



# ADULT HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE

**WEDNESDAY 18 APRIL 2007  
7.30 PM**

**SUB-COMMITTEE AGENDA (SCRUTINY)**

**COMMITTEE ROOMS 1&2  
HARROW CIVIC CENTRE**

## **MEMBERSHIP (Quorum 3)**

**Chairman: Councillor Mrs Myra Michael**

### Councillors:

**Julia Merison  
Mrs Vina Mithani  
Joyce Nickolay**

**Mrs Margaret Davine  
David Gawn  
Mrs Rekha Shah (VC)**

**Adviser to the Sub-Committee: Jean Bradlow  
Owen Cock**

### Reserve Members:

**1. Robert Benson  
2. Ashok Kulkarni  
3. Dinesh Solanki  
4. Salim Miah**

**1. Mitzi Green  
2. Keith Ferry  
3. Keeki Thammaiah**

**Issued by the Democratic Services Section,  
Legal and Governance Services Department**

**Contact: Kevin Unwin, Democratic Services Officer  
Tel: 020 8424 1265 E-mail: kevin.unwin@harrow.gov.uk**

***NOTE FOR THOSE ATTENDING THE MEETING:  
IF YOU WISH TO DISPOSE OF THIS AGENDA, PLEASE LEAVE IT BEHIND AFTER THE MEETING.  
IT WILL BE COLLECTED FOR RECYCLING.***

**HARROW COUNCIL**

**ADULT HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE**

**WEDNESDAY 18 APRIL 2007**

**AGENDA - PART I**

1. **Attendance by Reserve Members:**

To note the attendance at this meeting of any duly appointed Reserve Members.

Reserve Members may attend meetings:-

- (i) to take the place of an ordinary Member for whom they are a reserve;
- (ii) where the ordinary Member will be absent for the whole of the meeting; and
- (iii) the meeting notes at the start of the meeting at the item 'Reserves' that the Reserve Member is or will be attending as a reserve;
- (iv) if a Reserve Member whose intention to attend has been noted arrives after the commencement of the meeting, then that Reserve Member can only act as a Member from the start of the next item of business on the agenda after his/her arrival.

2. **Declarations of Interest:**

To receive declarations of personal or prejudicial interests, arising from business to be transacted at this meeting, from:

- (a) all Members of the Committee, Sub Committee, Panel or Forum;
- (b) all other Members present in any part of the room or chamber.

3. **Arrangement of Agenda:**

To consider whether any of the items listed on the agenda should be considered with the press and public excluded on the grounds that it is thought likely, in view of the nature of the business to be transacted, that there would be disclosure of confidential information in breach of an obligation of confidence or of exempt information as defined in Part 1 of Schedule 12A to the Local Government Act 1972 (as amended).

4. **Minutes:**

That the minutes of the meeting held on 20 March 2007 be deferred until printed in the Council bound minute volume.

[Note: The 20 March 2007 minutes are published on the Council's intranet and website].

5. **Public Questions:**

To receive questions (if any) from local residents/organisations under the provisions of Overview and Scrutiny Procedure Rule 8.

6. **Petitions:**  
To receive petitions (if any) submitted by members of the public/Councillors under the provisions of Overview and Scrutiny Procedure Rule 9.
7. **Deputations:**  
To receive deputations (if any) under the provisions of Overview and Scrutiny Procedure Rule 10.
- Enc. 8. **Northwick Park Hospital - Update on Maternity Services:** (Pages 1 - 8)  
  
*Fiona Wise, Chief Executive North West London Hospitals Trust, and Elizabeth Robb, Director of Nursing, Northwick Park Hospital, will be in attendance for this item.*
- Enc. 9. **CSCI Annual Review Monitoring Letter & Star Rating and Published Tables of the Personal Social Services Performance Assessment Framework (PAF) Indicators:** (Pages 9 - 28)  
Report of the Director of Adult Community Care Services.
10. **Question and Answer Session with Portfolio Holders:**  
The Portfolio Holder for Adult Community Care Services and Issues facing People with Special Needs, and the Portfolio Holder for People First – Children’s Services will be in attendance for this item.
- Enc. 11. **Overview and Scrutiny Committee Annual Report:** (Pages 29 - 30)  
Report of the Director of People, Performance and Policy.
12. **Any Other Business:**  
Which the Chairman has decided is urgent and cannot otherwise be dealt with.

**AGENDA PART II - NIL**

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## MATERNITY SERVICES UPDATE

### Adult Health and Social Care Scrutiny Sub-Committee

18 APRIL 2007

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**1. Purpose**

This paper provides an update to the Harrow Overview and Scrutiny Committee regarding the improvements that have been made to Maternity Services.

**2. Health Care Commission Part 1 Action Plan Update**

All actions have been completed. This was reflected in the decision by the Secretary of State for Health to remove Special Measures from the Unit in September 2006. The attached Report, written in August 2006, provides a summary of all recommendations made by the HCC and a summary of the actions taken by the Trust.

**3. Monitoring Arrangements**

The Maternity Action Plan Board continues to meet on a monthly basis, chaired by the Chief Executive. The Health Care Commission, Primary Care Trusts and Thames Valley University, together with the National Clinical Governance Team are represented at this meeting. This group monitors key performance indicators, against a clinical scorecard, to ensure that the Trust continues to provide a safe, high quality service. In addition, the Strategic Health Authority, together with the Health Care Commission continue to meet with the Trust on a bi-monthly basis to oversee progress and monitoring arrangements.

**4. Nursing & Midwifery Council Review**

The NMC reviewed the Trust's arrangements for the support of student midwives on the 27 February 2007. The feedback from the assessors was positive, with credit given to the Trust for the learning environment and support given to current students. The Review Team will be recommending to the NMC that students should be allowed to return to the Trust from the Autumn. The Trust will hear formally about this decision following the NMC Council meeting in September.

**5. Staffing**

The Trust has recently appointed a Consultant Obstetrician with a special interest in maternal medicine post. A highly successful midwifery recruitment drive has meant that there are only 20 midwifery vacancies which equates to a vacancy factor of 12.8% - which is lower than the London average. Importantly, the Trust has appointed a Consultant Midwife in Normality who is supporting the unit to create an environment which supports normal birth.

**6. Activity**

The Trust delivered 4858 babies during 2006/07 which was in line with what was agreed with the commissioners and the Health Care Commission. The Trust has a normal birth rate of 63% which compares favourably with our sector. The annual Caesarean Section rate was 26%, and notably this had fallen to 23% in the last quarter. Following a detailed Risk Impact Assessment which was discussed with the PCTs, it has been agreed that the Trust should remain at 4,860 births for 2007/08. This will continue to be closely monitored with the PCTs via the Maternity Action Group.

**7. Community Midwifery**

A recent review of the Trust's Community Midwifery service highlighted the need to increase the number of midwives in the community. There is a shortfall of approximately twenty midwives across Brent & Harrow which is now subject to consideration for funding by the PCTs. In addition, the recently released Department of Health Maternity Strategy emphasized the need to provide all women with the option to have a home birth, and also the provision of a named midwife. Both of these requirements, to be implemented by 2009, will require further consideration by the Trust and the PCTs.

