Health and Social Care Scrutiny Sub-Committee AGENDA

DATE: **Tuesday 6 December 2011**

TIME: **7.30 pm**

VENUE: **Committee Room 6,**
Harrow Civic Centre

MEMBERSHIP **(Quorum 3)**

Chairman: **Councillor Ann Gate**

Councillors:

Jerry Miles
Sachin Shah
Mrs Vina Mithani (VC)
Simon Williams

Reserve Members:

1. Ben Wealthy
2. David Gawn
3. Krishna James
1. Barry Macleod-Cullinane
2. Mrs Lurline Champagnie OBE

Contact: **Mark Doherty, Democratic Services Officer**
Tel: 020 8416 8050 E-mail: mark.doherty@harrow.gov.uk

Harrow COUNCIL
LONDON

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 Sub Committee;
(b) all other Members present in any part of the room.

3. MINUTES (Pages 1 - 6)

That the minutes of the meeting held on 24 October 2011 be taken as read and signed as a correct record.

4. PUBLIC QUESTIONS

To receive questions (if any) from local residents/organisations under the provisions of Committee Procedure Rule 17 (Part 4B of the Constitution).

5. PETITIONS

To receive petitions (if any) submitted by members of the public/Councillors under the provisions of Committee Procedure Rule 15 (Part 4B of the Constitution).

6. DEPUTATIONS

To receive deputations (if any) under the provisions of Committee Procedure Rule 16 (Part 4B) of the Constitution.

7. REFERENCES FROM COUNCIL AND OTHER COMMITTEES/PANELS

To receive any references from Council and/or other Committees or Panels.

8. OUTLINE BUSINESS CASE FOR EALING HOSPITAL TRUST AND NORTH WEST LONDON HOSPITAL TRUST POTENTIAL MERGER (Pages 7 - 22)

Report of the North West London NHS Trust.

9. HEALTHWATCH (Pages 23 - 30)

Presentation of the Assistant Chief Executive, Harrow Council.

10. ADULT SOCIAL CARE - LOCAL ACCOUNT (Pages 31 - 166)

Report of the Corporate Director of Adults and Housing.

11. ANY OTHER BUSINESS

Which the Chairman has decided is urgent and cannot otherwise be dealt with.

AGENDA - PART II - NIL

This page is intentionally left blank

HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE

MINUTES

24 OCTOBER 2011

Chairman: * Mrs Vina Mithani (Vice-Chair in the Chair)

Councillors: * Jerry Miles * Ben Wealthy (1)
* Sachin Shah * Simon Williams

In attendance: (Councillors) * Margaret Davine

* Denotes Member present
(1) Denotes category of Reserve Member

61. Attendance by Reserve Members

RESOLVED: To note the attendance at this meeting of the following duly appointed Reserve Member:-

Ordinary Member	Reserve Member
Councillor Ann Gate	Councillor Ben Wealthy

62. Declarations of Interest

Agenda Item: 8. Organisational Futures – Potential Merger of Ealing Hospital NHS Trust and North West London Hospital Trust – Update; 9. Pinner Village Surgery – Challenge Panel Update; 10. Update Report: Implementing the White Paper for Public Health: 'Healthy Lives, Healthy People' in Harrow; 11. Update on Health Reforms and Progress in Harrow

Councillor Mrs Vina Mithani declared a personal interest in that she was employed by the Health Protection Agency. She would remain in the room whilst these matters were considered and voted upon.

Councillor Simon Williams declared personal interests in that his wife was a Community Psychiatric Nurse for North West London Mental Health Trust and that his company had provided media and management services advice to GPs on behalf of The Guardian. He would remain in the room whilst these matters were considered and voted upon.

63. Minutes

RESOLVED: That the minutes of the meeting held on 14 September 2011 be taken as read and signed as a correct record.

64. Public Questions, Petitions and Deputations

RESOLVED: To note that no public questions were put, or petitions or deputations received at this meeting.

65. References from Council and Other Committees/Panels

RESOLVED: To note that there were no references.

RESOLVED ITEMS

66. Organisational Futures - Potential Merger of Ealing Hospital NHS Trust and North West London Hospitals Trust - Update

Mr David Astley, Interim Acting Chief Executive of North West London Hospitals NHS Trust, introduced a report which provided an update on the potential merger of Ealing Hospital NHS Trust and North West London Hospitals Trust. He advised that the timeline for the Outline Business Case (OBC) had been extended, with completion being expected by the end of October 2011. The OBC for the potential merger would be presented to the North West London Hospital NHS Trust Board on 2 November 2011, and Ealing Hospital NHS Trust Board meeting on 4 November 2011.

Mr Simon Crawford of Ealing Hospital NHS Trust, added that the OBC had been devised with input from GPs. It took account of what the vision of the new organisation would be, such as commissioning better care for the community. He stated that, if approved by both Trust Boards, the OBC would then be subject to the approval of the NHS London's Capital Investment Committee on 17 November 2011. Consultation on the OBC had been conducted with Local Involvement Networks (LINKs), as there was no statutory obligation to consult with the public or other external groups on an organisational merger.

A Member sought clarification on consultation methods, questioning when patients would be entitled to greater information regarding the OBC. Mr Crawford responded that the OBC took account of a range of issues, such as

integrated care, greater outreach work and ways of strengthening care in general. It also looked at more acute measures, such as developing areas of excellence and utilising appropriate expertise on a rota basis. He emphasised that the OBC was subject to the approval of both Trust Boards. Mr Astley added that the potential merger would realise a saving by replacing two Trust Boards with one, creating an opportunity to unify management, streamline work processes and simplify management structures.

In response to comments made, an adviser to the Sub-Committee confirmed that considerable public and clinical consultation had been conducted with LINk, who hosted a public event in June 2011. Further public events were planned for early 2012 following the publication of the OBC and to discuss the development of the Full Business Case (FBC).

In relation to the extension of the timetable, a Member queried which aspects of the OBC needed to be articulated more clearly. Mr Crawford stated that following participation events during 2011, comments had been taken on board and improvements had been realised by being more responsive and by listening to GPs and Commissioners. In addition, case studies now illustrated examples of the care patients now received and how this could be improved.

In response to a question from a Member regarding Foundation Trust status, Mr Astley advised that although prospects on achieving such status were good, a considerable amount of work was required on developing plans and conducting consultation exercises. Following such work, it was hoped that Foundation Trust status would be achieved within the next four years.

A Member stated that concerns had been raised by residents regarding access issues surrounding the potential merger. Mr Astley advised that work improving accessibility was ongoing. He added that patients could seek treatment from Community Teams and GP's who could facilitate care away from hospitals. This would allow patients to seek specialist care at Ealing, Northwick Park and Central Middlesex Hospitals.

RESOLVED: That the report be noted.

