



Haringey Council

**Overview & Scrutiny Committee, December 1<sup>st</sup> 2008**  
**Questions to Cabinet Member for Adult Social Care & Wellbeing**

Page/ Point	Question/Observation	Answer (Where applicable)
	<b>From Councillor Egan:</b>	
N/A	1. Can the Lead Member outline the possible future contribution his portfolio can make to multi agency approach to tackling homelessness?	<p>Adult, Culture and Community Services [ACCS] is already making a significant contribution in supporting the Borough's strategy to tackle homelessness and the number of households in temporary accommodation. This includes a substantial investment of senior manager and officer time and expertise and of resources and services.</p> <p>Members are already no doubt aware of the Borough's highly successful Supporting People [SP] programme, which is led and managed by ACCS. Since 2003 this programme has developed over £20 million worth (per annum) of support services, which have the aim of preventing homelessness amongst our most vulnerable families and households and which offers intensive support and advice to help homeless people move on from temporary accommodation. In total this programme supports nearly 10,000 vulnerable households living in the Borough in maintaining their independence and accommodation. Government performance information collected by the Council's Supporting People Team points to these services playing a major and highly effective role in ensuring that our most vulnerable residents remain independent and do not lose their housing.</p> <p>More specifically the programme has developed three direct access support services, which are accessible to members and residents over the telephone and which do not require a referral from a statutory agency. The HARTS service works with 700 families, the Key Support Service works with 400 single people and 60+ works with 300 vulnerable older people.</p> <p>These services can support over 2,000 households a year who may have a wide range of low and high level challenges likely to threaten the security of their accommodation and put them at risk of homelessness. In 2007 over 40% of the</p>



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		<p>total number of households with whom these services work (where threat of homelessness was identified as a support need) were successfully able to address their rent arrears through the support they received. Therefore this represents 800 households whose homelessness was prevented. These services also managed to prevent nearly 200 households, who had received notices to quit or where a court order was being sought by the landlord, from being actually evicted. All these services work very closely with the Council's Housing Service and provide daily support and advice surgeries at the Housing Service based at Apex House. There are plans to fully integrate them into the statutory homeless services to ensure that every vulnerable household who presents as homeless is given the support they need as soon as they seek assistance and advice.</p> <p>In total approximately £9 million of SP investment is specifically targeted at support specifically designed to prevent and tackle homelessness. It is likely that the temporary accommodation reduction target will be a key LAA indicator set for the Supporting People programme and ACCS.</p> <p>I would also like to point to the fact that senior commissioning managers and officers played a substantial role in the development of the new homelessness strategy and are continuing to offer significant support in taking the strategy forward, including being a part of a number of the key delivery groups. This also includes continuing work on improving the operational arrangements and joint working between Housing, Adult Social Care, the NHS TPCT and the criminal justice agencies.</p>
N/A	2. Can the O&S Committee be updated on the delegated budgets in relation to individual Personal Care packages?	<p>The Transforming Social Care Programme for Adults is made up of four areas for development :</p> <ul style="list-style-type: none"> <li>• Universal Preventative Services e.g. the provision of information, advice, drop in and resource centres and services provided by health and social care via libraries and recreation services</li> <li>• Early Intervention and Emergency services e.g. duty, intermediate care and re-ablement after hospital discharge</li> <li>• Self assessment, self directed support and individual budgets ( using</li> </ul>



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existing fair access to care criteria)

- Social Capital and Co-production e.g. advocacy, volunteering, social enterprise and neighbourhood support

Of these, Early Intervention and Emergency Services and Universal Preventative Services are well developed in Haringey except that a more integrated information, advice and access service is required at the front end of the access pathway to self directed support. This has been addressed by agreeing to develop a one stop integrated access team for all service user groups except for mental health services. Version 1 of the pathway to self directed support, to be used by all teams, has also been agreed for testing in the pilots. The development of self assessment and self directed support is being carried out in two pilot projects - one for people with Physical Disabilities and one for people with Learning Disabilities. The pilot project with people with Physical Disabilities is well advanced, having started three months ago, is testing the self assessment questionnaire, has a 10 strong group of service users working with the project and is consulting with carers as to how self assessment of their needs should fit with self assessment of the service users needs.

