



Haringey Council

Report for:	Adults and Health Scrutiny Panel	Item Number:	
Title:	Learning Disabilities service – Campsbourne Road		
Report Authorised by:	Cllr Gina Adamou Chair, Adults and Health Scrutiny Panel		
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Ward(s) affected:	Report for Non Key Decision:		

1. Context

- 1.1. The contents of this report relate specifically to the residents who were receiving learning disability services at Whitehall Street prior to the Cabinet decision to close this residential home.
- 1.2. The Adults and Health Scrutiny Panel are asked to consider the content of this report, the subsequent evidence from the service users and their carers/families and any evidence received at the panel meeting in order to:
 - Assess the impact and outcomes for the residents on the move from Whitehall Street to alternative service provision based on current policy and best practice, with specific reference to those at Campsbourne; and
 - Make recommendations on any lessons learned and any service improvement that may be required.
- 1.3. It is important to note that the objective of this piece of work is for the panel to consider the current position of the service and the residents in light of the new service provision and assist in service improvement by making recommendations to further improve the service provided for people with learning disabilities in the borough based on this rather than the closure of the service itself.



2. Learning Disabilities in Haringey

2.1. The definition of learning disability¹ as the presence of:

- *“A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with;*
- *A reduced ability to cope independently (impaired social functioning);*
- *which started before adulthood, with a lasting effect on development.”*

2.2. According to the [Joint Strategic Needs Assessment](#)² (JSNA) 580 people receive services from the Local Authority in relation to their learning disability. The JSNA also notes that of these:

- Half live in the community with help at home;
- Half live in the community and are in receipt of a personal budget;
- There are currently 44 people with learning disability aged over 65 years;
- Nearly 60% of this group are cared for in residential care and the rest live in their own home or in an adult placement.

2.3. The prevalence of learning disability in the general population is expected to rise by around 1% per annum for the next 10 years and to grow overall by over 10% by 2020. It is also expected that there will be a growth in the complexity of disabilities. In addition, there are increases anticipated in the proportion of younger English adults from South Asian minority ethnic communities where the prevalence of learning disability is higher. People with a learning disability are also living longer.

2.4. It should be noted that the Council has a statutory obligation³ to make arrangements for the provision of accommodation for people who require it, but there is no obligation for the Council to directly provide this.

2.5. There is a well developed independent sector care market in Haringey and the Haringey Adult Services only buys residential care beds which offer the highest quality of care. The Care Quality Commission, when considering Haringey’s commissioning practices in 2011 and in terms of the quality of residential care for adults judged the service to be the best in London.

2.6. The Adult Service plans to continue with this approach, whilst moving from a model of directly provided adult care services to one where these services are commissioned from a wide range of providers in the independent sector. This approach is in line with national policy (see below).

2.7. The Service is also working to support more people with a learning disability to have the support they need in their own home and in supported living in line with

¹ Valuing People, Department of Health, 2001

² Joint Strategic Needs Assessment, Haringey Council,

http://www.haringey.gov.uk/index/social_care_and_health/health/jsna/jsna-adults-and-older-people/jsna-learning-disabilities.htm

³ Section 21 of the National Assistance Act, 1948



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Valuing People and Valuing People Now, to enable people to remain as independent as possible. Again, this is in line with national policy.

3. Policy context

3.1. [Valuing People: A New Strategy for Learning Disabilities for the 21st Century](#)⁴ was published in 2001. This strategy was based on four key principles for people with learning disabilities - civil rights, independence, choice and inclusion.

3.2. In December 2007 the Department of Health published a Ministerial concordat '[Putting People First](#)'⁵ which set out the shared aims and values to drive the transformation of adult social care, by working across sectors and agendas.

3.3. In 2009 the Valuing People strategy was followed up with "[Valuing People Now: A New Three-Year Strategy for people with learning disabilities](#)"⁶. This document acknowledged that Learning Disability services had been struggling to deliver real change on the ground and aimed to address this.

3.2.1 Key policy objectives between 2009 and 2012 included that all people with learning disabilities and their families will:

- "have greater choice and control over their lives and have support to develop person centred plans;
- have an informed choice about where, and with whom, they live;
- have the opportunity to speak up and be heard about what they want from their lives – the big decisions and the everyday choices. If they need support to do this, they should be able to get it;
- be able to use public transport safely and easily and feel confident about doing so."