**8. Clinical Negligence Scheme for Trusts (CNST)**

Maternity Services was accredited at CNST level 1 following a review on the 26<sup>th</sup> March 2007. The Unit is now in a position to apply for CNST Level 2 accreditation, which is likely to take place in December 2007.

**9. Complaints**

The Directorate received 31 complaints during 2006/07. This represents a substantial reduction on the outturn position of 45 for 2005/6. (32% reduction).

**10. Refurbishment Programme**

The £19m refurbishment programme is now complete. This includes:-

- 11 bedded delivery suite with two mobile birthing pools, two state of the art obstetric theatres, 8 bedded HDU/recovery unit.
- 14 bedded antenatal ward with communal lounge and dining areas
- 29 bedded refurbished postnatal ward
- New Day Assessment Unit with ultrasound scanning facilities.
- Antenatal clinic refurbished with 5 consulting rooms
- New friendly entrance with seating, TV and café.

**11. Conclusion**

A number of changes have taken place throughout the Maternity Unit, which has ensured that the HCC Action Plan was fully implemented and that the changes made have been sustained. Comprehensive monitoring arrangements will continue to ensure the Unit maintains the culture of governance, safety and user involvement.

**Fiona Wise**  
**Chief Executive**

## HEALTH CARE COMMISSION PART I REPORT SUMMARY OF RECOMMENDATIONS & ACTION TAKEN

August 2006

### **Purpose**

This report is a summary of the recommendations made by the Health Care Commission in its initial report published July 2005. It provides an overview of the actions taken to address the concerns raised.

### **Report Format**

This report is split into 5 main sections:-

- a) Management, Leadership and Working in Partnership with others
- b) The Management of risk and other systems of clinical governance
- c) Staff in the Maternity services
- d) Outcomes from care and treatment, and the experiences of women
- e) Urgent and Immediate Actions

Each section details the recommendation itself (numbered according to the original report for ease of reference) together with the key actions that have been implemented to date.

### **Authors**

Onsy Louca, Clinical Director  
Karen Taylor, Divisional General Manager  
Colette Mannion, Head of Midwifery

## MANAGEMENT, LEADERSHIP AND WORKING IN PARTNERSHIP WITH OTHERS

	Recommendation	Action Taken
1	The Trust should work with its partners in the local health community to temporarily commission additional capacity from neighboring healthcare providers while the recommendations of the review are acted on.	<ul style="list-style-type: none"> <li>- 1<sup>st</sup> May 2005 – 31<sup>st</sup> March 2006 additional Elective Section capacity provided (St Mary's &amp; The Portland)</li> <li>- Women were offered the opportunity to transfer their care to the following other hospitals.</li> <li>- This action reduced births to 4704 in 2005/06, a reduction of 461 births on the previous year.</li> </ul>
2	The Trust Board should be assured of the quality of project management for major projects as well as maternity services	<ul style="list-style-type: none"> <li>- The structure, membership and accountability of the Maternity Project Management was reviewed as a matter of urgency and the new Director of Operations took over the running of the project</li> <li>- Regular project Board meetings were established and minutes sent to the Trust Board</li> <li>- Monthly briefings to the staff in place which included updates on the refurbishment</li> </ul>
3	Support from within the Trust for the current maternity leadership team should be provided as well as external mentorship	<ul style="list-style-type: none"> <li>- Mentors have been provided for the Clinical Director, General Manager and Head of Midwifery.</li> <li>- Appraisals have been conducted for 100% of staff – medical and nursing.</li> <li>- Monthly meetings with the CEO established</li> </ul>
4	The Trust should ensure that there are effective systems of communication with PCTs and the SHA about the quality of maternity services being provided. This must include the routine reporting of untoward incidents.	<ul style="list-style-type: none"> <li>- Smoking Cessation and Breast feeding data provided on a quarterly basis to the PCTs</li> <li>- A new maternity information system CMIS in place to support recording of data (November 2005)</li> <li>- Professor Arulkumaran undertook review of 8 SUIs and this was shared with the PCTs and SHA</li> <li>- Trust Policy has been revised and due for further update in September 2006.</li> </ul>
5	The Strategic Health Authority, PCTs and Trust should work together to engage the local community and ensure that maternity services provided reflect the diverse needs of the population	<ul style="list-style-type: none"> <li>- The MSLC is used as a forum for user participation in service planning, delivery and evaluation</li> <li>- PCT attendance at Maternity Action Plan meetings to support planning and commissioning of services</li> <li>- Specialist services in place targeting public health issues – e.g. Teenage pregnancy, infant feeding, African Well Woman and Sickle cell services</li> <li>- Commissioning of services was taken out of main stream commissioning for 2005/06.</li> <li>- User and Staff questionnaires have been provided by the NWLSHA Maternity Services Project and an action plan has been put in place which includes improving communication.</li> <li>- PPI policy in place for maternity services</li> </ul>



## THE MANAGEMENT OF RISK AND OTHER GOVERNANCE SYSTEMS

	<b>Recommendation</b>	<b>Action Taken</b>
<b>6</b>	The Trust Board must be assured that effective systems and processes are in place across the Trust to share learning both from individual incidents and from themes of incidents	<ul style="list-style-type: none"> <li>- A revised Clinical Governance model has been implemented within maternity services</li> <li>- Risk management processes established, including a risk register &amp; monthly clinical risk meetings</li> <li>- New risk management policy ratified by Trust Board (Aug 2005)</li> <li>- Serious incidents procedure implemented alerting Senior Management Team</li> <li>- Clinical Risk Midwife appointed</li> <li>- Quarterly clinical risk report presented at the Clinical Governance Committee</li> </ul>
<b>7</b>	The purpose and frequency of all meetings held in the maternity services should be reviewed to maximize attendance	<ul style="list-style-type: none"> <li>- All meetings reviewed and structure changed to ensure attendance maximized at clinical meetings</li> <li>- Labour Ward Forum established to provide multidisciplinary discussion</li> </ul>
<b>8</b>	The new clinical maternity information system, approved by the Board in August 2004, for collecting, coding and analyzing information about the quality of care provided in maternity services must be introduced without delay and training of staff should be planned to supports its introduction.	<ul style="list-style-type: none"> <li>- CMIS in place November 2005.</li> <li>- Training for staff undertaken</li> <li>- Trainers in place</li> <li>- Timely and accurate data is communicated to the PCTs to monitor Local Delivery Plan targets</li> </ul>
<b>9</b>	Record keeping, especially records about the plan for birth, must be audited on a regular basis and relevant action taken on all findings of the audit	<ul style="list-style-type: none"> <li>- Baseline Audit undertaken May 2005. Quarterly records/documentation audit.</li> <li>- Care Plans in Place for current deliveries</li> <li>- Case review at 8.30am every morning</li> <li>- Clinical Audit programme established – regular audits conducted and 6 weekly meetings</li> </ul>
<b>10</b>	Up to date clinical guidelines should be widely available throughout maternity services, and regularly reviewed. Staff awareness of and compliance with the guidelines must be improved and monitored.	<ul style="list-style-type: none"> <li>- Revised edition of clinical guidelines provided to every midwife and obstetrician &amp; guidelines available in every delivery room and on the intranet</li> <li>- Multi-disciplinary Clinical Guidelines group in place with clear timetable to review all clinical guidelines</li> <li>- Lead Consultant identified for Clinical Guidelines</li> <li>- LSCS guideline is compliant with NICE guidance</li> </ul>
<b>11</b>	Staff caring for women after surgery in maternity services, or for Women who require invasive monitoring should have specific training and skills in the care and treatment of post operative women.	<ul style="list-style-type: none"> <li>- HDU and recovery areas established</li> <li>- 10 permanent recovery nurses in post &amp; fully trained</li> <li>- 10 midwives have had HDU/recovery training (TVU module)</li> </ul>
<b>12</b>	A maternity services audit plan should be developed with topics identified as a result of learning from incidents, complaints, and national priorities for maternity services. Findings from audits must be widely communicated and be able to influence and change practice	<ul style="list-style-type: none"> <li>- Multidisciplinary program of Audit in place – influencing changes to practice e.g. VBAC (Vaginal Birth after Cesarean Section) clinic and External Cephalic Version. (ECV – turning breech babies)</li> <li>- Quarterly report to the Maternity Governance Board.</li> <li>- Audit has been put into clinical staff appraisals and work plans – medical and midwifery</li> <li>- Bi-monthly clinical Governance newsletter in place</li> </ul>