The Learning Disability pilot has only just started and so progress will have to be reported later. The next steps are to :

- Develop the Resource Allocation System which draws together the various budgets which together will underpin the Individual Budget
- Develop an agreed approach to the roles and functions of Support Planning and Brokerage and test it in the pilot projects
- Begin the development and reconfiguration of Frameworki, the departments care management IT system, so that it can facilitate the development and implementation of self assessment and self directed support

The programme is on course to achieve the original aim of going out to formal consultation on the pilot for people with Physical Disabilities in April - May 2009/2010 with implementation taking place in June 2009/2010. The Learning Disability pilot will now take a little longer and aim for consultation in June - July



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		2009/2010 and implementation in August 2009/2010. The development of social capital and co-production will focus on the development of advocacy services and social enterprise during 2009/2010.
N/A	3. What respite care is available to Haringey residents? Can costs involved be outlined?	<p>Haringey residents can access respite care both from in house LBH provision and independent providers (both private and voluntary sectors). Based on our activity and expenditure during 2007/08 the average cost of one week residential respite (all client groups) in independent provision was £701.73 whilst in Local Authority average unit cost was £607.06. Service Users will receive a flat weekly rate charge for the first eight weeks of respite during the year:</p> <ul style="list-style-type: none"> <li>• 18-24 yrs £52.65 (£7.52 per day)</li> <li>• 25-59 yrs £65.20 (£9.31 per day)</li> <li>• 60+ yrs £102.90 (£14.70 per day)</li> </ul> <p>After eight weeks a full charging assessment (CRAG assessment) will be carried out.</p>
Page 1	4. Can the innovative working practices with the 3 <sup>rd</sup> Sector and BME communities be explained? What good practice has been identified and embedded into everyday working across the department?	<p>Adult, Culture and Community Services [ACCS] acts as a partner/commissioner of services in the 3<sup>rd</sup> Sector. Many of the innovative services that are operated by the independent sector are funded in part by the Council to enhance the range of services made available to residents. The innovative nature of the services is often possible because of the organisation's non-statutory status and their ability to secure funding from the Lottery and various charitable foundations.</p> <p>The good practice identified is that of service user engagement. ACCS is now actively involving people receiving care, carers and staff in shaping and developing social care services, for example – the work undertaken with the growing Chared's Jewish community to develop self-help strategies and inform service delivery. Early successes include exploring skills and resources together, considering an Extra Care Housing development and culturally sensitive safeguarding training. These have been cited by the IDeA as innovative practice.</p>
	<b>From Councillor Winskill:</b>	



<p>1</p>	<p>5. Please tell us how many people are using Telecare and what the income to the Council now is. As more people use the service, will it be possible to take advantage of economies of scale and reduce the cost to individuals?</p>	<p>No, it will not be possible to take advantage of economies of scale and reduce the cost to individuals as the service is heavily subsidised. Equipment expenditure for 2008/09 is expected to be approximately £109k full year effect. 472 people are currently using Telecare equipment. This includes 304 Telecare units and 168 Telecare sensors. The income to the Council from 01.04.08 to date is £17.5m. The weekly charge for monitoring and response is £5.97 plus 50p for additional sensors. The cost of Telecare in Haringey is in line with TSA (Telecare Standards Association). All service users are eligible for help for payment through Fairer Charging Assessment.</p>
<p>1</p>	<p>6. How many more people with disabilities were supported into work? Please give figures for last year and this.</p>	<p>Haringey Deaf Job Club has assisted 12 people into employment in 2007/08. Haringey Phoenix Group with Action for Blind People provides computer training for people with visual impairments. The group provided training to six people in 2007/08. Phoenix Group assisted 10 people into employment. The Phoenix Group provide a 12 week computer training course using specialist software for people with visual impairment. The programme provides for up to 50 places each year.  KINESIS Employment and Training Project for People with Substance Misuse Issues provided 50 volunteering placements, 78 people completed accredited training courses and 15 people entered the employment market.</p>
<p>1</p>	<p>7. Last year, the PCT announced changes to demand management leading to patients leaving hospital earlier after treatment. What affect has this had on the demands for support services as care is transferred to Haringey? Is there any indication on the</p>	<p>The NHS nationally has taken a three pronged approach to delivering reduced delayed transfers of care/discharges from acute and non-acute hospitals:</p> <ul style="list-style-type: none"> <li>• Preventing admission</li> <li>• Reducing the length of stay through improving internal processes and care pathways to improve the patient journey within the hospital setting.</li> <li>• Ensuring discharge to the most appropriate setting with the right level of</li> </ul>



