

## Adult Social Care Improvement & Quality Action Plan 2014/15 and 2015/16

Ref	Key actions	Lead officer(s)	Completion date	Progress	Rag status
<p>ASCOF DOMAIN 1 Enhancing quality of life for people with care and support needs</p> <ul style="list-style-type: none"> <li>• People live their own lives to the full and achieve the outcomes which matter to them by accessing and receiving high quality support and information.</li> <li>• Carers can balance their caring roles and maintain their desired quality of life.</li> <li>• People manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs.</li> <li>• People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.</li> </ul>					
1.1	Continue to develop and support the Personal Budget Users' Forum to share information and improve the personal budget service, including enhancing the reconciliation process to ensure budgets meet support needs.	Sue Southgate	March 2015	<p>There is an ongoing presence of a Personal Budget Support Services (PBSS) officer at the Haringey Personal Budget Users Forum. Joint work has been carried out between the PBSS Team and the Haringey Direct Payments User Forum around the set up of the volunteer advice line. The advice line up was set up in December 2013 by the Personal Budgets User Forum following a successful application to the Big Lottery Fund. The advice line was set up as a pilot scheme for 12 months but has continued to operate since, offering advice to people receiving direct payments and personal budgets.</p> <p>The PBSS Team are completing systematic reviews of DP users and are reconciling accounts within the body of the review. Should discrepancies or misappropriation occur, areas of concern or misuse are discussed with Line Managers on a case by case basis. The direct payment will not be stopped automatically but a reassessment is scheduled.</p>	
1.2	Extend the local network of Dementia Friends to	Anne Carswell /	March 2015	The success of Dementia Friends Campaign, in	

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	help support people with dementia in the community.	Toby Kent		<p>borough, was dependent on council employees learning more about dementia and turning understanding into action in the local community. Haringey's focus was twofold:</p> <ol style="list-style-type: none"> <li>1. To provide formal training opportunities to social services staff likely to meet and work with Adults living with dementia.</li> <li>2. To provide information sessions to a wider group of Haringey employees and local stakeholders, promoting the Dementia Friends Campaign and encouraging sign up to the project as a 'Friend' in the first instance and as a Champion if people felt they were able.</li> </ol> <p>There were drop in sessions attended by Heads of Service, Managing Directors (Homes for Haringey), Team Managers, key stakeholders from the Dementia Steering Group, Health representatives and Social Services staff.</p> <p>At each of these sessions attendees were provided with information:-</p> <ul style="list-style-type: none"> <li>• A short video produced by Dementia Friends/Public Health England.</li> <li>• A brief discussion about dementia.</li> <li>• Practical examples/tasks highlighting some of the difficulties people living with dementia may face in their community</li> <li>• Advice around what you can do in your local community</li> </ul>	

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				<ul style="list-style-type: none"> <li>Information on how someone could become a Dementia Friend.</li> </ul> <p>In between these two events there was a more formal seminar/training session for Social Services staff (specifically from Older People's Day Services) around dementia awareness and the Dementia Friends Campaign.</p> <p>This event was facilitated by a local community based Dementia Friends Champion. Because this event was facilitated by a Dementia Friend Champion the attendees could sign up and register as Dementia Friends directly at the event.</p> <p>Subsequent to these events there have been further meetings with colleagues from Homes for Haringey with the intention of providing some more tailored training to front-line Housing workers.</p> <p>Finally the Dementia Steering Group have been asked to continue the work started with these events and promote both the Dementia Friends Campaign and dementia awareness within the council and with stakeholders on an ongoing basis.</p>	
1.3	Tender a tri-borough contract for an advocacy service, linked to assessment and care planning.	Farzad Fazilat	January 2015	We have successfully awarded a tri-borough contract for an advocacy service to ensure that	

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				we fully comply with the requirements set out under the new Care Act legislation. The advocacy service contract has been awarded to Voiceability, who is also the provider of statutory (Independent Mental Capacity Act and Independent Mental Health Assessment) advocacy services in the borough. This new service will link advocacy provision with assessment and care planning services.	
1.4	Support people with severe mental health issues to access secure housing.	Jeni Plummer / Farzad Fazilat	August 2014	<i>A scheme was identified in Truro Road which was designed for people with MH conditions and as part of their recovery. The building is due to be completed by June 2014 and be in use by August 2014.</i>	