67. Pinner Village Surgery - Challenge Panel Update

Javina Seghal, NHS Brent and Harrow, introduced a report which provided Members with an update on the closure of Village Surgery. She reported that since the closure in March 2010, the Pinn Medical Centre had coped well with the influx of registering patients. In the early stages following the closure, the Pinn Medical Centre's Quality and Outcomes Framework (QOF) achievement dipped as a result of a delay in inputting data onto the QOF system. However, since then the practice had improved as was evidenced in a survey illustrating an increase of 10% in patient satisfaction. It would be clarified on what figure the increased percentage had been achieved.

Following the closure, there were two redundancies made. One member of staff had since received a separate offer of employment, with the other choosing to take a break from employment, although it was understood that separate offers of employment had also been received.

Six letters had been sent out between April 2010 and March 2011 in relation to registering with a medical practice. The final letter specified that the recipient would no longer have a GP if they did not register with the Pinn Medical Centre or one of the twenty-seven practices within a two mile radius of the Village Surgery. In total, 1,222 patients were removed, of which 1001 were over 16 years of age. As at 1 April 2011, there were approximately 18,500 patients registered at the Pinn Medical Centre, an increase of approximately 5,000 on the previous year.

In relation to a question by a Member regarding the six registration letters, Dr Amol Kelshiker, Chair of the Harrow Clinical Commissioning Board and Senior Partner at the Pinn Medical Centre, advised that initially, it was agreed that patients would be allocated to a particular doctor or team of doctors. The letters did, however, state that the patients had the ability to choose a specific doctor to administer their treatment at the Pinn Medical Centre.

A Member questioned the reasons behind 1,222 patients being removed. Javina Seghal confirmed that reasons included patients being entered twice on the list, living outside the boundary and moving address. Mr Rob Larkman, Chief Executive of NHS Brent and Harrow, stated that he was confident that every opportunity had been provided for residents local to Village Surgery to become registered with a GP.

A Member expressed concern that the report provided inadequately addressed issues raised at the Challenge Panel. Mrs Seghal replied that the report responded to all points highlighted by the Challenge Panel and that her opening verbal summary included additional information which was requested by the Chairman of the Sub-Committee. Mr Larkman added that he was not in post at the time the Challenge Panel took place, but would be happy to ensure that extra information requested by Members be provided at future meetings. Members agreed that receiving regular updates on the points raised at the Challenge Panel would help them keep informed of progress.

RESOLVED: That

(1) the report be noted;

(2) a six-monthly report be presented to future Sub-Committee meetings on the progress with issues raised by the Challenge Panel.

68. Update report: Implementing the White Paper for Public Health: 'Healthy Lives, Healthy People' in Harrow

Dr Andrew Howe, Director of Public Health, introduced a report which provided Members with an update on the implementation of the White Paper for Public Health.

Key national guidance was due to be published within the next three months which would help to provide a better understanding on the proposals by December 2011. Official charts to enable benchmarking exercises for current public health budgets at NHS Harrow, were also anticipated by December

2011. It was understood that current budgets were calculated using historic data which spanned the last thirty years. Funding for specific conditions, such as bowel screening was awarded based on the performance of the previous year.

Meetings with the West London Alliance were being held to seek potential ways of increasing joint, cross London working. The NHS were struggling with the transitioning of people to the thirty-one London boroughs, with the publication of National policy later this year assisting in providing managers and staff clearer advice.

A Member questioned whether there would be an appetite to establish a 'Public Health Impact' section for clearance on Council reports. This measure would be similar in nature to existing statutory clearances such as equalities implications. Dr Howe advised that such a proposal would be welcomed, with discussions already taking place with the Corporate Director of Adults and Housing, Harrow Council, to ascertain the feasibility of implementing such a procedure.

A Member sought clarification on how the implementation of the White Paper would be prioritised. Dr Howe stated that by establishing Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies, the sharing of intelligence would assist in highlighting areas of greatest need.

RESOLVED: That the report be noted.

69. Update on Health Reforms and Progress in Harrow

The Corporate Director of Adults and Housing presented a report which provided an update on changes and impending legislation in relation to health, social care and public health.

Subject to parliamentary approval, Health and Wellbeing Boards (HWBB) would become a statutory committee of the authority by April 2013. Work would be conducted during this period to formulate a transition plan, as it was envisaged that HWBB would be the focal point for joint working at a local level. A Shadow Health and Wellbeing Board was set up in September 2011 as a body to assist development over the next six months.

Personalisation has been highlighted as a key proposal of the Health and Social Care Bill. The feasibility of establishing personalised health budgets was being explored, particularly in relation to long term illnesses. There was a strong emphasis on empowering GPs to drive the personalisation agenda. Mr Larkman supported the comments made, adding that all opportunities were being sought for GPs to lead on the concept. He reiterated that Primary Care Trusts would be abolished on 1 April 2013. It was clear that a robust Commissioning Group would need to be established to make commissioning decisions, supported by commissioning support organisations.

An adviser to the Sub-Committee advised that HealthWatch would take over LINKs from October 2012. HealthWatch England would be part of the Care

Quality Commission, enabling information and issues to be shared at a national level.

A Member questioned the composition of Membership for the Health and Wellbeing Board. The Corporate Director of Adults and Housing advised that the Shadow Board was striving to mirror the guidelines set out in the guidance.

A Member sought clarification on what options Councillors would have in terms of the remit for HealthWatch. The Corporate Director of Adults and Housing reiterated that Bill was not yet law, adding that it was however anticipated that there could be choices on sign-posting and advocacy for employment.

In response to a question by a Member, an Adviser to the Sub-Committee advised that Healthwatch would have funds to employ staff, adding that a public election of a Chairperson would seem the most appropriate way to appoint a Chair.

RESOLVED: That the report be noted.

(Note: The meeting, having commenced at 7.30 pm, closed at 9.10 pm).

(Signed) MRS VINA MITHANI (Vice-Chair in the Chair)
Chairman

Health & Social Care Scrutiny Committee, December 2011

'STRONGER together' the Outline Business Case for the proposed merger of Ealing Hospital NHS Trust and The North West London Hospitals NHS Trust

1. Overview

Following the publication of Commissioning Intentions by NHS North West London in the autumn of 2010, an Options Appraisal took place into the future organisational arrangements best placed to deliver the changes signalled. The conclusion reached through this appraisal was that a merger between Ealing Hospital NHS Trust (EHT) and The North West London Hospitals NHS Trust (NWLHT), combined with the integration of the community services of Ealing, Brent and Harrow, offered the potential to deliver an organisational solution to carry forward the commissioning agenda and to deliver FT viability. Chapter 5 of the Outline Business Case (OBC) describes the decision-making process, taking account of a review of the local healthcare provision and goes on to describe how this led to the identification of the merger as the preferred organisational solution.

Since then the two Trusts have developed a Strategic Outline Case that was approved by the respective Trust Boards in May 2011 and have now produced the more detailed Outline Business Case STRONGER Together. The OBC makes the case for the merger ("organisational change") to create a single Integrated Care Organisation (ICO) from July 2012.

