Haringey Council

NOTICE OF MEETING

Overview and Scrutiny Committee

MONDAY, 14TH SEPTEMBER, 2009 at 18:00 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Councillors Bull (Chair), Adamou (Vice-Chair), Adje, Aitken, Mallett, Newton and Winskill

Co-Optees: Ms Y. Denny (church representative) plus 1 Vacancy, Ms M Jemide (Parent Governor), Mr J Efiofor (Parent Governor), Ms S Marsh (Parent Governor), Ms H Kania (LINk Representative)

AGENDA

7. CABINET MEMBER QUESTIONS: CABINET MEMBER FOR ADULT SOCIAL CARE AND WELLBEING (PAGES 1 - 10)

Answer to questions from Councillor Dogus, Cabinet Member for Adult Social Care and Wellbeing.

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Friday 11th September 2009

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Haringey Council

Overview and Scrutiny Committee – 14th September 2009
Q 'N' A: Cabinet Member for Adult Social Care and Wellbeing - Councillor Dilek Dogus

Page/ Point	Question/Observation	Answer (Where applicable)
	Questions from Councillor Newton	
Sheltered Housing	1. What entrance criteria are applied for sheltered housing?	There are two types of supported housing – sheltered housing (traditional blocks of flats with a scheme support manager on site, communal areas such as lounges, laundries, gardens etc) and community good neighbour schemes (small groups of designated properties in general needs estates that have been specifically adapted for the purpose – as a generality, CGN schemes do not have communal facilities, though some are in specially designated blocks). In general, CGN are allocated to the less frail and vulnerable. Applicants for supported housing initially need to be eligible for the Housing Register, i.e. - to be aged 16 years of age or over; - to be on the Electoral Register, or have applied, unless ineligible to vote; - not to be ineligible for housing, by reason of their immigration status, or guilty of unacceptable behaviour serious enough to entitle a possession order. Applicants are required to provide documentary evidence of identity, residence, a relationship to and between those named on the application, immigration status, and, if eligible to vote, registration on the Electoral Register. The financial resources an applicant has available to meet their own housing costs are taken into account in the assessment process for supported housing, during which a decision will be made whether applicants have sufficient equity or capital to enable them to buy more suitable alternative accommodation in the private sector. This is not be treated as a blanket exclusion as not every owner occupier

		will be in that position. Each case is considered on its merits. These eligibility criteria for supported housing for older people are set within the wider context of the NHS and community Care Act 1990; The National Service Framework for Older People (2001); Haringey's Supporting People Strategy; the Community Care Strategy; the Well being Strategic Framework; Personalisation and all relevant Housing Legislation and associated guidance. **The eligibility criteria for supported housing are as follows –** • Applicants are normally older people, **above the age of 50**, due to the nature of the service and the community within which they will be living. However, younger applicants with a severe disability and/or significant support needs are considered on an individual basis. ***and*** • Applicants must be in need of housing/re-housing, due to one or more of the following reasons: ❑ their current accommodation is unsuited to their current health/social needs, or in a dangerous state of disrepair, or unsafe (usually following Environmental Health involvement) ❑ they are, or are soon to be, homeless and are in priority need, as per Pt VII of the Housing Act 1996 ❑ they are experiencing 'delayed discharge' somewhere in the local health and social care economy and have been assessed as being unable/unsafe to return home

		❑ to facilitate moving on from the 'step down in supported housing' service ❑ they are in a residential home but have been re-assessed as being able to live independently in sheltered housing with appropriate support ❑ where a move to sheltered housing will prevent an inappropriate admission to long-term residential care. ❑ they are under-occupying a council tenancy in a general needs property ❑ they are assessed as suffering, or being at risk of, domestic violence or any form of abuse as defined in the Protection Of Vulnerable Adult (POVA) Procedures. ***and*** • Applicants **must** also be in assessed need of physical/social/emotional care and/or support, in identifiable areas and due to identifiable causes, in order that an individual support plan can be drawn up. They must have an ongoing need to have their condition and/or situation monitored and be capable of living in the community with support from Adult Services and staff on site. It is this factor that enables their support to be funded through the Supporting People programme. Chronological age or a simple housing need alone is insufficient to enable a sheltered housing property to be allocated.
Sheltered Housing	2. Can you assure us that all residents entering sheltered housing are appropriate to the level of care and are not residents with dementia or high level of needs?	Sheltered housing is social housing, but with support attached. All residents entering such housing have been assessed as being able to have their support and care needs met in that setting. However, people being offered tenancies in such supported housing do include people with dementia and high support needs as they have the same right to social housing as all other eligible people in