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	<p>effects on clinical outcomes experienced by patients?</p>	<p>community and primary care support, including intermediate care.</p> <p>This has had an impact on both the numbers of service users who require social care services from the Council and in the level of dependency that is being supported. Haringey Primary Care Trust has recognised the important role of Rapid Response keeping delayed discharges to a minimum and importantly admission avoidance. The TPCT has invested £100k into Rapid Response in 2008/09.</p> <p>In 2007/2008, the Rapid Response Team completed a total of 885 assessments of which 559 service users received a care package. The pattern for increased demand is continuing with a 50% increase in referrals for the first six months of this year compared to the same period last year.</p> <p>Whilst there has been an evident increase in the number of cases being dealt with by community based services as a result of a national drive on the part of the NHS to reduce delayed transfers of care, Haringey Council and TPCT have been able to respond to this in an appropriate way, with multidisciplinary teams in place and with increased levels of investment.</p> <p>In relation to clinical outcomes every service user referred to Adult Services 'Rapid Response' as part of hospital discharge/admission prevention is monitored and reviewed within the six-week period. Where there are clear, health related needs these are monitored and reviewed as appropriate by a health care professional.</p>
2	8. Please give more information on the creation of a joint visiting team with DWP.	<ol style="list-style-type: none"><li>1. The 'Fairer Charging Practice Guidance' issued by the Department of Health in August 2002 sets out the department's views about 'maximising user's income with Benefits advice and support' and working in partnership with Benefits &amp; Local Taxation Service, the Pension Service and Jobcentre Plus.</li><li>2. The Department for Work and Pensions (DWP) / Local Government Association</li></ol>



		<p>(LGA) policy document 'Link-Age - Developing networks of services for older people' further set out the concept of joint teams in the context of other 'third age' partnership arrangements.</p> <p>3. The Pension Service first contacted Social Services in October 2002 to initiate joint working arrangements. A permanent programme of surgeries was arranged at community locations around the borough and informal joint working has been extended to include take-up initiatives involving joint advice stalls with staff from ACCS and Benefits &amp; Local Taxation. The recent 'Claim It' event at Wood Green library is a good example of this model.</p> <p>4. The Council first considered the idea of a Joint Visiting Team as part of a Scrutiny Review of benefits take-up, which concluded that the implementation of a full Joint Visiting Team may be problematic. The review did however ask that joint working arrangements with the Pension Service be kept under review.</p> <p>2.3 Local authorities across the country were slow to take-up the Joint Visiting Team initiative and in response The Pension Service introduced revised 'Joint Working Partnership' arrangements, which are more flexible and easier to implement.</p> <p>5. A number of meetings with The Pension Service have taken place and a draft 'Joint Working Partnership Agreement' is currently being developed.</p>
	<p><b>From Councillor Alexander:</b></p>	
<p>Page 1 - Achievements</p>	<p>9. Whilst it is good to see where we have achieved, are there any areas where the Council has significantly underachieved? If so, where and how are the Council planning to address these issues?</p>	<p>There are no areas of significant underachievement in Adult Social Care. There are, of course, areas in which we are working to improve.</p>



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