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<p>ASCOF DOMAIN 2 Delaying and reducing the need for care and support</p> <ul style="list-style-type: none"> <li>Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help manage their care needs.</li> <li>Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services.</li> <li>When people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence.</li> </ul>					
2.1	Continue to support the development of extra care housing as an alternative to residential care.	Farzad Fazilat	March 2016	<p>Two new extra care schemes are being built in the borough.</p> <ul style="list-style-type: none"> <li>Pretoria Road – 52 units with 8 units designated for people with dementia</li> <li>Protheroe House – 50 Units also with a community / reablement focus</li> </ul> <p>An extra care working group has been established with representatives from the Council – Commissioning, Housing Related Support and Commissioning and Adult Social Care, the CCG, and One Housing (provider and developer). The group is developing the model of care and nominations process for the two extra care schemes. It is expected that residents will be able to move in June 2016 for Protheroe House and September 2016 for Pretoria Road. It is anticipated that the referral process for the schemes will commence in January 2016 for Protheroe and March 2016 for Pretoria.</p> <p>The next meeting of the working group is late July 2015.</p>	

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2.2	In conjunction with the Haringey Clinical Commissioning Group, review the reablement service to consider options for extending service provision.	Eamonn Dillon / Sue Southgate	March 2015	Following a successful CQC inspection in 2014, an independent review of the Community Reablement Service was carried out in April 2015 to consider future options for the service. Proposals for redesigning the reablement service to extend the current service are being consulted on from July 2015.	
2.3	Develop the Neighbourhoods Connect project to provide a community-based service focused on improving health and wellbeing outcomes and community participation.	Farzad Fazilat	March 2015	<p>Haringey Neighbourhoods Connect aims to reduce social isolation by connecting local people to social activities, hobbies, fitness, well-being, community groups and volunteering opportunities in Haringey.</p> <p>Following a series of evaluation meetings held with the providers and another interested voluntary and community sector organisation and statutory partners, it was agreed to commission a Neighbourhoods Connect service that focussed on the 18+ population, not just 50+.</p> <p>The new Neighbourhoods Connect service is a community based service that is focused on improving outcomes relating to health and wellbeing and community participation in Haringey residents. The service has a particular focus on adult population groups (18+), who are at increased risk of social isolation, including:</p> <ul style="list-style-type: none"> <li>• people with long-term physical and mental health conditions,</li> </ul>	

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				<ul style="list-style-type: none"> <li>• unpaid carers,</li> <li>• people who are housebound,</li> <li>• people with dementia and their carers,</li> <li>• older people living alone or with an unpaid carer.</li> </ul> <p>The service was procured during December 2014 and January 2015, with the contracts being awarded in February 2015. Interested providers were asked to demonstrate how they would make a positive impact on the following outcomes amongst people accessing the service.</p> <ol style="list-style-type: none"> <li>1. Improved self-reported wellbeing (as measured by the Warwick-Edinburgh Scale).</li> <li>2. Increased participation in community groups, services and activities.</li> <li>3. Increased participation in training, volunteering and employment (among service users, or people delivering the service).</li> </ol> <p>The interested providers were asked to demonstrate their own delivery model to achieve these outcomes.</p> <p>Four Neighbourhoods Connect Services have been commissioned. There is one service for each GP collaborative network. The four GP collaborative areas are as follows:</p> <ol style="list-style-type: none"> <li>1. West Haringey – provided by Groundwork</li> <li>2. Central Haringey – provided by HAGA</li> </ol>	

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				<p>3. North East Haringey – provided by HAGA                      4. South East Haringey – provided by HAGA                      The providers are part of the BCF Promoting Independence Group which has been supporting the start up of the service and has been a helpful sounding and advice board, as well as a place for the providers to learn about new services, make connections and share information the service.</p>	
2.4	<p>Develop the Home from Hospital project into a winter pressures service to provide support to enable people to return home following hospital admission.</p>	<p>Sue Southgate / Farzad Fazilat</p>	<p>March 2015</p>	<p>Living Under One Sun were commissioned to provide the Home from Hospital service over the winter period 2014-15. The service is for Haringey residents over 50 years old on discharge from A&amp;E and inpatient hospital beds at the Whittington and North Middlesex Hospitals.</p> <p>The Home from Hospital scheme enables vulnerable patients to be discharged promptly from hospital when their medical and nursing needs have been met. This is achieved by rapid access to a short term volunteer led service. The aim of the home from hospital scheme is to build confidence, help individuals to self-manage and return to their normal pattern of living. Volunteers and paid workers support people home and make a number of home visits and telephone calls to the service user and provide conversation, companionship and practical help with everyday tasks as required, tailored to their individual needs. These will</p>	