		Haringey, so long as their support needs can be met in the community. Tenancies are also offered to people with mental health problems or learning disability, as long as they meet the criteria. To screen them out would be inequitable and discriminatory. To have such people as tenants is therefore eminently appropriate and is the *raison d'etre* for the service. Additional social and personal care is also assessed for and offered, as appropriate to an individual's needs in conjunction with Adult Services and individuals may also attend day opportunities and access other forms of support, as required to support their needs in an appropriate manner. The purpose of the supported housing service is to help the people who use the service to maintain their independence and live at home as tenants for as long as is possible, supported by local support staff on site and an additional community care package when assessed as being required, as well as the Community Alarm service that monitors their well being out of working hours. The service aims to slow down deterioration in function, to maintain tenant skills in activities of daily living and thus avoid potential loss of confidence and self-esteem. The service is provided in a low-risk environment designed for older people who are assessed as being in need of both housing and support. The support service works with tenants and their carers/families to ensure the individual support plan reflects their wishes and aspirations, according to their assessed need for support. Supported housing provides an individual social care, support (both physical and/or social or emotional), advice and advocacy service within a housing management context, relevant to the needs of generally older people from the full range of communities and cultures in Haringey. Though the support function and housing management function are provided by separate teams, the aim is to provide a seamless service to individual tenants on the principle of "one-stop" and a home for life, where at all possible. The increase in community based care and support services in recent years increases the probability of this choice for tenants who wish to continue to live in supported housing being effective.

High Level of Needs	3. What facilities do you have available for dementia or Alzheimer patients and who pays for the placements and where are they?	All residents are provided with services following an assessment of their needs, the range of services available span from assistance in the person's own home through to Nursing Care. All of these services are available for people living with a diagnosis of dementia or Alzheimer's disease. The funding of such services can be any of the following, Local Authority Funded, NHS Funded, Self-funded or a combination of any of these. The funding source for services is dependednt on a number of different factors. The Council currently operates one Day Service specifically for people with dementia or Alzheimer's disease. The Council also intends to open a second facility later this year. The Council also has a number of designated placements within its own residential care service for people with a diagnosis of dementia.
High Level of Needs	4. Have you carried out a needs assessment of the number of placements needed over the next 10 years and earmarked funding and suitable placements for them? Please detail what has been done in relation to this.	The joint strategic needs assessment was completed in Summer 2008, and in August 2009 the first phase of a two part detailed needs assessment for Older People has now also been completed. The latter looks in more detail at the projected care needs of Older People, giving commissioners the intelligence needed to plan services, in particular looking at how we maintain the current strategic direction of more care in the community; shifting the balance of care away from institutional care settings. Current capacity in the care homes is considered to be sufficient for the medium term, with Haringey's overall population of older people not expected to grow significantly until after 2015. The second phase of the older people's needs assessment (to be completed by March 2010) will look in more detail at the anticipated health and social care needs of older people, to support commissioners in planning sufficient capacity across the social care market in terms of community based and institutional provision. Detailed needs assessments of other care groups are now programmed into the workplan of Commissioning & Strategic Planning within Adult Social Care; including learning disabilities, mental health (currently underway) and physical disabilities across the 2010 calendar year, in partnership with Public Health in NHS Haringey and Corporate Policy and Performance .

	Question from Councillor Aitken	
	5. Given the emphasis in the Cabinet Member's report on support for vulnerable adults and carers is she aware that the largest 3rd Sector organisation in the Borough "FiveE" is without funding? What steps will she be taking to ensure proper funding to maintain I Can Care as well as the jobs and support provided by this organisation?	This organisation currently is funded through Urban Environment Economic Regeneration, delivering a range of employment and skills programmes. Access to sustainable employment, through training, apprenticeships is recognised in Adult Social Care as integral to delivering on the prevention and well-being agenda. Commissioning intends working with organisations such as this to support the implementation of personal budgets in adult social care, to ensure a range of services are available to users wishing to spend their personal budgets. Market engagement and development is integral to the implementation of transforming social care, therefore we recognise it will be essential to work with a range of third sector organisations such as "FiveE".
	Questions from Councillor Winskill	

Annual performance assessment	6. The achievements listed are to be welcomed and the staff involved commended. Please tell me what areas of activity/service provision cause you cause for concern and what actions are being taken to improve them.	• Changing work practice and culture in view of personalisation agenda:
		  ○ staff briefings and outcome focussed care planning training are in place.
		• Improving safeguarding for adults:
		  ○ Recruiting an independent chair for the Safeguarding Adults Board.
		  ○ Develop a specialist Safeguarding Team to undertake all safeguarding work across client groups.
		  ○ Recruiting carers to the Safeguarding Adults Board and sub-groups.
		  ○ Establishing a Member Panel for safeguarding.
		  ○ Recruited a senior manager from Community Safety and the Police to the Safeguarding Adults Board.
		• Case recording:
		  ○ additional upgrades on Framework-I, including introduction of a new Safeguarding of Vulnerable Adults workflow system.