The OBC argues that the two trusts are complimentary; NWLHT provides limited services in the community and lacks the current capacity to provide more services in or near patients homes; EHT in the future will be too small to have the required breadth and depth within each of its clinical services to sustain the full range and depth of specialist hospital care 24/7. The OBC describes the current NHS context and a strategy for the new organisation, based on greater specialisation of hospital services and more integrated delivery of care in the community. The OBC demonstrates the potential of the merged Trust to become financially sustainable based on maintaining current service provision and delivery of a radical efficiency programme. The OBC acknowledges the potential for wider service changes being required in the future and that NHS North West London plan to consult on future options during 2012 (See NHS NW London November 2011 Board Papers). The financial analysis in the OBC includes some modelling of hypothetical scenarios and provides some assurance that the merged trust would remain viable under a wide range of potential future planning scenarios.

The OBC does not make the case for any major service change (although it does model potential responses of a merged Trust to changes in future commissioner plans).

Attached at Appendix One is a summary document of the OBC which outlines the rationale and benefits of the merger and is now available on the websites of both Trusts.

2. The Outline Business Case

The OBC is structured around 11 Chapters with supporting Appendices. For the full business case please got to: http://www.nwlh.nhs.uk/about_us/futures/

The case for the organisational merger centres around 4 of these Chapters:

Chapter 3-Commissioning Strategy in NW London
The chapter gives an overview of the health needs of the 3 boroughs served by the Trusts, what the priorities of Commissioners are, the significant financial challenges (rising demand and standards, increasingly elderly population and reduced levels of funding resulting in a potential resource gap of £1 billion in NW London) they face and therefore what the likely impact will be for services. This results in an expectation of commissioning for rising

standards and specialisation of acute services, shifting of activity from hospital sites to the community and greater integration of services to support an out of hospital commissioning strategy focussed on prevention, management of long term conditions and clinical pathways.

Chapter 4- Implications for EHT-ICO and The NWLHT

The chapter outlines the vision and aspirations of both Trusts to deliver the "highest possible quality of care" in the context of the Commissioning plans and examines latest guidance and standards for service delivery from Royal Colleges, National Institute for Clinical Excellence (NICE), Care Quality Commission (CQC) etc as well as the London experience of concentrating specialist services ie for stroke and trauma. The Chapter concludes that there are compelling reasons why a merger would be beneficial to patients by offering the potential for; integrated community and acute services co-terminus with social care and increased critical mass and scale of acute services allowing for sub-specialisation, availability of appropriate staff and services 24/7 and capacity to support community developments.

Chapter 6 Clinical Vision for a combined organisation

The OBC sets out a clear and compelling clinical argument for the merger based around the potential benefits of an Integrated Care Organisation serving Ealing, Brent and Harrow, together with benefits to patients of organising acute services around larger clinical teams. Chapter 6 of the OBC provides the clinical vision for the merged Trust and what needs to change to fully deliver the benefits of a truly integrated healthcare delivery organisation working in partnership with GP's, Social Care and other sectors. The chapter cites example case studies of how things are and what they could become both for community and acute services. The vignettes provide an illustration of the innovation that may be possible through the merger and are a reflection of the clinical involvement and thinking that has already taken place to develop the OBC and will continue in conjunction with GP's (as commissioners and partners in the provision of healthcare) as we develop the Full Business Case (FBC). Appendix B goes on to outline the process whereby senior clinicians within the trusts and GP's have been engaged in the merged Trusts scenario planning potential responses to future commissioner plans for services.

The chapter concludes the merger

- "is a unique opportunity to create one NHS organisation managing hospital and community services across Brent, Harrow and Ealing. This will help to remove organisational barriers and provide more integrated care for local people. For patients this will mean fewer hospital visits, shorter stays in hospital and care closer to home."
-"will create larger clinical teams to meet the rising clinical standards in the future, give patients the opportunity to be treated by specialists in their condition no matter what time of the day or week."
-"make the most of the expertise it has" ie to meet EWTD requirements at same time as staffing rotas fully.

Chapter 7 Financial evaluation

The chapter sets of the historical performance of both Trusts, the financial challenges ahead, the impact of merger and the potential savings arising from the organisational merger (£7m). It then goes on to examine the potential for the merged Trust to achieve FT status and its ability to be resilient to changes in income levels and fluctuations in cost levels.

A response to the financial challenge has been developed through a Finance Working Group (includes representatives from NWL Cluster/PCT's and NHS London as well as the Trusts). A LTFM has been developed for the Base Case, using NHS London agreed assumptions on productivity (5.4%), and reflecting the current Commissioning Intentions (produced December 2010). This shows that without major service change, the new Trust could achieve close to break-even by 2015/16 (£2.3m deficit).

Working in parallel to this process, NHS NW London is developing a pre-consultation business case, setting out the case for service change. It is too early in the process to base the financial analysis for the merger on this emerging thinking, however the OBC has modelled a number of hypothetical scenarios (Described in Appendix B), broadly consistent

with the direction of travel set out in the earlier Commissioning Intentions. Under all of these scenarios, modelling suggests that the merged Trust will achieve surpluses ranging from £5.2m to £24.5m, strengthening the case for financial sustainability arising from the merger.

Further financial analysis has tested a down-side financial scenario, using the Monitor FT parameters and anticipating the worsening financial forecasts by PCTs in the North West London. Even with these downside financial scenarios, the merger proposal continues to achieve the required financial sustainability against at least two of the hypothetical service change scenarios.

3. Approvals Process

North West London Hospitals and Ealing Hospital Trust Boards considered and supported the OBC at their meetings on 2nd and 4th November, respectively and agreed to proceed to develop the Full Business Case.

NHS North West London considered the OBC at its Board meeting on 9 November and the CEO has now written to both Trusts confirming the Boards support for the Merger. The final approval process for the OBC is consideration by NHS London's Capital Investment Committee (CIC- a formal sub-committee of its Board) on the 17th November.

Following NHS London CIC approval of the OBC, the key approval processes and dates are as below:

- FBC Approval by Trust Boards – March 2012
- FBC approval by NHSL – April 2012
- FBC approved by DH Transactions Board – May 2012
- Merger implemented – July 2012

4. Consultation Issues

Consultation on merger-there is no formal requirement for public consultation on organisational merger although the Trusts are required to consult with the local and relevant LINKs (Ealing, Harrow and Brent)-all 3 are represented on the Organisational Futures Programme Board and are in the process of organising local events to seek the views of their membership.

Consultation on service change- Commissioners (legally the PCT's) are responsible for leading and consulting upon major service change and have to follow the NHS London service re-configuration guide in doing so. This requires a pre-consultation process resulting in a case for change that has to be agreed by NHS London before formal public consultation can take place (refer to NHS NW London November Board papers for detail of process).

Simon Crawford
Senior Responsible Officer
Organisational Futures of Ealing Hospital NHS Trust and The North West London Hospitals NHS Trust

November 2011

This page is intentionally left blank

STRONGER *together*

The proposed merger of Ealing Hospital NHS Trust and The North West London Hospitals NHS Trust

Ealing Hospital NHS
NHS Trust

The North West London Hospitals NHS
NHS Trust

STRONGER *together*

The proposed merger of Ealing Hospital NHS Trust and The North West London Hospitals NHS Trust

Foreword

We have made a personal promise to patients to provide the highest quality of care in our hospitals and the community. In many ways we are doing this already. Both our Trusts are proud of the fact that infection rates are very low and our mortality rates are among the best in the country.