## STAFF IN THE MATERNITY SERVICES

	<b>Recommendation</b>	<b>Action Taken</b>
<b>13</b>	Urgent action must be taken in response to the results of the maternity staffing review to address the identified shortfall in midwives. A workforce development plan must also be agreed to meet current and future needs of the service	<ul style="list-style-type: none"> <li>- The Trust in conjunction with PCTs raised the midwifery establishment in line with LSA recommendations to 1:30 (158 WTE)</li> <li>- 1:1 midwifery support for women in labour</li> <li>- A robust workforce development plan which takes into account its current approach to, and compliance with, effective training, induction, supervision, personal and professional development.</li> <li>- Extended DAU opening hours to provide effective assessment of women in early labour in facilities close to the delivery suite</li> <li>- Lone worker policy in place.</li> </ul>
<b>14</b>	A full time consultant obstetrician should provide clinical leadership on the labour ward, particularly for women assessed as high risk. Consultant cover on labour ward should also be increased to 60 hours per week in accordance with the Royal College of Obstetricians and Gynaecologist guidelines	<ul style="list-style-type: none"> <li>- 60 hours cover provided on the labour ward Monday – Friday, 2<sup>nd</sup> consultant provided 9-5, in addition consultant cover provided 9-1 at weekends</li> <li>- Appointment of three new Consultant Obstetricians (Lead clinician for labour ward, Feto – maternal specialist, Emergency Gynae and Obstetrics)</li> </ul>
<b>15</b>	A programme of change should be developed and implemented to eliminate bullying in maternity services and to ensure staff work effectively together.	<ul style="list-style-type: none"> <li>- The National Clinical Governance Support Team have implemented a programme of Team development</li> <li>- NWLSHA modernizing maternity service project action Plan developed focusing on communication</li> <li>- Trust wide Dignity and Respect Policy in place Trust wide</li> <li>-</li> </ul>
<b>16</b>	Attendance at mandatory training must be improved and a service wide system of access to post-registration training implemented with effective record keeping	<ul style="list-style-type: none"> <li>- A range of educational initiatives led by Prof. Arul Kumaran was implemented bi-monthly</li> <li>- Mandatory training database established to record all training</li> <li>- Trust Study leave policy in place to ensure equitable access</li> <li>- Computerized CTG training (K2) available for all staff</li> <li>- Staff released for one week's annual mandatory training (Maternity Assistants and Midwives)</li> </ul>

## OUTCOMES FROM CARE AND TREATMENT, AND THE EXPERIENCES OF WOMEN

<b>17</b>	Ways of communicating with women and their families must be improved, especially with members of the black and minority ethnic populations served by the trust.	<ul style="list-style-type: none"> <li>- Women's Partnership Forum established with links to PIPCO, includes MSLC and WALs representation</li> <li>- Standard referral letter introduced in September 2005 which highlights the need for interpreting services – working with GPs to make better use of the letter.</li> <li>- A booklet has been published in the top six languages to give to women at the beginning of pregnancy outlining what they may expect.</li> <li>- Cultural Diversity Training has been made mandatory for all staff and emphasizes the use of interpreters.</li> <li>- Operational procedures for managing the care of women who are overseas visitors or asylum seekers have been put in place and training provided to staff.</li> </ul>
<b>18</b>	All staff in maternity services must attend the trust's cultural awareness services within the next 6 months.	<ul style="list-style-type: none"> <li>- The current cultural awareness programme is mandatory for all staff</li> <li>- All staff are released by their manager to attend for the training and an annual update.</li> </ul>
<b>19</b>	All complaints should be responded to in a timely and sensitive way, in line with the Trust's existing policy. There should be regular analysis of themes arising from both written and verbal complaints and action plans developed to ensure learning for the whole of maternity services	<ul style="list-style-type: none"> <li>- A complaints training programme was put in place for staff</li> <li>- The backlog of complaints was addressed, with all complaints resolved</li> <li>- Lead Investigators identified for complaints</li> <li>- Compliance with the 20 day deadline reached 100% in June 2006.</li> <li>- Quarterly complaints monitoring report presented within Clinical Governance meetings</li> </ul>
<b>20</b>	There should be a review of all equipment used in maternity services and effective systems of maintenance in place.	<ul style="list-style-type: none"> <li>- An immediate review of all equipment within maternity was completed by EBME and schedule of repair was put in place</li> <li>- All broken equipment was removed by EBME immediate (20<sup>th</sup> April 2005)</li> <li>- All equipment was checked and cross referenced against asset register (This is ongoing)</li> <li>- An equipment training programme was put in place and this is now part of mandatory training</li> <li>- A quarterly review has been put in place by EBME</li> <li>- A clear system of reporting equipment failure by clinical staff has been established together with a clear response time schedule for all maternity equipment (escalation procedure)</li> <li>- Urgently required equipment was purchased – including CTG machine, dynamaps, anaesthetic equipment, neo natal resuscitaires</li> </ul>