3.4. In February 2012 the **House of Commons Health Select Committee** conducted an inquiry into [Social Care](#). The report made a number of observations and recommendations, including those relating to the integration of social care, health and housing⁷.

3.5. In July 2012 the Government published its white paper for social care – '[Caring for our Future – reforming care and support](#)'. This white paper outlined a system which aims to:

- promote wellbeing and independence at all stages to reduce the risk of people reaching a crisis point, and so improve their lives
- transform people's experience of care and support, with high quality services that respond to what people want

⁴ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009153

⁵ Putting People First; a shared vision and commitment to the transformation of adult social care, Department of Health, 2007

⁶ Valuing People Now: A New Three-Year Strategy for people with learning disabilities, Department of Health, 2009

⁷ House of Commons Select Committee, Social Care, February 2012



- give people control over their own budget and their own care and support plan to choose the care and support that best enables them to meet their goals and aspirations.

3.6. An accompanying document to the above white paper also responded to recommendations made by the Health Select Committee⁸. With specific reference to joining up social care with health the response includes the following:

- “Health and wellbeing boards will provide the forum for local system leadership to join up health and care services, as well as wider services such as housing, in order to better meet the needs of service users and their families.
- Through reform, the Government will encourage greater flexibility for providers of health, housing and social care to work across the systems, stimulating new and innovative models of integrated provision that better respond to people’s needs.”

3.7. [Care Quality Commission review of Learning Disabilities](#)

3.7.2 Following the reports of abuse at the Winterbourne View private hospital for people with Learning Disabilities the Care Services Minister requested that the Care Quality Commission (CQC) carry out a review of similar units to Winterbourne View. The CQC carried out an inspection of 150 units nationally based on two outcomes:

- Care and welfare of people who use services (outcome 4).
- Safeguarding people who use services from abuse (outcome 7).

3.7.3 The Department of Health subsequently published an interim report ([Department of Health Review: Winterbourne View Hospital](#)⁹). The main findings were that:

- “too many people are placed in in-patient services for assessment and treatment and are staying there for too long
- instead people should have access to support and services so that they can live fulfilling lives within the community
- there is evidence of poor quality of care, poor care planning, lack of meaningful activities to do in the day, and too much reliance on restraining people
- all parts of the system – commissioners, providers, individual staff, regulators and government – should have zero tolerance of abuse and have a duty to improve standards”.

3.6 The [Health and Wellbeing Strategy](#) is Haringey’s overarching plan to improve the health and wellbeing of children and adults in our borough and to reduce health inequalities.

3.7.1 The relevant priorities in the strategy that refer to the content of this report are priorities 2&3:

⁸ Government response to the House of Commons Health Committee Report on Social Care (Fourteenth Report of Session 2010–12)

⁹ Department of Health Review: Winterbourne view Hospital, Department of Health, 2012



- **A reduced gap in life expectancy**
 - Reduce smoking
 - Increase physical activity
 - Reduce alcohol misuse
 - Reduce the risk of cardiovascular disease (CVD) and cancer
 - Support people with long term conditions (LTC)
- **Improved mental health and wellbeing**
 - Promote the emotional wellbeing of children and young people
 - Support independent living
 - Address common mental health problems among adults
 - Support people with severe and enduring mental health needs
 - Increase the number of problematic drug users in treatment

4 Previous service model/Whitehall Street

4.1 Whitehall Street was a Council residential care home providing a physical, social and emotional care support service to 15 people with learning disabilities. The service consisted of 11 beds for permanent placements and 4 beds for respite care. At the time of closure only nine permanent residents were living there.

4.2 The Equalities Impact Assessment notes that there were 10 permanent residents, with other beds being occupied by temporary/respite residents. It also notes that there were 36 users of the 4 respite beds.

4.3 Of the 9 permanent residents at Whitehall Street, 4 residents had long established support plans (pre-dating the Cabinet decision) which included plans to enable them to move back into the community with appropriate support services and personal budgets.

4.4 The Care Quality Commission assessed the service as being 'Good' under the inspection regime at the time.

5 Reasons change was needed

5.1 The Comprehensive Spending Review 2010 and the subsequent Local Government settlement significantly reduced the amount of local government funding. This has meant that a number of services across the Council have had to be cut, including those in Adult services affecting vulnerable people.

5.2 Alongside the funding cuts is the need to transform adult services in line with the Putting People First programme which aims to deliver personalised care through self-directed support (as mentioned above). The shift to enabling that vulnerable adults have greater choice and control over the care and lives also meant that changes to the way services were provided in the borough was needed.