But we can always do more to improve.

We want our organisations to be in the strongest position to embrace the changes happening across the NHS and in medicine, such as higher quality standards, technological advances, and a focus on prevention and care outside hospitals.

For these reasons we have been looking at future options for our organisations.

The merger will allow us to create larger clinical teams so our patients can see specialists in their condition no matter what time of day or day of the week.

In Ealing, we were delighted to become an Integrated Care Organisation in April 2011, bringing together services at Ealing Hospital with community services across Brent, Ealing and Harrow. The merger gives us a unique opportunity to build on this and create one organisation providing hospital and community services - enabling us to have a healthcare system which removes organisational barriers, focuses on the whole patient and prevents unnecessary admissions into hospital.

We recognise, of course, that change will not be without challenges. We are committed to supporting and involving everyone as we move forward.

Whilst this document covers an organisational merger and not immediate change to services, we will in the future need to look at how services are organised so we can continue to improve quality and ensure a sustainable future.

Our GP commissioners and local GPs will be vital in

helping us design the services patients need.

Whatever service changes are proposed, we are committed to ensuring that local people have a chance to express their views and be involved in shaping their local NHS.

At the heart of everything we do is our promise to improve care for patients. We believe merging our organisations will be a major step in achieving this. We believe we will be stronger together.

We look forward to discussing our proposals with you.

Julie Lowe,
Chief Executive

Ian Green,
Chairman

Dr Alfa Sa'adu
Medical Director

Ealing Hospital
NHS Trust

Peter Coles,
Interim Chief Executive

Tony Caplin,
Chairman

Professor Rory Shaw
Medical Director

The North West London
Hospitals NHS Trust

This brochure sets out the reasons why we believe that merging will create a first-class organisation, delivering high-quality care across Brent, Ealing and Harrow. It also describes the benefits for patients and staff, and explains the next steps in the process.

"Our vision is to ensure that every person in our part of London has the best possible health care. From the hospital perspective, we want to offer large enough teams of specialists in all the major clinical areas to ensure we can meet all of the modern standards of care. From the community perspective, we want to work closely with GPs, other health professionals and social care teams to ensure more care is provided closer to home."

Medical Directors Professor Rory Shaw at The North West London Hospitals NHS Trust and Dr Alfa Sa'adu at Ealing Hospital NHS Trust

Why Ealing Hospital NHS Trust and The North West London Hospitals NHS Trust?

We started to look at a range of options for our organisations in 2010. This included staying the same and mergers with different combinations of Trusts in the North West London area (you can read more about this on our websites, see back page).

After assessing a range of options we agreed that a merger of the two Trusts would offer the best opportunity to provide the highest quality of care for people in Brent, Ealing and Harrow.

We believe a merger is the right choice:

- It offers a unique opportunity to create **one NHS organisation managing hospital and community services across Brent, Ealing and Harrow**. This will help to remove organisational barriers and provide more integrated care for local people. For our patients this will mean fewer hospital visits, shorter stays in hospital and more care closer to home.
- Through one organisation we can create **larger clinical teams** so we can deliver improved **quality standards** in the future and give patients the opportunity to be treated by specialists in their condition.
- By creating a larger organisation and larger clinical teams we will be able to create a **critical number of clinicians and knowledge**, enabling us to provide **more specialist care** for our local populations.

More information about why we believe merging our organisations can bring benefits to patients is continued on page 7.

Why we are considering a merger

The case for change

More services to be provided in the community

Across the NHS there is a drive to provide more services in the community, outside hospitals. At the moment many people go to hospital for some services which could be better provided out of hospital.

The vision for the future is that we have a healthcare system which is less dependent on hospital care. People will receive regular and urgent medical advice from their GP practice or a community-based urgent care centre. Specialist advice and diagnostic tests will be obtained outside hospital and care for people with long-term conditions and older people will be organised around their day-to-day needs in their own communities.

Changes to health needs and local population

Population growth in North West London and the growth of lifestyle-related diseases require a greater focus on disease prevention and delivering care in our local communities. We need to change the way services are delivered, with improved primary care, more integrated care and more centralisation of specialist care in order to achieve better outcomes for patients.

Changes in medicine

Medical knowledge advances at an astounding pace every year as new tests, sophisticated medication and new surgical procedures emerge.

Medicine is also becoming increasingly specialised, which has resulted in significant benefits for patients as doctors and their teams have become more expert and successful in their specific areas.

The generalist surgeon of the past has now been replaced by multiple specialists, each focusing on different parts of the body.

For senior staff and more specialised teams to deliver the high-quality care people expect and deserve, there needs to be a critical number of doctors focused on specific types of patients and procedures.

Individual clinicians and teams need to see enough patients to maintain their skills in treating certain conditions which they

Today when you go to an orthopaedic surgeon you will see a specialist in your particular problem – knee, hip or ankle. It's the same for cancer – if you have breast cancer you will be seen by a breast surgeon not a general surgeon.

If you are admitted as an emergency with major internal bleeding then to get the best clinical outcome means that we need to have specialist radiologists, surgeons and other staff available 24 hours a day, 365 days a year.

New quality standards are being introduced all the time.

A recent report about the care and treatment of patients receiving emergency surgery, published by the Royal College of Surgeons, makes nine detailed recommendations which, if implemented, will reduce complications and deaths for patients having emergency surgery.

Recommendations include fast access to operating theatres, better use of critical care and improved care after operations, including treatment of infection.

Merging our organisations would make it easier for us to achieve these new standards and improve care.

The Higher Risk General Surgical Patient: Towards Improved Care for a Forgotten Group. Published by Royal College of Surgeons. September 2011.

would not otherwise see often enough. This means clinical teams need to serve larger populations.

In order to maintain skills and expertise in specialist areas staff need to work in larger centres where they can obtain sufficient experience of different conditions.

Changes in the workforce

We need to make the most of the expertise we have. New policies mean nurses and doctors work fewer hours - quite rightly. Smaller teams can struggle to staff rotas fully, while reductions in the number of trainees mean we need to use all our resources to maximum effect.

Rising quality standards

To provide higher-quality care in the future, we want to meet the rising standards set out by professional bodies, such as the Royal Colleges, and the commissioners who fund our services.

For example, emerging quality guidelines will increase the amount of time consultants need to be present in hospital providing direct patient care, rather than being on call from home.

Financial drivers

While the key driver for merging our organisations is to improve clinical quality, we also have to consider what financial benefits merger will bring. Our services need to be affordable, as we know there will be a reduction in hospital income when resources shift to the community. We need to match our services to this change in funding.

The benefits

Our vision for patient care

Co-ordinating services across our hospitals will enable us to improve quality of care.