## URGENT AND IMMEDIATE ACTIONS

	<b>Recommendation</b>	<b>Action Taken</b>
U1	To ensure that there is 40 hours of cover by consultants on the labour ward each week	<ul style="list-style-type: none"> <li>- Consultant rota in place 60 hour cover provided Mon- Fri, with additional second consultant support 9-5pm</li> <li>- 9-1pm cover provided at weekends</li> <li>- Audited weekly via clinical scorecard</li> </ul>
U2	To ensure that funding is available for use of temporary staff to meet safe levels of staffing	<ul style="list-style-type: none"> <li>- Establishment increased to 158 WTE midwives and staff recruited (Only 13 WTE vacancies remain)</li> <li>- Temporary staff recruited to fill gaps</li> <li>- Operational procedures in place for the booking of temporary staff.</li> </ul>
U3	To immediately recruit staff specifically trained in the postoperative care of women and ensure that temporary arrangements are in place until new staff commence employment	<ul style="list-style-type: none"> <li>- 10 Recovery nurses now in place, temporary cover was provided.</li> </ul>
U4	To identify ways temporarily to reduce demand on the service	<ul style="list-style-type: none"> <li>- 1<sup>st</sup> May 2005 – 31<sup>st</sup> March 2006 additional capacity provided by St Mary's Lindo Wing and the Portland for Elective Sections</li> <li>- Women were offered the opportunity to transfer their care to other hospitals.</li> <li>- This action reduced births to 4704 in 2005/06, a reduction of 461 births on the previous year.</li> </ul>
U5	To review operational procedures for the management of women who are overseas visitors or asylum seekers	<ul style="list-style-type: none"> <li>- Operational Procedures reviewed and revised</li> <li>- Training provided for staff</li> </ul>
U6	To improve access to interpreters, particularly when women require care at short notice or in an emergency	<ul style="list-style-type: none"> <li>- ITLS service in place (200 languages 24/7)</li> <li>- Backed up by Language Line</li> <li>- Standard GP referral letter identifying interpreter needs.</li> </ul>
U7	To provide additional formal support for the team managing maternity services	<ul style="list-style-type: none"> <li>- The Maternity Service Support Team consisting of Professor Arulkumaran and 4 external midwives worked with clinicians and managers to support implementation of all recommendations</li> <li>- Mentors provided for Senior Maternity Team</li> <li>- Regular formal review meetings set up with CEO</li> </ul>
U8	To review fire safety arrangements, particularly fire exists	<ul style="list-style-type: none"> <li>- Fire safety arrangements reviewed and additional Fire training days run for maternity service staff</li> <li>- System of regular fire checks on all alarm facilities is in place. This includes weekly fire checks.</li> </ul>
U9	To ensure regular reports on progress are provided to the Trust's Board	<ul style="list-style-type: none"> <li>- Monthly Reports provided via the Maternity Action Plan Meeting to the Executive Team</li> <li>- Reports provided to the Trust Board via the Clinical Governance and Patient Safety Boards on a monthly basis</li> </ul>



Meeting:	Adult Health and Social Care Scrutiny Sub-Committee
Date:	18 April 2007
Subject:	CSCI Record of Performance Assessment & Star Rating Letters: Published Tables of the Personal Social Services Performance Assessment Framework (PAF) Indicators
Key Decision: (Executive-side only)	No
Responsible Officer:	Penny Furness-Smith: Director of Adult Community Care Services
Portfolio Holder:	Cllr. Eric Silver: Portfolio Holder for Adult Community Care Services and Issues Facing People with Special Needs
Exempt:	No
Enclosures:	Copy letters from the Commission for Social Care Inspection dated 11 <sup>th</sup> October and 22 <sup>nd</sup> October 2006.  Performance Scorecard: January 2007

## SECTION 1 – SUMMARY AND RECOMMENDATIONS

### **SUMMARY**

This report informs the Committee about the outcome of the Annual Performance Rating for Adult Social Services, published by CSCI on 30<sup>th</sup> November 2006.

### **RECOMMENDATIONS:**

That Members note the contents of this report.

### **REASON:**

CSCI regulations require that the Annual Performance Rating is reported to Council Members.

## SECTION 2 - REPORT

### 2.1 Brief Background

2.1.1 The Commission for Social Care Inspection (CSCI) regulates the services provided by local authorities to people with social care needs. Each Autumn, they publish the outcomes of the annual performance star ratings and judgements which they have reached in relation to the previous financial year. This report and the accompanying letters from the CSCI Regional Director therefore relates to the services delivered by the Council in the year ending 31<sup>st</sup> March 2006.

2.1.2 The overall Star Rating judgement is made up of two elements:

Is the Council serving people well?

Available judgements: 'Yes'; 'Most'; 'Some'; or 'No'.

Capacity for improvement?

Available Judgements: 'Excellent'; 'Promising'; 'Uncertain'; or 'Poor'.

These two judgements are then combined using a standardised formula to give an overall 'Star Rating' of either zero, one, two, or three stars.

2.1.3 The judgement is made against a set of published national standards and criteria. This judgement is formed using a range of evidence including the range of performance information submitted by the Council in respect of the relevant financial year (performance indicators); other information submitted to CSCI by the Council within the annual Delivery and Improvement Statement; the outcome of any formal inspections conducted during the year; the discussions at the Annual Review Meeting (ARM) held each Summer; and other discussions held during the informal monitoring meetings between senior Council officers and the relevant CSCI Business Relationship Manager.

2.1.4 The formal Record of Performance Assessment (ROPA) letter received following this meeting sets out CSCI's assessment of the Council's performance against the national standards. Part 1 of this letter summarises performance against each national standard, whilst Part 11 describes the evidence base in more detail. A copy of Part 1 of the letter in relation to 2005/06 performance is attached as Annexe 1.

2.1.5 The performance rating feeds through into the Corporate Performance Assessment conducted by the Audit Commission.

2.1.6 The judgement in respect of 2005/2006 as regards the Adult Social Services provided by this Council is as follows:

Serving people well?

'Some'

Capacity for Improvement?

'Uncertain'

This equates to an overall 'Star Rating' of 1 star, and translates into a service block score of 'Level 2' for CPA purposes

- 2.1.7 Each of these judgements (in relation to Adult Social Care) have remained unchanged over the last four years; a position which means that the Council is receiving some additional monitoring (and a certain amount of additional support) from CSCI during the current year, as we are now regarded by them as one of a group of 'coasting authorities'.

A copy of the formal letter received from CSCI is attached as Annexe 2.

- 2.1.8 The performance rating published each November is based on the Council's performance for the previous financial year – in this case for 2005/06. This reflects performance against the nationally determined Performance Assessment Framework (PAF) indicators during that period: by the time of publication this performance data is therefore already a minimum of seven months out of date. A more up to date summary of the Council's performance since then is available via the scorecard performance summaries submitted to Cabinet on a quarterly basis throughout the year. A copy of the most recently reported scorecard for adult social care (which includes data reported up until the end of January 2007) is included as Annexe 3, and gives Members a more up-to-date picture of how performance has changed since this was last formally published in November last.

2.2 Options considered

Not applicable to this report.

2.3 Option recommended and reasons for recommendation

Not applicable to this report.

2.4 Resources, costs and risks associated with recommendation

Not applicable to this report.

2.5 Staffing / workforce consideration

Not applicable to this report.

2.6 Equalities Impact consideration

Not applicable to this report.

2.7 Current KPIs and likely impact of decision on KPIs

The judgements made by CSCI are based in part on the Council's performance against Key Performance Indicators (KPIs); and Annexe 3 includes an up-dated report of performance against these indicators within the current year.