6 Change Management/consultation



6.1 The consultation period ran from 31st January 2011 to 30th April 2011. It should be noted that the information below was part of the wider budget consultation which included changes in the provision of other services as well as Whitehall Street.

6.2 Prior to this period e-mails and letters were sent to users, relatives, carers and staff informing them that closure was being considered. These letters and emails were followed up with face to face meetings to inform people that a consultation on the closure would be taking place, explain what was happening and why, and also to inform them of the next steps in the process.

6.3 Following the above pre-consultation activity a formal three month consultation then started. This included:

- **Consultation web page, email address and telephone helpline** – created to ensure that people were able to read and be kept informed of the consultation. All information was also provided in hard copy to ensure that those without internet access could also access the information.
- **Consultation questionnaires** – to ensure views were captured of as many people as possible, including relatives and carers who did not live close.
- **Press notices** – both initial press briefings and in answer to press questions.
- **Letters and emails** – to ensure people were kept up to date of developments.
- **Meeting attendance** – including with the Local Involvement Network and the Mental Health Carers Support Association.
- **Partnership working** – the independent and voluntary sector, local online community and NHS colleagues were also engaged to promote the consultation through organisations such as HAVCO (Haringey Association of Voluntary and Community Organisation) and GPs. The consultation was also discussed at Partnership Boards, for example the Learning Disability Partnership Board.
- **Meetings and Newsletter updates** to residents and families at Whitehall Street.

6.4 Adults also commissioned Mencap Advocacy Service to assist with the consultation process and individual meetings with service users who requested this support. A copy of Mencap's report can be found at Appendix A.

7 Respite

7.1 Adults Service spoke to service users, families and carers about respite over the course of a year to gain more of a perspective on the types of respite that people would like. A consultation also took place with regards to respite care for those affected by the closure of Whitehall Street. The consultation concluded that there were a number of different respite options that people wanted, including staying at home with support, taking a short break or holiday and bed based respite, like that at Whitehall Street.



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7.2 Adults therefore ensured that up to date assessments were in place including how much respite was needed and the service users choice on the type of respite they wanted.

7.3 A dignity audit tool was developed to aid the screening of potential providers of respite. An open market place was then organised where six providers who passed the screening audit were invited to give a presentation on the respite services they offer. Families and people who use respite had the opportunity to grill providers “Dragons Den “style.

7.4 Adults has commissioned respite services to ensure that where people would like bed based respite this is available. This includes Priory Road as emergency respite and Edward Marcus has also been commissioned to provide various respite services.

8 Rationale for choosing Campsbourne

8.1 As part of the consultation with residents of Whitehall Street, four service users expressly stated that they wished to continue to live together when they moved out of Whitehall Street.

8.2 A Homes for Haringey property was identified as needing investment beyond that needed for Decent Homes standard. This was the only property identified that could meet express wishes the Whitehall Street residents who wished to remain living together as a group.

8.3 A Capital investment bid was submitted to support the refurbishment of the property to ensure it was fit for purpose for supported living housing for people with learning disabilities¹⁰.

8.4 Funding was subsequently was made available from the Local Authority, Homes for Haringey and Housing Resource Allocations and transformed an uneconomic void into a home and enabled these four people to continue to live together.

New service model/provision

9 Campsbourne

9.1 The property on Campsbourne Road provides Supported Living accommodation for 4 people with learning disabilities.

9.2 Homes for Haringey is the Housing Management Agent for this property.

9.3 Campsbourne has been adapted to meet the needs of the residents and consists of:

¹⁰ Capital Programme Short Bid Form 2012/13 to 2014/15 and future years, Haringey Council, October 2011



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- Ground floor - a communal kitchen, a communal dining room, a communal living room, toilet
- First floor – Two bedrooms, one bathroom, one wet floor shower room
- Second floor - Two bedrooms, one toilet
- Outside – garden

9.4 Each occupier of the property holds a license issued by Adult Services for their occupation of their room and communal areas of the property. Housing costs, service charges and any other costs are met by the Licensees through Housing Benefit, other welfare benefits or other sources of income.

9.5 Residents of Campsbourne require 24 hour care and therefore a non-residential carer is on site at all times. Residents are using their own personalised budgets to jointly purchase this care, which has been commissioned by Adult Social Care on their behalf. This Care provider is responsible for all care provision and the safety of residents and, where relevant, will assist with reporting and allowing access to repairs etc.