Integrating community and acute care

Merging our organisations would give us a ***unique opportunity to integrate acute and community care*** across Brent, Ealing and Harrow.

Ealing Hospital NHS Trust already manages community services across Brent, Ealing and Harrow, delivering benefits for patients.

We know services are not as well integrated as they could be. Some patients are discharged from hospital and find district nursing services may not know about their hospital admissions or about the treatment they need at home. Sometimes this also means they are admitted to hospital just to get advice from a hospital-based specialist.

By merging we could create one single NHS organisation for acute and community services across the three boroughs. This will allow us to provide more integrated care by removing organisational and geographical barriers, providing a seamless service for patients.

Integrating care means:

- **Fewer visits to hospital**: by developing more one-stop clinics with a range of professionals from different disciplines, all working together within one co-ordinated system
- **Shorter time in hospital:** merging will allow us to care for patients in their own homes, avoid unnecessary admissions, reduce the time people need to stay in hospital and prevent re-admission to hospital
- **Reduce duplication of tests and assessments:** information will flow better between professionals, as we will share record systems and guidelines
- **Continuity of care:** as care will be organised across our hospitals and communities in a more integrated way, it will involve professionals working together as an extended team
- **A focus on long-term conditions:** integrating community and acute care will help us to focus on the whole needs of a patient, over a longer period of time

One particular challenge that hospitals face is that patients admitted across London at the weekend have a significantly increased risk of dying compared to those admitted on a weekday. (Review of acute medicine and emergency general surgical services, NHS London and London Health Programmes, September 2011).

One of the most important factors in improving this is to ensure patients are assessed by an experienced consultant with the right expertise as quickly as possible. One example is the improvements made to stroke care since centralising specialist services in 2010. Eight Hyper Acute Stroke Units were opened in London including one at Northwick Park Hospital.

These dedicated centres ensure healthcare staff with the right skills and equipment are available to treat stroke patients, 24 hours a day. Emerging evidence is expected to show that centralising stroke services in London has saved hundreds of lives and reduced the risk of lasting disabilities after a stroke for many more people.

This is the kind of change that merger would allow us to improve in other services in Brent, Ealing and Harrow.

Improved quality of care

Patients will have the benefit of larger, multi-disciplinary teams, able to offer the highest standard of care.

The merged organisation would have sufficient critical mass to provide even safer consultant-led care.

There is clear evidence that individual teams seeing more patients and performing more procedures in their area of expertise increases the quality of care.

Larger units can ensure that all clinical teams see at least the minimum number of patients necessary to keep skills up to date and to demonstrate high-quality outcomes.

Better use of equipment and diagnostics

The latest clinical equipment is expensive and highly specialised. It also requires extensive training to be used effectively. In general this equipment needs to be used most of the time to make it worth the investment. By merging our organisations we will have a larger patient catchment area, helping us to keep pace with developments in technology and use them more intensively and cost effectively.

For instance:

- Interventional radiology enables life-threatening bleeding to be stopped and blocked arteries to be opened.
- New blood testing machines used in pathology can treat a much greater range of blood samples, more quickly than ever before.

Having more of a say about your health services

We aim to become a Foundation Trust, which would give us the flexibility to meet local health needs. It would also give our patients and local communities a much greater say in the way our organisation is run through its public membership and Council of Governors. It will be easier for us to achieve Foundation Trust status and meet the criteria if we merge our organisations.

Making the most of the resources we have

Moving to merged clinical teams will help us to reduce spending on overheads and management costs, and reduce waste and duplication. In the short and medium term, a merger will help us to:

- reduce administration costs and duplication in Boards and 'back office' functions such as management, finance and human resources; we have identified potential savings
- improve productivity in areas such as procurement (the way we buy products and services) and make better use of our operating theatres
- reduce expensive hospital care and the time people spend in hospital by developing community services
- make the most of our buildings - a merged organisation will be in a better position to develop its estate.

Creating a stronger future

- By merging we will create an organisation large enough to stand on its own and become a Foundation Trust
- We will invest in our medical services and our people to deliver better care to local people
- We will deliver on our promises to bring the best possible NHS services to the people who most need them

The new Trust

If a merger is approved, it would create a large NHS Trust including:

- Central Middlesex Hospital
- Community services across Brent, Harrow and Ealing, including Clayponds Rehabilitation Hospital and Meadow House Hospice
- Ealing Hospital
- Northwick Park Hospital
- St Mark's Hospital (a specialist and internationally-renowned hospital for the treatment of diseases of the bowel and gut)

The Trust would employ more than 7,000 staff and have an income of £570m. It would care for a local population of about 800,000.

Our staff

Staff will also benefit through the retention of expert clinicians, a more stable workforce and the ability to attract new talent.

The merged organisation would employ more than 7,000 staff, ranging from hospital nurses and consultants, therapists and scientists to health visitors, administrators and community nurses. We believe there will be many benefits for staff if our organisations merge.

- **New career pathways and new job roles** will be developed over time, particularly as we integrate community and acute care
- **Attracting new talent**: a broader range of senior clinicians will be attracted to an organisation with a clear focus on integrated care
- **Specialist skills and expertise** can be accessed by teams in different care settings
- **Learning, development and best practice** will be more easily spread and transferred throughout the organisation

At the same time we recognise that this will be a period of uncertainty and change for staff. We are fully committed to working closely with staff and their representatives to manage any changes if merger is approved.

What happens next?

The Boards of both Trusts have approved an Outline Business Case (OBC). This sets out what the clinical and financial benefits would be if a merger goes ahead. We have highlighted many of these in this document. If you would like to read the full OBC then please visit our websites.

No final decisions have been made and we need to go through a number of decision making stages, including the development of a Full Business Case (FBC) and approval from the Department for Health, before any proposed merger is agreed.

Overview of timetable

- Outline Business Case signed off by NHS London - November 2011
- Full Business Case approved by the Trust Boards and NHS London - March/April 2012
- Submission for approval to Department of Health Transaction Board - May 2012
- Merger - July 2012

What does this mean for services?

If a merger is agreed, there will be no immediate changes to clinical services as a result of the organisational merger.

However, as part of the merger process clinicians from across our hospitals and the community have started to look at how any future organisation might deliver the highest quality of care in response to the development of new commissioning intentions from GPs. GPs commission healthcare services for their patients.

No decisions have been made about any potential service changes. Any changes would be subject to a separate formal consultation process led by commissioners (primary care trusts and groups of local GPs).

Whatever decisions are made about services in the future, we believe a merged Trust will be in a stronger position to meet the challenges ahead, deliver any potential reorganisation of services, and better care for our communities in the future.