Annual performance assessment	7. *"We have learned from the service inspection, and have made some strategic changes to the Directorate."* Please elaborate.	• Safeguarding transferred to Safeguarding & Strategic Services Division for a more arms length approach.

		• Strategic commissioning moved closer to Assessment & Care Management to support operational developments in line with the personalisation agenda.
Relationship with PCT	8. The PCT's budget process has been especially difficult this year. Are you satisfied that Adult Services were kept adequately informed of the issues and areas of change , and were given the opportunity to feed in concerns, help establish priorities and challenge areas of the PCT's budget that impact on the accountabilities of the department?	NHS Haringey Finance Director, AD Adults Services and Head of Finance Adult, Culture & Community Services met regarding budget issues on 2nd July 2009. Highlights of the analysis show a potential reduction in investment in real terms in funding allocated to: ○ Barnet Enfield and Haringey Mental HealthTrust – this will potentially have a knock on impact on mental health services in the Borough and ultimately on Social Care resources; ○ Learning Disability Services Section 28a – no reduction in anticipated expenditure (above 2% inflation) despite the position of aging population and potential requirement for increased packages as needs increase; and ○ Registered Nursing Care Contribution – Net reduction in budgets which will have a direct impact on provision of services for Older People and ultimately Social Care Commissioning budgets. A full analysis will be presented to NHS Haringey prior to their next Board meeting on 30th September.
Achievements against key outcomes	9. "*We have completed a commissioning framework to support transformation, and market development is integral to the programme*." Please elaborate.	The commissioning framework sets out the principles for commissioners in adult social care, in facilitating a 'transformed' social care market place. These principles include: • People at the heart of commissioning – through having a range of methods to engage and consult and in particular for engaging with 'hard to reach' communities • Market and workforce development – with commissioners moving into a facilitative role, working with providers to ensure readiness to meet the needs/demands of service users with personal budgets. • Develop new ways of contracting – deliver transformed market place that is able to provide the kinds of services that users will wish to purchase • Exploit opportunities through increased joint commissioning with NHS

		Haringey • Learning & improvement eg ensure systems in place to analyse service purchased by people so as to inform future commissioning intentions
Relationship with BEHMHT	10. Following some ward casework, I have become very concerned at the poor level of communication that exists between adult social services and MHT teams. Could the Lead Member tell me of any meetings between her staff and those of the MHT to improve cross agency working and co-ordination.	Adult Services has a Service Manager post whose role is to work jointly with the Borough and the Trust to improve communication at all levels across the Local Authority, the Mental health Trust and NHS Haringey. At a senior level, there are monthly joint management meetings to work on the core issues of: practice, performance and finance. The local authority service manager also attends weekly management meetings with the Mental Health Trust to improve cross agency working on the ground and improve and strengthen care coordination. Joint practice events such as 'Risk Training'; Best Interest and Deprivation of Liberty Training have all taken place in 2008/2009 and more joint training is scheduled on holistic and 'Outcome focused Care Planning' and personalisation. The Assistant Director for Adult Services and commissioning meets monthly with the Borough Director for Mental Health and a joint Management 'away day' took place in August' all aimed at strengthening joit working and care coordination. Monthly Mental Health Partnership Boards are held and a quarterly Mental Health Executive Board is the joint strategic steering group.
	Question from Councillor Egan	
Well Being	11. To encourage 60+ to swim, why make it necessary to register for an Active Card? If production of a Freedom Pass was used (it does have photo evidence) casual swimming would be encouraged and could lead to a longer term commitment.	Active Card membership provides discounted access to a range of provision/activities at the Councils leisure centres, including free swimming.It also enables the Council to monitor use and develop provision more effectively, and provide data to DCMS, which is a requirement of the grant aid funding that the Council receives to support free swimming.
	Question from Councillor Allison	

	12. Could the cabinet member please outline the course of action in adult social services when a doctor writes, phones or emails with concerns about an elderly patient?	All referrals are received by the service and screened for the appropriate action to be undertaken, where a referral is incomplete the service will endeavour to contact the referral to gather sufficient information to make a decision about what needs to happen. If the service is unable to make contact with the referrer a decision will be taken as to whether to contact the subject of the referral to establish the current situation. Where a referrer is unhappy with a response from the service they have access to a Duty Manager to raise their concerns on the day as well as a management hierarch to escalate their concerns. Ultimately the referrer has recourse to the Council's Complaints procedure. The service treats all referrals with the same level of importance regardless of who the referrer is therefore although a referral may emanate from a GP it is afforded the same level of seriousness/importance as a referral form any other source.

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