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				<p>include activities such as ensuring basic items are available, that the home environment is warm, supporting with personal finances, and assistance navigating other support services.</p> <p>The service has successfully met and exceeded its contract requirements. 143 referrals were made to the service over the winter period in 2014-15. 78 patients were supported home on the day of discharge from hospital. The service also made 225 home visits and 615 supportive telephone calls with people referred to the service.</p> <p>The winter service was extended until the end of August 2015 to enable a continued service, whilst a year round service is commissioned. The year round service is currently out for Request for Quotation. It is anticipated the year round service will commence September 2015 and will continue until the end of March 2016.</p>	
2.5	Introduce Purple Folders to store essential personalised health information and to promote equitable health care for people with learning disabilities.	Laura Gordon / Heather McKoy	March 2015	<p>The Purple Folders were launched on 1<sup>st</sup> April 2014 and to date 267 Purple Folders have been issued. As a result the health action planning training has evolved to incorporate the Purple Folders and Health Equalities training. The training session on 9<sup>th</sup> July 2014 was attended by 23 people, a few carers but the majority were service providers i.e. residential homes and supported living staff.</p>	

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				<p>31 people have so far booked to attend the next session on 10<sup>th</sup> September 2014 with further training dates planned for approximately 6 weekly. Ad hoc training is also provided on request.</p> <p>Three blood pressure monitors have also been purchased. To date 6 carers have been trained to use them to support the Annual Health Check, with further cohorts of 6 planned for future training. This work is being done in partnership with Dr. Lionel Sherman (GP) with a focus on training family carers for those service users living at home but unwilling or unable to access health checks at their GP surgery.</p>	
2.6	Publish an updated Care Directory guide to local services.	Farzad Fazilat	March 2015	Updated Care Directory for 2014/15 has been published.	

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<p>ASCOF DOMAIN 3 Ensuring that people have a positive experience of care and support</p> <ul style="list-style-type: none"> <li>• People who use social care and their carers are satisfied with their experience of care and support services.</li> <li>• Carers feel that they are respected as equal partners throughout the care process.</li> <li>• People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.</li> <li>• People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual.</li> </ul>					
3.1	<p>Identify gaps in services to deliver integrated health and social care through the Better Care Fund. Co-design new services with input from a broad range of stakeholders.</p>	<p>Sue Southgate / Claire Collins</p>	<p>March 2015</p>	<p>In September 2014 Haringey's Better Care Fund plan was signed off by the Council and the Clinical Commissioning Group. The Better Care Fund plan sets out Haringey's vision for health and social care services over the next five years as well as setting out the way forward for jointly developing and commissioning more integrated services.</p> <p>Two hundred local people have helped develop the following priorities. Integrated services will be:</p> <ul style="list-style-type: none"> <li>• Easy to access, through a single point of access</li> <li>• Well managed and provided by competent professionals and staff</li> <li>• Person Centred and personalised to the experiences and views of people who use them</li> <li>• Provide good and timely information, from a variety of sources including the voluntary and community sector</li> </ul>	

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				<ul style="list-style-type: none"> <li>• Enable individuals to do things for themselves through prevention, self-management and reablement</li> <li>• Work together as one team, including the patient/service user, with clear and constant communication</li> <li>• Promote wellbeing and reduce loneliness through community capacity building.</li> </ul> <p>These priorities will inform the service's aims and objectives, delivery and outcomes.</p> <p>During 2014/5 stakeholders from health and the voluntary sector have come together with the Council to build on the integrated services already provided. Some of the new services are described below.</p> <p>During 2014/15, an integrated Locality Team comprising of GPs, nurses, social workers, therapy staff, pharmacists and mental health workers has been piloted in the North East of the borough (from November 2014). The Team have been showing good outcomes for Haringey residents, developing joint health and social care plans to minimise the risk of people being admitted to hospital. 71 people have gone through the locality team since its inception. The Team will be expanded across all GP collaboratives later this year.</p>	