Your views

There will be consultation regarding merger with the Brent, Ealing and Harrow LINks (Local Involvement Networks) in November and December 2011, as required by the regulations. LINKs would be pleased to have any views on the merger. Their contact details are below. While we do not have to formally consult with the public about merger, we would still like to hear your views, so we can take them into consideration before we submit our full business case to the Department of Health. You can email us: merger@nhs.net

Contact details for LINks in your area:

Ealing LINk

Email: ealinglink@hestia.org
Telephone: 020 8280 2276
or leave a message on their website: www.ealinglink.org
Write to: Ealing LINk,
The Lido Centre,
63 Mattock Lane,
London W13 9LA

Harrow LINk

Email: info@harrowlink.org.uk
Telephone: 020 8863 3355
Write to: Chairman Julian Maw
Cervantes House,
Ground Floor,
5-9 Headstone Road,
Harrow, HA1 1PD
Website: www.harrowlink.org.uk

Brent LINk

Email: brentlink@hestia.org
Telephone: 020 8965 0309
Write to: Brent LINk,
Unit 56, The Designworks,
Park Parade, Harlesden,
London, NW10 4HT
Website: www.brent-link.org

This document is available in other languages, large print, Braille and Audio upon request 0800 783 4372.

هذه الوثيقة متاحة أيضا بلغات أخرى والأحرف الطباعية الكبيرة وبطريقة برايل للمكفوفين وبصيغة سمعية عند الطلب

این مدرک همچنین بنا به درخواست به زبانهای دیگر، در چاپ درشت و در فرمت صوتی موجود است.

આ દસ્તાવેજ વિનંતી કરવાથી બીજી ભાષાઓ, મોટા છાપેલા અક્ષરો અથવા ઓડિઓ રચનામાં પણ મળી રહેશે.

अनुरोध पर यह दस्तावेज़ अन्य भाषाओं में, बड़े अक्षरों की छपाई, ब्रेल और सुनने वाले माध्यम पर भी उपलब्ध है

Dokument ten jest na życzenie udostępniany także w innych wersjach językowych, w dużym druku, w alfabecie Braille'a lub w formacie audio.

ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ, ਬਰੇਈਲ ਅਤੇ ਆਡੀਓ ਟੇਪ 'ਤੇ ਰਿਕਾਰਡ ਹੋਈਆ ਵੀ ਮੰਗ ਕੇ ਲਿਆ ਜਾ ਸਕਦਾ ਹੈ।

Dokumentigaan waxaa xitaa lagu heli karaa luqado kale, daabacad far waa-wayn, farta indhoolaha (Braille) iyo hab dhegaysi ah markii la soo codsado.

நீங்கள் கேட்டுக்கொண்டால், இந்த ஆவணம் வேறு மொழிகளிலும், பெரிய எழுத்து அச்சிலும் அல்லது ஒலிநாடா வடிவிலும் அளிக்கப்படும்.

درخواست پر یہ دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی، بریل اور سننے والے ذرائع پر بھی میسر ہے۔

Published November 2011

Ealing Hospital NHS Trust
Trust Headquarters
Ealing Hospital
Uxbridge Road
Southall UB1 3HW
Telephone: 020 8967 5000
www.ealinghospital.nhs.uk

The North West London Hospitals NHS Trust
Trust Headquarters
Northwick Park Hospital
Watford Road
Harrow HA1 3UJ
Telephone: 020 8869 3232
www.nwlh.nhs.uk

Ealing Hospital NHS
NHS Trust

The North West London Hospitals NHS
NHS Trust

HealthWatch

Desiree Mahoney
Policy Officer (Community Involvement)
Commissioning Lead for LINk/HealthWatch

Harrow COUNCIL
LONDON

HealthWatch

Harrow COUNCIL LONDON

- Subject to the Health and Social Care Bill, local HealthWatch organisations will be established in October 2012
- Local HealthWatch organisations will be the 'local consumer champion across health and social care'
- Local HealthWatch will not be a 'network' like the LINk It will be a "body corporate" independent from the Local Authority
- This is a legal term, this would include companies with limited or unlimited liability, companies limited by guarantee, charter companies and bodies created by statute.

HealthWatch England

Harrow COUNCIL LONDON

- HealthWatch England- the national independent champion for health and social care consumers:
- Will sit within the CQC to provide leadership and support to local HealthWatch
- Can recommend CQC investigations of poor services based on information from local HealthWatch
- Will collate information to help patients make choices about health and care
- Will give advice to the NHS Commissioning Board, Monitor and the Secretary of State.

Local HealthWatch

Harrow COUNCIL LONDON

- Strengthening the voice of patients, users of services and the public.
- Gather patients' views and make recommendations to improve services.
- Assist GP consortia to involve patients and the public in commissioning decisions by providing evidence about what local people need and want.
- Continued right to enter and view premises.
- Funded by and accountable to local authorities. It will be down to each local authority to decide their own commissioning arrangements in terms of contracting a host or setting up an independent local HealthWatch.
- Source of intelligence for HealthWatch England – report concerns about services.
- Place on new local Health and Well Being board.
- Information service to help people make choices about health and care (October 2012-PALS PCT function)
- Advocacy service for people making complaints. Again it will be for the local authority to decide if they want to commission local HealthWatch to perform this function or another provider (April 2013 –ICAS function).

Role of Local Authorities

Harrow COUNCIL LONDON

- To ensure local HealthWatch organisations are successful and to commission them to provide services to the local community.
- To fund the work of local HealthWatch organisations and to contract support to help them carry out their work.
- To ensure that the activities and support for local HealthWatch organisations are effective and value for money.
- In the event of under-performance, the local authority will be able to intervene and, if necessary re-tender the contract to support the work of HealthWatch.
- To ensure that the focus of local HealthWatch activities is representative of the local community.
- Local Authorities will also assume responsibility for funding complaints advocacy and will be able to commission this through local HealthWatch or another suitable provider.

Funding

Harrow COUNCIL LONDON

LINk

- LINks are currently funded through DCLG Formula Grant. This will continue for at least the reminder of the current spending review to 2014/15 for Local HealthWatch.
- Presently receive £138,000
- £120,000 for LINk
- £18,000 for management costs

Local HealthWatch

- Funding for signposting responsibilities currently carried out by PCT PALS will be transferred from PCT's to local authorities in October 2012 (£86,175 - £112,944)
- Funding to support service-users in lodging complaints, currently carried out by the DoH commissioned Independent Complaint Advocacy Service (ICAS) will transfer to LA's in April 2013 (£56,822- £67,298)

Increased demand for signposting (PALS function)

- 2.5k 2012/13
- 5k 2013/14
- 7.5k 2014/15

Start-Up Costs

- 16k 2012/13

Total overall funding

- Min 242.5k Max 269.5k 2012/13

Managing the contract and transition to HealthWatch

Harrow COUNCIL LONDON

Management group

- The purpose of the group is to manage the contract- work plans, finance reports etc.

Engage and consult (October 11 – February 12)

- A programme of engaging and consulting the voluntary and community sector, residents, councillors and partners

HealthWatch Harrow

- Produce an options paper

Approval

- CSB
- Present to H&WB, Scrutiny
- Report to cabinet for approval

Tendering process

- Establish panel and follow legal and procurement processes

This page is intentionally left blank

REPORT FOR: **HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE**

Date of Meeting:	6 December 2011
Subject:	Adult Social Care - Local Account
Responsible Officer:	Paul Najsarek – Corporate Director Adults and Housing
Scrutiny Lead Member area:	Policy Lead Member – Councillor Ann Gate Performance Lead Member – Councillor Vina Mithani
Exempt:	No
Enclosures:	Appendix 1: Report Submitted to Cabinet on 18 October and Appendices

Section 1 – Summary and Recommendations

This report sets out the directorate's historical approach to Quality Assurance and how this has lead to the development of a Local Account for Adult Social Care.