2.8 Legal Implications

There are no specific legal implications arising from this report.

2.9 Financial Implications

There are no specific financial implications arising from this report.

2.10 Community Safety (s17 Crime & Disorder Act 1998)

Not applicable to this report.

**SECTION 3 - STATUTORY OFFICER CLEARANCE**

Chief Finance Officer	<input checked="" type="checkbox"/>	Name: ...Paula Foulds..... Date: ... 28/11/2006.....
Monitoring Officer	<input checked="" type="checkbox"/>	Name: ...Helen White..... Date: ... 28/11/2006.....

**SECTION 4 - CONTACT DETAILS AND BACKGROUND PAPERS**

**Contact:** Penny Furness-Smith, Director of Adult Community Care Services  
Tel: 020 8424 1361  
e-mail: [penny.furness-smith@harrow.gov.uk](mailto:penny.furness-smith@harrow.gov.uk)

**Background Papers:**

*Record of Performance Assessment for 2005/06 – copy letter received from CSCI dated 11<sup>th</sup> October 2006 (Part 1 only).*

*Performance Ratings for Adult Social Services: 30<sup>th</sup> November 2006 – copy letter received from CSCI dated 22<sup>nd</sup> October 2006.*

*Scorecard Report for Adult Social Care – performance to January 2007.*



**IF APPROPRIATE, does the report include the following considerations?**

1.	Consultation	N/A
2.	Corporate Priorities	N/A
3.	Manifesto Pledge Reference Number	N/A



**RECORD OF PERFORMANCE ASSESSMENT FOR ADULT SOCIAL CARE  
2005-06**

Name of Adult Services Authority

Harrow

Contents

Part 1

Business Relationship Manager:	Barry Norman
Performance Information Manager:	Kester Ford
Date Last Updated (dd/mm/yyyy):	11.10.2006
Final Version:	Yes

## **Part 1:**

### Summary of Improvements

- The Director of Community Care has provided stable and active strategic management of adult social care services during the year, fully supported by the Executive Director of the 'People First' Directorate, a key post in the authority for establishing and maintaining links between adult, children and corporate services.
- Strategies are now in place for adult service user groups with clarity concerning the desired future direction of services. These now need to be translated into actions that will improve outcomes for service users and carers.
- A CSCI inspection reported improvements to services for older people and concluded that the Council was serving some people well with promising prospects for improvement.
- The Harrow Local Implementation Team received an excellent overall score within the recent mental health joint review report.
- Improvements were achieved in a number of adult social care performance indicators. More progress continues to be needed in order to bring the authority into line with better-performing councils.
- The authority is in the process of agreeing a major project to improve the commissioning of social care services, including joint commissioning arrangements with health partners. The project will focus on both adult and children services and will cover transitional arrangements.
- The adult social care workforce continues to experience good overall rates of stability.
- Notwithstanding the severe pressures on both LA and health finances, working relationships at officer level remain active, constructive and co-operative.

### Summary of Areas for Improvement

- A number of services require development from a low baseline of current provision. Services for people with learning disabilities and older people with mental health problems are particular examples.
- Some aspects of the national service framework for older people are progressing steadily although more progress needs to be made in relation to integrated equipment services and the implementation of the single assessment process, particularly within the health service.
- Few examples of Section 31 agreements are in operation although others are planned. The ability to develop these in the present financial climate in health and the local authority will be a challenge.
- Arrangements for commissioning services are complex and time-consuming. A major project is beginning to review commissioning, procurement and contracting services in order to achieve most appropriate outcomes for users and to rationalise structures to achieve greater operational simplicity.
- Both health and the local authority face serious financial difficulties. The Council is addressing these but they are of considerable proportions. The ability of the authority to maintain adult social care services at current levels and to improve and develop them further, will be severely tested during the coming months. Some measures have already been taken. A further detailed review of council expenditure on services will take place in the autumn.

## STANDARD 1: National Priorities And Strategic Objectives

The council is working corporately and with partners to deliver national priorities and objectives for adult social care, relevant National Service Frameworks and local strategic objectives to serve the needs of diverse local communities

### Improvements achieved/achievements consolidated since the previous annual review

- Clear plans have been published and priorities established for the future modernisation of services for the major adult social care user groupings. These are consistent with national priorities. The translation of these into tangible service improvements for users and carers will have to take place against a background of particularly adverse financial positions in health and the local authority. This will clearly present a severe challenge.
- Progress has been made towards the implementation of the NSF for Older People. However, further work is needed:
  - On the Single Assessment Process. This has progressed in the local authority but rollout is so far limited within the Health service.
  - Some improvement has taken place in relation to the Integrated Community Equipment Service (ICES). However, this at present operates from three separate sites and leads to operational fragmentation. A review is currently underway with the aim of achieving single site operation.
  - On the development of a greater range of intermediate care options.
- Harrow is meeting national targets in relation to the provision of intensive home care as a percentage of intensive home and residential care. It is also in line with national targets to provide more intensive home care.
- During the year 44 units of extra care housing tenancies were brought into service. This is a particularly welcome development as none existed previously.
- Some progress has been made towards the PPF target of increasing the number of carers receiving services, although performance remains low compared with similar authorities.
- The authority has named as a priority consultation with users and carers. A number of carer groups have already been established and carers are now represented on most Partnership Boards. Users are represented on groups such as the Older People's Reference group and Harrow Partnership with Older People. Further improvements are planned during the coming year as recommended by the older person inspection report.

### Areas for improvement

- Some services are operating from a particularly low baseline, including services for older people with mental health problems and services for people with a learning disability.
- Services for people with learning disabilities are in need of development and modernisation in order to provide a broader range of community options. Day services, and employment are particular examples.
- Preventative services such as those to avoid falls and strokes are at an embryonic stage of development.
- There are few Section 31 agreements currently in place although more are planned. The ability to develop these in the present financial climate in health and the local authority will be a challenge. However officers in both authorities continue to co-operate actively and are committed to make progress.
- The trend shown during the final quarter of 2005/6 towards an increase in delayed transfers of care and the number of reimbursable days for which the council is responsible, needs to be addressed.

## STANDARD 2: Cost and efficiency

Adult Social Care commission and deliver services to clear standards of both quality and cost, by the most effective, economic and efficient means available

### Improvements achieved/achievements consolidated since the previous annual review

- Financial management is being improved by the implementation of a corporate planning system that will establish clear responsibility for budgets and provide ready access to information to allow holders to plan monitor and review their budgets.
- During the year, for the first time, Joint Commissioning Strategies were developed for Older People, Learning and Physical Disabilities, and Mental Health Services. The authority also agreed to review Joint Commissioning Services during the autumn via a CSIP and DFES project that will cover adult and children services and encompass transitional services.