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				<p>As part of the Better Care Fund, social workers now work with the multidisciplinary teams at the North Middlesex Hospital seven days a week (from December 2014) to ensure that Haringey residents do not stay in hospital longer than they need to and that they have a good multidisciplinary approach to determining what support is needed at home.</p>	
3.2	<p>Monitor and oversee practice issues arising from health and social care integration</p>	<p>Sue Southgate / Claire Collins</p>	<p>March 2015</p>	<p>During 2014/15 the Council worked with the CCG to secure funding to develop a programme of joint health and social care training and listening events to support front line staff in Haringey develop the skills and knowledge in delivering integrated services.</p> <p>The Listening Events also gave health and social care workers the opportunity to understand each other's roles and talk about how they can work together so that we provide better outcomes for our residents.</p> <p>The Council are now part of a newly formed Haringey Community Education Providers Network linking health and social care service providers, community groups and education providers focused around learning with and from each other. This will ensure we have a competent workforce across social care and health able to deliver on the vision of the Better Care Fund Plan.</p>	

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3.3	Carry out annual Adult Social Care Survey to monitor customer satisfaction and develop an action plan to address any issues identified.	ASS Heads of Service / Mark Grinham / Farzad Fazilat	March 2015	Adult Social Care Survey carried out in 2014/15 and data submitted in May 2015. 928 surveys were sent by post to social care users in Haringey, with 297 responding.	
3.4	Carry out Carers Survey and develop an action plan to address any issues identified.	ASS Heads of Service / Mark Grinham / Farzad Fazilat	March 2015	Carers Survey carried out between October and November 2014 and data submitted in April 2015. 850 surveys were sent by post to Haringey carers, with 354 responding.	
3.5	Monitor and oversee social work practice issues arising from implementation of the Care Act	Chris Atherton	March 2015	<p>The Principal Social Worker holds social work forums which occur monthly for each service area where issues of practice and Care Act implementation are discussed. Within these sessions, staff look at changes in practice, good case examples and blockers that are stopping practitioners from providing services as outlined within the Act.</p> <p>The Principal Social Worker also holds workshops around specific practice aspects that are linked to the Act, such as Mental Capacity training, strengths based social work, etc. as well as case discussion sessions which draw on practice delivery from the Care Act. Specific training programmes have been carried out around the Care Act.</p>	
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ASCOF DOMAIN 4 Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm					

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<ul style="list-style-type: none"> <li>• Everyone enjoys physical safety and feels secure.</li> <li>• People are free from physical and emotional abuse, harassment, neglect and self-harm.</li> <li>• People are protected as far as possible from avoidable harm, disease and injuries.</li> <li>• People are supported to plan ahead and have the freedom to manage risks the way that they wish.</li> </ul>					
4.1	Continue to monitor safeguarding referrals and introduce interactive 'heat maps' to target adult safeguarding prevention activity.	Sue Southgate / Mark Grinham	March 2015	<p>Safeguarding referral data is reported to the Quality Assurance Board, Safeguarding Prevention Subgroup and Safeguarding Adults Board on a quarterly basis. This information has fed into work with the Commissioning Unit around establishment concerns to determine whether or not the Council should continue to use a service provider where there are concerns. Alerts raised against hospitals are also reviewed with health and CCG colleagues to identify learning.</p> <p>Safeguarding 'heat maps' were introduced in October 2014 to give a greater understanding of the geographical location of safeguarding referrals in the borough. It is intended that this information will be used in future to target safeguarding prevention activity.</p>	
4.2	Continue to promote awareness of adult safeguarding, including a targeted safeguarding awareness campaign to raise knowledge and reporting of adult safeguarding concerns.	Sue Southgate / Helen Constantine	March 2015	To ensure that Safeguarding is Everyone's Business, this has been adopted as one of the five Improving Haringey themes. This means it is regularly promoted through the Council, is a part of everyone's performance appraisal and has significant senior support. All Council staff also receive safeguarding training on an annual	