Recommendations: To note the information contained in this report.

Harrow COUNCIL LONDON

Section 2 – Report

Introduction

Quality Assurance is an integral part of developing and delivering high quality services that service users and members of the public want to use.

To ensure we are listening and responding effectively to service users and using all of the feedback channels available Adult Services have established a Quality Assurance and Learning Board and historically has produced a quality assurance report.

Current situation

New social care and health national legislation alongside efficiency measures will affect how services are delivered in the future. In addition changes to the way social care services are monitored and inspected will necessitate Adult Services to review our own quality assurance measures.

The way that councils are assessed on how well adult social care services are performing has changed. Rather than reporting to central government, local authorities will now report directly to local residents, via a new 'Local Account'.

Local Accounts are in development and will be the way councils with adult social care responsibilities will in the future report to citizens and consumers about performance in adult social care. The Quality Assurance processes will form the basis of an evolving Local Account.

At October Cabinet the second Quality Assurance (QA) Annual Report was presented to provide an overview of the quality assurance and learning activities undertaken across Adult Services.

The first part of this report provides an account of what we learnt in 2009/10 and the recommendations for action. It demonstrates how we have built on our learning by providing a summary of the actions we have taken and the outcomes we have achieved as a result.

The main body of the report provides an overview of the quality assurance and learning activities undertaken across Adult Services in 2010/11 against each service area. These activities have helped us to identify areas of good practice and areas for improvement.

Background

Over the past 2 years we have been developing our quality assurance systems. Key milestones to this development have been;

Year 1:

- The establishment of a Quality Assurance and Learning Board
- Leading the way by setting up a pan London QA managers group.

Year 2:

- Further embedded quality assurance by establishing a regular manager's forum.
- Created a strong evidence base that demonstrates our work is making a positive difference
- Developed a QA challenge model and review tool based upon four key areas: independent challenge, provider challenge, professional challenge and consumer/citizen challenge.

The Department of Health has praised Adult Services for having a sophisticated and embedded QA system. Furthermore, Harrow's challenge model has formed part of the recommendations by the Association of Directors of Adult Social Services to councils developing their Local Account.

Our QA challenge framework has now been successfully built into the Adult's Service Plan 2011-14.

Financial Implications

The report and its appendices are retrospective. Where forward financial commitments are made they have been built into existing budgets.

Performance Issues

The report is divided into service user groups and the report provides performance information gathered from performance indictors, survey data, inspections and user feedback with sources clearly highlighted for each service user grouping.

Environmental Impact

None

Risk Management Implications

Risk included on Directorate risk register? No

Separate risk register in place? No

Equalities implications

An EqIA has not been undertaken for the production of the report. The report details activity across Adult Services and many of the activities detailed in the report have undergone an EqIA and are available on line.

Corporate Priorities

The report encompasses the 'Supporting and protecting people who are most in need' council priority. It does this through ensuring robust Quality Assurance measures are in place that safeguard service users and listen and learn from user feedback and complaints.

Section 4 - Contact Details and Background Papers

Contact: Carol Yarde, Head of Adults and Housing Transformation, 020 8420 9660

Background Papers: None

Appendix 1:

REPORT FOR: CABINET

Date of Meeting:	18 October 2011
Subject:	Quality in Adult Social Care – Quality Assurance Report 2010 /2011 and Harrow's Local Account
Key Decision:	No
Responsible Officer:	Paul Najsarek,Corporate Director Adults and Housing
Portfolio Holder:	Councillor Margaret Davine, Portfolio Holder for Adult Social Care, Health and Wellbeing
Exempt:	No
Decision subject to Call-in:	No
Enclosures:	Appendix 1 Adult Services Quality Assurance Report 2010 -11 Appendix 2 2010-11 action plan Appendix 3 You Said, We Did Report Appendix 4 corporate QA information Appendix 5 QA survey and service user findings report Appendix 6 Summary of DH performance data

Section 1 – Summary and Recommendations

This report sets out the main elements of the Adult Services Quality Assurance Report 2010 – 2011.

Recommendations: Cabinet is requested to note the information report.

Reason: To provide Cabinet with an overview of the Adult Services Quality Assurance Report 2010 – 2011.

Harrow COUNCIL LONDON

Section 2 – Report

Introduction

Quality Assurance is an integral part of developing and delivering high quality services that service users and members of the public want to use. To ensure we are listening and responding effectively to service users and using all of the feedback channels available Adult Services have established a Quality Assurance and Learning Board and produce a quality assurance report.

This is the second Quality Assurance (QA) Annual Report to provide an overview of the quality assurance and learning activities undertaken across Adult Services.

The first part of the report provides an account of what we learnt in 2009/10 and the recommendations for action. It demonstrates how we have built on our learning by providing a summary of the actions we have taken and the outcomes we have achieved as a result.

The main body of the report provides an overview of the quality assurance and learning activities undertaken across Adult Services against each service area. These activities help us to identify areas of good practice and areas for improvement.

Options considered

None.

Background

We have been building our quality assurance systems and these include in year one the establishment of a Quality Assurance and Learning Board and leading the way by setting up a pan London QA managers group. In year two, we have embedded quality assurance further by establishing a care manager's regular forum. We have a strong evidence base that demonstrates our work is making a positive difference to our users through QA systems and are in the process of integrating our QA framework into the Adult's Service Plan 2011-14. A QA challenge model and review tool has been developed based upon four key areas: independent challenge, provider challenge, professional challenge and consumer/citizen challenge.

The Department of Health has praised Adult Services for having a sophisticated and embedded QA system. Furthermore, Harrow's challenge model has formed part of the recommendations by the Association of Directors of Adult Social Services to councils developing their Local Account.

Current situation

New social care and health national legislation alongside efficiency measures will affect how services are delivered in the future. In addition changes to the way social care services are monitored and inspected will necessitate Adult Services to review our own quality assurance measures.

Local Accounts are in development and will be the way councils with adult social care responsibilities will in the future report to citizens and consumers about performance in adult social care. The Quality Assurance report will form the basis of an evolving Local Account.

Financial Implications

The report and its appendices are retrospective. Where forward financial commitments are made they have been built into existing budgets.

Performance Issues

The report is divided into service user groups and the report provides performance information gathered from performance indictors, survey data, inspections and user feedback with sources clearly highlighted for each service user grouping. – see report for details.

Environmental Impact

None.

Risk Management Implications

Risk included on Directorate risk register? No

Separate risk register in place? No

Equalities implications

An EqIA has not been undertaken for the production of the report. This information report details activity across Adult Services. Many of the activities detailed in the QA report have undergone an EqIA and are available on line.