### Areas for improvement

- Spend on some key areas of adult social care activity is low relative to the authority's IPF group. In particular, the authority is second lowest in its comparator group for 2006-7 spend on learning disability services. In addition, spend on older persons services and learning disabilities as a proportion of the Personal Social Services budget is also under the IPF average. 'Valuing People' and the Older Persons National Service Framework set out key national priorities for the development of services for these user groupings. There are therefore important issues for the authority as to whether expenditure is best aligned to meet national priorities and local needs.
- The Council should ensure that an analysis of service needs forms part of the forward planning process and is effectively harmonised with financial planning. It is important that forward planning takes sufficient account of the demographic characteristics of the area, such as the larger than average proportion of older people in the population.

### STANDARD 3: Effectiveness of service delivery and outcomes

Services promote independence, protect from harm, and support people to make the most of their capacity and potential and achieve the best possible outcomes

#### Improvements achieved/achievements consolidated since the previous annual review

- A number of projects have been undertaken to review standards of service delivery. These include a revision of the authority's direct payments, POVA policies and a review of its learning disability service. The review of POVA policies has already resulted in a well-publicised, well-received, relaunch of the scheme.
- As a result of the review of learning disability services a major redesign of services is planned, emphasising community approaches and the joint provision of services. Progress on this will be substantially influenced by the current financial difficulties of both partners.
- The inspection of older persons services found that overall most service users and some carers were satisfied with the quality of services they received.
- The approach being taken to the development of services is towards increasing the independence of service users by shifting to a model of self-assessment, individualised budgets, and increasing the range of low-level preventative services. Some success is being achieved. Information from the DIS and PI show that although some numbers remain low by comparison with the IPF group, increases in numbers of people helped to live at home and the volume of intensive home care have taken place and the ratio of intensive home care provision to residential provision is high. Shifts towards community based solutions are, however, taking place against a background of often low volumes of services and of a particularly difficult financial position.
- A successful pilot has been conducted with two providers on a scheme to provide short-term services focussed on achieving independence and care. The pilot involved 17 users, all but one of whom had terminated care within 4 to 8 weeks. The users commented favourably on the scheme. The authority plans to review the pilot and consult on an extension of the service for appropriate users across all home care agencies.

#### Areas for improvement

- Cost pressures in the authority and in health give rise to concern that resources available for community services such as intensive home care will not sustain the current levels of service through 2006 – 2007.
- The number of carers receiving services are low compared with similar authorities. Further improvements will be difficult in the authority's current financial circumstances.

## STANDARD 4: Quality of services for users and carers

Services users, their families and other supporters, benefit from convenient and good quality services, which are responsive to individual needs and preferences

### Improvements achieved/achievements consolidated since the previous annual review

- The introduction of the Framework I system during the year has enabled an improved ability to monitor and evaluate care management components of service such as assessment and review. It has also facilitated greater in-depth analysis and therefore improved opportunities for more effective management. A number of PIs have shown an improvement, including:
  - Clients receiving a review.
  - Assessments completed within 4 weeks.
  - Equipment delivery.
  - Waiting times for assessment.
  - Provision of statements of need.
  - Waiting times for major and minor adaptations.
- The Harrow Mental Health Local Implementation Team received an excellent overall score within the recent joint CSCI and Health Care Commission mental health joint review report

### Areas for improvement

- Reasons for the overall increase in numbers of delayed transfers of care and the upward trend in numbers of reimbursable days during the year need to continue to be analysed and addressed.

## STANDARD 5: Fair access

Adult Social Care services act fairly and consistently in allocating services and applying charges

### Improvements achieved/achievements consolidated since the previous annual review

- The authority has a commitment to ensuring investment in, and the development of, services to meet the needs of its diverse community. It has achieved a good standard (level 3 of 5) in the Race Equality Standard.
- The inspection of older persons services concluded that fair access to care eligibility criteria were being used effectively by care managers although consistency in application was an issue in some instances.
- The Council has conducted a building accessibility survey that included an appraisal of operational outlets to ensure compliance with disability discrimination legislation.

### Areas for improvement

- Some indicators suggest that the level of advocacy services provided needs to be reviewed. For example, the authority states that advocacy services are available most of the time, whereas 51% of councils nationally report that these services are available all of the time. In addition the council's spend on advocacy for people with a learning disability is substantially lower than its IPF comparator group.



## STANDARD 6: Capacity for improvement

The council has corporate arrangements and capacity to achieve consistent, sustainable and effective improvement in Adult Social Services

### Improvements achieved/achievements consolidated since the previous annual review

- The introduction of the Framework 1 system has improved the quality of data produced and has had a beneficial effect on casework and performance management.
- The appointment of the Director of Community Care has provided a focus and impetus for a reassessment of the strategic approach being taken in relation to adult social care user groupings. This has been especially welcome given the low baseline from which some services require development.
- Greater emphasis is being given to the development of partnership working with the health service and joint commissioning will be one of the areas considered within the forthcoming CSIP project currently being planned.
- Strategies have been developed and priorities developed for most adult social care user groupings.
- Although the authority's performance is improving across a number of indicators it needs to make faster progress to bring services into line with better-performing authorities.
- The stability of the workforce has been improved by a reduction in turnover and vacancies. These now compare favourably to the position in comparable authorities.

### Areas for improvement

- The authority acknowledges the need to develop services from a low base. Services for people with a learning disability and a number of aspects of services for older people are particular examples.
- Strategies that are now in place need to progress to a clearly identified timescale for the development of services that provide tangible improvements for users and carers.
- The first council budget that was set for the current financial year required departments to make significant savings. The recent change in administration has identified additional measures to address the council's adverse financial position. A further step is being taken to consider council expenditure via the forthcoming autumn review. These measures, coupled with increased service demand pressures and a severe financial position in health, present a very significant challenge to the authority if it is to maintain its present level of performance.
- The effect on the stability of staff of the measures taken in response to the difficult financial position needs to be monitored to maintain the council's improvement in turnover and vacancy levels.

Director of Adult Social Services

22nd October 2006

Dear Director of Adult Social Services,

**Performance Ratings for Adult Social Services: 30<sup>th</sup> November 2006**

*I am writing to inform you of the 2006 performance star ratings and judgements for your council's adult social services. The performance (star) rating will contribute the 'adults' judgement to the Council's overall CPA rating to be announced by the Audit Commission in February 2007.*

**a) Judgements and Rating**

The judgements and rating for your council are as follows:

**b) Social Care Services for adults**

Serving people well? *Some*

Capacity for improvement? *Uncertain*

**c) Adult Social Care Star Rating**

Your social services performance rating is 1 star.

The Record of Performance Assessment provides the basis of our judgements about your council's performance and trajectory for improvement. The level of in-year monitoring by CSCI is proportionate to performance. Councils with low star ratings or councils deemed to be coasting can expect a higher level of monitoring.

**d) Further Changes to Star Ratings**

Current CSCI policy on star ratings is that they will be published each year, and for the most part will not be changed during the year. For councils with a zero star rating, a higher rating may be awarded later if robust and substantial evidence of performance improvement becomes available. Conversely, if serious concerns about performance arise during the year, a council's rating may be adjusted to zero stars, and special monitoring arrangements put in place.