9.6 A protocol between Adult Learning Disabilities Team and Homes for Haringey clearly sets out the roles and responsibilities of each service in relation to Campsbourne for example, the protocol clearly states that Adult Social Care are responsible for care meeting quality standards, assessments, upkeep and payment of the community alarm and the repair and maintenance of specialist equipment, such as the bath and evacuation chair.

Safeguarding

9.7 The above mentioned protocol also covers safeguarding and states that with regards to vulnerable adults issues “will be dealt with through the Adult Services Safeguarding Adults procedures and Housing Managers will attend strategy meetings and case conferences to ensure close liaison between services. All Housing Managers will receive Safeguarding Adults training via the Adult Services training systems¹¹”.

10 Quality Monitoring

10.1 An Individual Carer and Support Agreement is in place between the Care Providers (Edenvale), Haringey Council and the relevant service user. This agreement includes areas such as:

10.1.1 *Quality assurance* in accordance with the Care Standards Act 2000, including that the service provider must not only comply with the standards of this Act but also operate adequate systems for documenting and monitoring.

¹¹ The London Borough of Haringey: Adult Learning Disabilities Team protocol with Homes for Haringey, 13 Campsbourne Rd, April 2012 to April 2013



- 10.1.2 *Monitoring and performance review* – the agreement will be monitored by an Authorised Council Officer at least once a year.
- 10.1.3 *Service Plan Review* - The Service User Plan will be reviewed on at least a 6 monthly basis and the Council's Support Plan will be reviewed annually. The Support/Service User Plans will be amended to reflect the changing needs of the Service User. Either Party may request a review meeting to consider what changes, (if any) are necessary to the Support Plan or the Service User Plan, as a result of significant changes in the care needs of a Service User under specific circumstances as laid out in the agreement.
- 10.1.4 *Safeguarding Vulnerable Adults* - The Service Provider will ensure that Staff shall cooperate with and give reasonable assistance to the Council to enable the Council to safeguard and promote the welfare of Vulnerable Adults. The agreement also states that the Service Provider shall ensure that The Service Provider shall bring to the attention of the Designated Officer all concerns with regard to the protection of Vulnerable Adults which arise in relation to this Agreement in the first instance in order to prevent Vulnerable Adults from suffering harm or being at risk of suffering harm.
- 10.1.5 *Individual outcomes for service users receiving the services* - General outcomes to be demonstrated by the Service Provider for Service Users receiving the Services: **Outcomes are out of date-should use the 4 outcomes in the adults outcome framework.**
- 10.1.6 *Core Service Standards* – as per the agreement the Service Provider will be required to demonstrate both to the Council's satisfaction and that of the Service User receiving the Services that they are able to satisfy the standards detailed below. The purpose is to ensure that Service Users receiving the Services under their Support Plan and this Service Specification receive a consistent, reliable and professional standard of service, to meet their individual requirements set out in their Support Plan.
- Standard 1 – Adequate resources to meet the needs of the Service Users receiving the Services
 - Standard 2 - Staff will be recruited and trained to deliver high quality and flexible Services to meet the outcomes and requirements of the Support Plan and this Service Specification, and these are reflected in the Service Provider's Service User Plan
 - Standard 3 - Staff skills are evaluated at supervision sessions and plans devised for personal development.
 - Standard 4 – Service Users receiving the Services are empowered and feel valued
 - Standard 5 – Risk is managed and Service Users receiving the Services are safeguarded



- Standard 6 – The Services have local community links and promotes social inclusion
- Standard 7 – There is good management of the Services
- Standard 8 - The Services have robust management information systems
- Standard 9 – The Services are delivered under a participative approach with a strong focus on the Service User receiving the Services being directly involved in both decision making and the Service Provider’s Quality Assurance Arrangements

10.1.7 *Methods of monitoring* - to include (but is not limited to):

- The service reviews of each Service User receiving the Services
- Services quarterly reporting;
- Office visits and spot checks;
- CQC reports if applicable;
- Implementation of action plans; and
- Agreement reviews managed on the Service User’s behalf by the Council
- Unannounced spot checks and service visits by an Authorised Officer of the Council
- Face to face and telephone surveys of the Service Users receiving the Services

11 Service user perspective

11.1 An Independent Mencap Advocate has been commissioned to carry out some follow up visits and interviews with the four residents who have moved to Campsbourne. This information will be available to the Panel prior to the Panel meeting on 27th September, and in time for consideration ahead of this meeting.