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				<p>basis. The latest Safeguarding Campaign has focused on Child Sexual Exploitation. The aim of the campaign was to raise awareness amongst Haringey staff and the local community and business, highlighting some of the signs to look for and how to report it.</p> <p>A Safeguarding Prevention Subgroup elder abuse event was also held in February 2015 to raise awareness of safeguarding issues affecting older people.</p>	
4.3	As part of Making Safeguarding Personal, introduce an adult safeguarding user survey to identify whether people's needs are met through the safeguarding investigation process.	Jeni Plummer / Mark Grinham	March 2015	Work has been undertaken as part of the Making Safeguarding Personal initiative to prepare for the introduction of an adult safeguarding user survey looking at the outcomes of safeguarding investigations. Department of Health guidelines require 10% of safeguarding referrals to be surveyed and the survey must be carried out by qualified professionals. Adult Social Services are currently identifying the resources needed to implement the survey in 2015.	
4.4	Start to implement the Adult Safeguarding Prevention Strategy delivery plan.	Sue Southgate / Marco Bardetti	March 2015	Prevention Strategy being implemented by the Safeguarding Prevention Subgroup. In July 2015, the Safeguarding Prevention Subgroup and Training and Development Subgroup were merged and have considered rationalising the delivery plan.	
4.5	Recruit an independent chair for the Safeguarding Adults Board.	Beverley Tarka / Helen Constantine	March 2015	The Care Act requires that each local authority must set up a Safeguarding Adults Board. Although it is not a requirement, the local	



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				<p>authority and its key statutory partners from the Clinical Commissioning Group and Metropolitan Police Service consider that the appointment of an independent chair to the Safeguarding Adults Board (SAB) who is not an employee, or a member of an agency that is a member of the SAB, will provide partners with the reassurance that the Board has some independence from the local authority and other partners.</p> <p>An independent chair has been in place since June 2015. A joint LSCB/SAB Business Manager has also been appointed to support the operation and development of both Boards, by overseeing and reviewing procedures, and checking that staff training is of the very highest standard.</p>	
4.6	(SAAT action improvement plan): Ensure that commissioning contract services that can demonstrate Mental Capacity Act (MCA) are complied with.	Farzad Fazilat	April 2015	<p>Provider Forum is used to raise awareness of MCA requirements. MCA compliance is built into contracts and service specifications. MCA compliance is embedded into Quality Assurance mechanisms.</p> <p>Where concerns have been identified, monitoring has been undertaken of providers' compliance with mental capacity requirements, and improvements have been made.</p>	
4.7	(SAAT action improvement plan): Appropriate training for all staff: framework to assess competency and MCA integrated into supervision and appraisal systems to be developed and used.	Marianne Ecker / Sue Southgate	April 2015	Following the recent Cheshire-West supreme court judgement, Adults and Children's Services have received briefings from our Legal Department on the implications of potential	

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	Development of a refreshed MCA/Deprivation of Liberty Safeguards (DOLS) policy in response to the Cheshire-West judgement.			<p>Deprivation of Liberties/Court of Protection proceedings.</p> <p>A Deprivation of Liberty Safeguards (DoLS) Staff Procedure and Guidance has been drafted. Awaiting Legal comments.</p> <p>Training programme established and available for staff and partners. Extra MCA training courses commissioned and further courses being commissioned. Integration into appraisal will form part of the revamp of the corporate appraisal system which has been put back until April 2015.</p> <p>Meetings have taken place with regards to updating the policy and legal input.</p> <p>Further courses to be commissioned for new financial year, updates to be made to e-Learning to reflect local policy.</p>	
4.8	(SAAT action improvement plan): Join up Borough response to safeguarding. Safeguarding Adults Information to be made more available and accessible.	Sue Southgate / Helen Constantine	April 2015	<p>Work-plan in production. Paper written to be taken to LSCB board for agreement.</p> <p>Links with LSCB training subgroup strengthened to establish a common strategy to improve safeguarding awareness for all.</p> <p>Information cards re-printed, counter top holders procured.</p>	

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				<p>Review planned to be carried out as part of preparation for Care Act implementation.</p> <p>Considering joint purchase with other authorities of another e-learning suite of courses specifically designed to inform about the Care Act. Will have unlimited usage and therefore can be made available to all Haringey Partners.</p>	
4.9	Monitor and oversee practice issues arising from the change in Deprivation of Liberty Safeguards (DoLS) legislation	Sue Southgate / Chris Atherton	March 2015	Issues around capacity and deprivation of liberty are discussion topics that have been addressed both through workshops and case discussion with frontline practitioners. Recently a proposal was taken to SOG and agreed to both develop our frontline BIA capacity and to manage the current backlog of cases.	