**e) Representations**

The letter issued to councils by the Chief Inspector on 16<sup>th</sup> July 2006 explained the representations procedure for our adult judgements. This indicated that you would have the opportunity at this stage to make a formal representation.

Councils should ensure their representation is clearly headed according to the judgement in question, be no more than 2500 words max. and ensure it can be linked to the published standards and criteria.

All notifications of intent to make representation, and actual written representations should be sent to CSCI for the attention of Louise Guss Representations Officer, via her PA Annett Hegna using one of the following methods:

Email: [annett.hegna@csci.gsi.gov.uk](mailto:annett.hegna@csci.gsi.gov.uk)

Fax: 01484 770 421

You can also contact the Representations Office via telephone number: 0191 233 3501

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Council intention to make written Representations by	25 <sup>th</sup> Oct by 4.00pm
Council confirmed written Representations received by	30 <sup>th</sup> Oct by 10.30a.m

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#### **f) Further Information and Publication**

The new performance ratings and underlying judgements will be published on 30<sup>th</sup> November. The record of performance assessment for your council and a copy of this letter will also be available on our website at [www.csci.org.uk/council\\_star\\_ratings/councils\\_star\\_rating/default.htm](http://www.csci.org.uk/council_star_ratings/councils_star_rating/default.htm) on 30th November 2006.

We will send you an e-mail containing the embargoed star ratings for all councils on 29<sup>th</sup> November. Both this letter and the e-mail setting out the star ratings for all councils are sent to give you time to prepare local briefings - for example, to handle press enquiries. If you need help or advice on dealing with the media the CSCI press team, Sharon Ward, Michelle Doyle, Andy Keast-Marriott and Ray Veasey are available to assist. Their contact numbers are 0207 979 2089 / 2090 / 2093 / 2094.

Any questions about your star rating that are not answered by the guidance, or by the contents of this letter should be addressed in the first instance to your Business Relationship Manager.

Access to the Performance Indicators website which is password protected will be issued to you at midnight 27<sup>th</sup> November with instructions.

Yours sincerely

Mike Rourke  
Regional Director, CSCI

Copies: Council Chief Executive

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**Adult Social Care 2006/07 Scorecard (to end January 2007)****Affecting all indicators:**

Steps are being taken to cut £2m worth of over-provision and commitment, which had been supplied to meet demand in 05/06. This scale of service reduction is in addition to the agreed budget savings identified in February this year which supported the Council in setting its budget for 06/07 and the yet further additional savings agreed in August this year. This will have a significant effect on our ability to achieve performance improvement in 2006/7.

Corporate Priority	PAF reference	Indicator	2005/6 OUTER LONDON	2005/6 HARROW	2006/7 Target	LATEST DATA - at JAN 31st 07	COMMENTS
Making Harrow Safe, Sound and Supportive	B11	Intensive homecare (more than 10 contact hours/6 or more visits per week) as a percentage of intensive home and residential care	32%	43.3%	40%	33% (Estimate for year-end)	Intensive homecare performance has reduced as anticipated in line with delivery of services within budget. This end of year estimate still places us in the top banding.
Tackling Waste and VFM	B12	Cost of intensive social care for adults and older people	593	694	632	Annual measure	Ongoing work to improve contracts and reduce unit costs but unlikely to achieve a banding improvement in 2006/7. Notice issued early to terminate existing block contracts. Tender process on the basis of cost and volume and major switch to individual budgets in last quarter 07/08.
Tackling Waste and VFM	B17	Unit cost of home care for adults and older people	15.5	17.1	16.0	Annual measure	Ongoing work to improve contracts and reduce unit costs but unlikely to achieve a banding improvement in 2006/7
Making Harrow Safe, Sound and Supportive	C28	Intensive Homecare - Households per 1000 population (Key Threshold)	15.9	18.6	20.0	13.4	Intensive homecare performance has reduced as anticipated in line with delivery of services within budget. This end of year estimate still places us in the light green banding.
Making Harrow Safe, Sound and Supportive	C29	Adults aged 18-64 with physical disabilities helped to live at home at 31 March per 1,000 population aged 18-64	4.3	3.6	3.7	3.3	The adults 18-64 helped to live at home indicators are likely to remain static as the number of service users remains broadly the same, with levels of care being delivered within budget.
Making Harrow Safe, Sound and Supportive	C30	Adults aged 18-64 with learning disabilities helped to live at home at 31 March per 1,000 population aged 18-64	2.3	2.1	2.5	2.2	The adults 18-64 helped to live at home indicators are likely to remain static as the number of service users remains broadly the same, with levels of care being delivered within budget.
Making Harrow Safe, Sound and Supportive	C31	Adults aged 18-64 with mental health problems helped to live at home at 31 March per 1000 population aged 18 - 64	3.8	5	7	not available	The adults 18-64 helped to live at home indicators are likely to remain static as the number of service users remains broadly the same, with levels of care being delivered within budget.

Corporate Priority	PAF reference	Indicator	2005/6 OUTER LONDON	2005/6 HARROW	2006/7 Target	LATEST DATA - at JAN 31st 07	COMMENTS
Making Harrow Safe, Sound and Supportive	C32	Older People aged 65 or over helped to live at home at 31 March per 1,000 population aged 65 or over.	98.2	80.5	84.0	72.6	Numbers of older people helped to live at home has dipped as a result of delivery of the service within budget. We anticipate it may fall further in the last month of 06/07 and into 07/08 with the introduction of the revised charging policy, with those users who have the resources taking private arrangements to purchase their own care.
Making Harrow Safe, Sound and Supportive	C51	Direct Payments per 100,000 population (Key Threshold)	91.8	65.9	90.0	68	Growth did not continue as planned given the need to manage service delivery within budget. Pilot scheme developed to offer direct payments as primary option for all, rather than a service of last resort.
Making Harrow Safe, Sound and Supportive	C62	Services for carers: Number of carers receiving a specific carers' service during the year following an assessment or review as a percentage of clients receiving community based services	9.9	5.3	8.0	not available	Unlikely to improve further due to Harrow's budget plan.
Making Harrow Safe, Sound and Supportive	C72	Admissions of supported residents aged 65 or over to residential/nursing care during the year (Key Threshold)	73.6	66	64.0	not available	Should achieve target for 2006/7
Making Harrow Safe, Sound and Supportive	C73	Admissions of supported residents aged 18-64 to residential /nursing care per 10,000 population	1.7	1.7	1.4	not available	Should achieve target for 2006/7
Making Harrow Safe, Sound and Supportive	D37	Availability of single rooms: Percentage of single adults and older people for whom permanent residential or nursing care placements were arranged during the year who are allocated single rooms	97.0%	98.0%	97.0%	Annual measure	Should achieve 2006/7 target.

