others are balancing employment and caring.

Some of the key findings from the survey include:

How easy it is to find information about support	"In the last 12 months, have you found it easy or difficult to find information and advice about support, services or benefits?"
	Access to information benefits carers and the people they support by helping them to have greater choice and control over their lives. **51%** of carers reported they found it very or fairly easy to find information and advice about support, services or benefits.

Discussions about the support or services provided to the person cared for	"In the last 12 months, do you feel you have been involved or consulted as much as you wanted to be, in discussions about the support or services provided to the person you care for?"
	Carers should be respected as equal partners in service design for the individuals for whom they care for, this improves outcomes for both the carer and the cared for person. **58%** of carers reported they usually, sometimes or always felt involved or consulted in discussion about the support or services provided to the person they care for.

Complaints

We take customer feedback very seriously and always try to learn from what people tell us. We support managers to engage with people who are not satisfied to try and resolve as many issues as possible so that people do not feel they need to submit a formal complaint. You can complain to the London Borough of Haringey in the following ways: http://www.haringey.gov.uk/complaints and use the online feedback form.

If you are unable to use the form, please contact us by phone on 020 8489 1988.

What we will do with your complaint

The law says what we must do with adult social care complaints. When we receive your complaint, we will try to sort out the problem straight away. If we cannot we will:

- write to you within three working days with the contact details of the person who will deal with your complaint
- offer to discuss your complaint with you so that we can clarify the issues and how the complaint will be investigated
- respond to your complaint within 10 working days, or agree a new deadline with you before then if we cannot.

Feedback Form

Thank you for taking the time to read Haringey's 2016-17 Adult Social Care Local Account. We welcome your feedback on this Local Account. Please send completed forms to: **Governance & Improvement Service, 7th Floor, River Park House, 225 High Road, Wood Green, London, N22 8HQ.** You can also email your feedback at asclafeedback@haringey.gov.uk

1. How did you find out about the Local Account?

2. Did you find the Local Account report informative?

☐ Fully ☐ Partly ☐ Not at all

3. Was the Local Account interesting to read?

☐ Fully ☐ Partly ☐ Not at all

4. Was the Local Account laid out in a way that was easy to read?

☐ Fully ☐ Partly ☐ Not at all

5. Was the Local Account easy to understand?

☐ Fully ☐ Partly ☐ Not at all

6. If you said partly or not at all for questions 2-5, please explain why:

7. Do you have any further comments, or how the Local Account could be improved next year?