Corporate Priority	PAF reference	Indicator	2005/6 OUTER LONDON	2005/6 HARROW	2006/7 Target	LATEST DATA - at JAN 31st 07	COMMENTS
Making Harrow Safe, Sound and Supportive	D39	Statement of Need: Percentage of adults receiving a statement of needs and how they will be met, compared to the total number of adults and older people getting a community or residential service during the year	94.4%	93.4%	96.0%	93.7%	Performance was improved through targeted action with teams through workshops/training. It should rise further before the end of the year, possibly breaking into the light green band. Some teams reported 100% in January.
Making Harrow Safe, Sound and Supportive	D40	Clients receiving a review: adults and older clients receiving a review as a percentage of the total number of clients receiving services during the year	66.7%	63.0%	70.0%	68% (estimate for end of year)	The pace of reviews slowed down in the winter quarter and we are still on target to make 70% by the end of the year. Focused work was required with one community team to fully record activity on Framework-I.
Making Harrow Safe, Sound and Supportive	D41	Delayed transfers of care per 100,000 population aged 65 and over (not including health delays)	38.2	43.4	17 <sub>(SSD only)</sub>	31.4 (SSD=9.6)	This figure reflects the full CSCI definition which includes non-social care delays. We have regained light green banding and social care delays have fallen dramatically this year, easily beating the target. The PCT financial position and budget recovery actions mean that despite SSD numbers falling substantially there has been limited overall improvement. Given the local authority financial position and legal advice we are unable to assist in supporting continuing health care patients to be discharged in a timely way.
Making Harrow Safe, Sound and Supportive	D54	Equipment delivered in 7 working days (Key Threshold)	89.0%	75.0%	85.0%	83.3%	Issues around prompt ordering of equipment by care teams, and accurate recording of information by Stores have been largely solved. Performance has been over 90% for the last couple of months and it is just possible that we can achieve the 85% overall target by year end.
Making Harrow Safe, Sound and Supportive	D55	Acceptable waiting times for assessment % (Key Threshold) - percentage completed within 28 days	81%	84.1	85.0%	81.0%	Assessment waiting times dipped at the start of the budget recovery process early in the financial year but performance has now picked up significantly with most teams above 90% for January.
Making Harrow Safe, Sound and Supportive	D56	Acceptable waiting times from assessment to start of services (Key Threshold) - percentage in place within 28 days	84.7%	71.5	85.0%	83.9%	Performance remains within the 'acceptable' band. Data quality appears to have improved in the last few months and a solid gain since last year



Corporate Priority	PAF reference	Indicator	2005/6 OUTER LONDON	2005/6 HARROW	2006/7 Target	LATEST DATA - at JAN 31st 07	COMMENTS
Making Harrow Safe, Sound and Supportive	D59	Practice Learning Indicator	12.1	4	6.8	Annual measure	Practice learning activity is likely to deteriorate as investment in training and development is capped as part of the corporate savings plan.
Making Harrow Safe, Sound and Supportive	E47	Ethnicity of older people receiving assessment: Percentage of older clients receiving an assessment that are from minority ethnic groups compared to percentage of older people in council area who are classified as other than "White"	1.28	1.48	1.35	1.51	Only orange or yellow bandings for this indicator. We are on track to remain in highest banding.
Making Harrow Safe, Sound and Supportive	E48	Ethnicity of older people receiving services following an assessment: Percentage of older clients receiving services following an assessment or review that are from a minority ethnic group compared to the number of older clients with completed assessments	0.99	0.97	1.00	1.02	Only orange or yellow bandings for this indicator. We are on track to remain in highest banding.
Making Harrow Safe, Sound and Supportive	E50	Assessments of adults and older people leading to provision of services: Percentage of assessments or reviews which lead to services being provided	n/a	60	68%	75.8	(Not banded) On track.
Making Harrow Safe, Sound and Supportive	DIS 3126	Client ethnicity Return: Percentage of adults assessed missing ethnic origin (KT is 10%)	n/a	7.6	5.0%	2%	(Not banded). On track.
Making Harrow Safe, Sound and Supportive	DIS 3127	Client Ethnicity Return: Percentage of adults with one or more services in the year missing ethnic origin details. (KT is 10%)	n/a	8.5	5.0%	4.9%	(Not banded). No danger of breaching key threshold of 10.

Corporate Priority	PAF reference	Indicator	2005/6 OUTER LONDON	2005/6 HARROW	2006/7 Target	LATEST DATA - at JAN 31st 07	COMMENTS
Making Harrow Safe, Sound and Supportive	DIS 3128	Percentage of staff in post at 30 September missing ethnic origin (Key Threshold)	n/a	0	5.0%	Annual measure	(Not banded) Although not yet measured this is likely to continue to be zero..

Key

very good
good
acceptable
ask questions





Meeting:	Adult Health and Social Care Scrutiny Sub-Committee
Date:	18 April 2007
Subject:	Scrutiny Annual Report
Key Decision: <i>(Executive-side only)</i>	Not applicable
Responsible Officer:	Paul Najsarek, Director People Performance Policy
Portfolio Holder:	Councillor David Ashton (Business Development)
Status:	Part I
Encs:	Draft Chairman's report on the work of the Adult Health and Social Care Scrutiny Sub-Committee 2006-07

## SECTION 1 – SUMMARY AND RECOMMENDATIONS

This report requests agreement on the wording for the Adult Health and Social Care Sub-Committee section of the Scrutiny Annual Report, which will be published in May.

### **RECOMMENDATIONS:**

The Sub-Committee is requested to:

- 1) Agree the wording of the annual report, as attached at Appendix 1.

### **REASON:**

To allow inclusion of the Sub-Committee's report in the Annual report of the Overview and Scrutiny Committee.

## SECTION 2 - REPORT

### **Background**

Every year the Overview and Scrutiny Committee produces an annual report, outlining its achievements over the last year and identifying projects for the next. This helps to promote accountability to residents, and also highlights the work that scrutiny does as an independent voice to improve services.

All of the Scrutiny Sub-Committees are being consulted on their particular draft Chairman's report before the inclusion of the section in the full annual report, which will be considered by the Overview and Scrutiny Committee at its next meeting.

Suggested wording for Adult Health and Social Care Sub-Committee's section is provided at Appendix 1.

### **Resource and legal implications**

There are no cost implications for this report. The cost of the publication of the scrutiny annual report will be met from within the allocated budget 2007/08.

Article 6.03(d) of the Council Constitution provides that the Overview and Scrutiny Committee will report annually to full Council on its activities.

## SECTION 3 - STATUTORY OFFICER CLEARANCE

Chief Financial Officer	<input checked="" type="checkbox"/>	Barry Evans (3 April 2007)
Monitoring Officer	<input checked="" type="checkbox"/>	Sharon Clarke (3 April 2007)

## SECTION 4 - CONTACT DETAILS AND BACKGROUND PAPERS

**Contact:** Nahreen Matlib, Senior Scrutiny Officer, tel: 020 8420 9204, email: [nahreen.matlib@harrow.gov.uk](mailto:nahreen.matlib@harrow.gov.uk)

### **Background Papers:**

None

**IF APPROPRIATE, does the report include the following considerations?**

1.	Consultation	YES
2.	Corporate Priorities	YES
3.	Community Safety (s17 Crime & Disorder Act 1998)	NO
4.	Manifesto Pledge Reference Number	N/a