Corporate Priorities

The Quality Assurance report encompasses the 'Supporting and protecting people who are most in need' council priority. It does this through ensuring robust QA measures are in place that safeguard service users and listen and learn from user feedback and complaints.

Section 3 - Statutory Officer Clearance

Name: Donna Edwards Date: 27/09/11	✓	on behalf of the Chief Financial Officer
Name: Sharon Clarke Date: 22/09/11	✓	on behalf of the Monitoring Officer

Section 4 – Performance Officer Clearance

Name: David Harrington Date: 19/09/2011	✓	on behalf of the Divisional Director Partnership, Development and Performance

Section 5 – Environmental Impact Officer Clearance

Name: Andrew Baker Date: 16/09/2011	✓	on behalf of the Divisional Director (Environmental Services)

Section 6 - Contact Details and Background Papers

Contact:

Sue Conn, Adults and Housing Transformation Support Manager
Ext: 6830

Sue.conn@harrow.gov.uk

Background Papers:

Department of Health - Transparency in outcomes: a framework for adult social care consultation paper (November 2010, section 4)
Department of Health – 2011/12 Outcomes framework (March2011)
Promoting Excellence in Councils' Adult Social Care – " local accounts" paper 12th May 2011

Call-In Waived by the Chairman of Overview and Scrutiny Committee	**NOT APPLICABLE** *[Call-in does not apply to reports which are for 'noting' only]*

This page is intentionally left blank

APPENDX 1

September 2011

Adult Services Quality Assurance Report 2010 - 2011

Contents

1. Portfolio Holder foreward 3
2. Director's Summary..... 4
3. Introduction 6
4. Learning and action from 2009/10 8
5. Reablement..... 14
6. Personalisation 20
6. Long term Care 31
7. Safeguarding..... 37
8. Home Care..... 44
9. Residential Care 49
10. Day Care..... 54
11. Carers Services 60
12. Corporate Information 63
13. QA survey and service user groups 63
14. Briefing on the department of Health NASCIS data release..... 63

1. Portfolio Holder foreword

The 2010-2011 Adult and Housing Directorate Quality Assurance Report presents how our Quality Assurance Framework is used to ensure that standards are maintained across the many service areas the Directorate covers.

Through learning from all the procedures that are embedded in the delivery of our services we ensure that although the Care Quality Commission have ceased to assess and grade the Council's work with vulnerable residents, the quality of services is maintained and improved.

For example, great care is taken to learn from feedback from those who use our services and their families; from complaints; and from safeguarding investigations to name just a few. You will see that in order to get a holistic understanding of the quality of our services, a QA challenge model and review tool has been developed, which is recognised as good practice by the Care Quality Commission and by ADASS who have also recommended it to other councils.

I urge you to take time to read this report and see how areas for improvement are identified by using the QA Framework, and implemented in order to enhance the quality of life and wellbeing of those we support.

Councillor Margaret Davine

Portfolio Holder for Social Care, Health and Wellbeing

2. Director's Summary

Striving to ensure Quality Services for Vulnerable Adults is the foundation of Adult Services and a core council responsibility; whatever else changes as a result of Policy and Transformation, Quality Assurance is an ongoing requirement.

We have been developing our quality assurance system (QA) for a number of years and I was pleased that CQC found it to be embedded in their last assessment in November 2010. Sound QA is now even more important because:

- CQC have ceased to assess the Council's work with vulnerable people
- Our customers desire to understand the quality of service to inform their choices has grown as a result of personalisation
- As we transform services it is crucial that we track the impact on our users of service change

Harrow's QA framework is being used as a model to inform work across the country. Each council is being urged by ADASS, LGG and Government to publish a local account of quality in adult care for it's local population. This report is the foundation of fulfilling this objective. We will produce an easy read version and ensure the key messages are shared widely. The principles guiding our approach are that quality assurance systems need to:

- Have a strong element of independence to ensure the authority isn't inward looking and complacent.
- Have user and carer views as it's core
- Ensure professional standards are promoted
- Drive improvement and learning in the diverse social care market

The key messages are in 2010/11:

- There is a strong evidence base that demonstrates our work is making a positive difference to our users and carers through our QA systems.
- Our benchmarking indicates that, for Harrow 4 of the 5 indicators in the national framework are top quartile. All are above average. .
- An analysis of the outcomes of service users by the introduction of the new reablement service has already shown significant improvements and high levels of satisfaction. Further improvements to the customer journey are required to meet changing customer demand and expectations.
- Feedback from service users, service providers, and the third sector on personalisation is positive. There is a need to further develop the market so that the market can evolves at the same rate as the allocation of personal budgets and is able to meet the needs of those requiring PAs
- Safeguarding remains strong, however there remains the need to further embed knowledge of Mental Capacity Act
- Our work in year on a lean review of the process for major adaptations and changes in service equipment service provider are expect to improve our equipment and adaptations services in long term care.
- Our home care services are meeting the needs of our diverse population but improvements are needed in the quality of communication to service users if service is delayed.
- All residential homes showed some improvements from last year and all received a good inspection result.

- There has been robust and effective communication with service users in relation to day services and surveys continue to show adults with learning disabilities regard the services they receive very highly.
- Our work with carers demonstrates a real opportunity to become a leader in use of PBs for carers. We need to continue our market development and embed personalisation across carers services.

I hope you will agree that the evidence in the report shows that our work achieves positive outcomes for very many users and carers. This can also benefit those who fund their own care from services subject to our QA arrangements. However, as ever there is more to do to ensure our practice is consistently of high quality across services. Please do give us your feedback on the report and any ideas for further improving these crucial services.

No QA system can guarantee poor practice will never happen, but it can spot patterns of poor performance and correct them, promote learning and a drive for improvement.

3. Introduction

This is the second Quality Assurance (QA) Annual Report to provide an overview of the quality assurance and learning activities undertaken across Adult Services.

In year one, we set up the Quality Assurance and Learning Board (QALB) and Harrow led the way by establishing a pan London QA managers group and a local QA forum. In year two, we have embedded quality assurance further by establishing a regular care management forum. We are now in the process of integrating our QA framework into the Adult's Service Plan 2011-14.

Adults Services have made continued improvements leading to a successful year. Performance is very strong across almost all areas, savings have been delivered and projects completed on time. We have a strong evidence base that demonstrates our work is making a positive difference to our users through our QA systems. We are leading the way on personalisation and reablement and have restructured the department. During a visit to Harrow the Department of Health praised Adults Services for having a sophisticated QA system, and said that Harrow is a national leader on Reablement. Following the DH visit, Harrow was asked to showcase their work at the DH Expo, presenting with the London Director, Ian Winter.

Several recommendations for action were made in the last Quality Assurance Report. The first part of this report provides an account of what we learnt in 2009/10. It also demonstrates how we have built on our learning by providing an account of the actions taken and the outcomes achieved.

The main body of the report provides an overview of the quality assurance and learning activities undertaken across Adult Services against each service area. These activities help us identify areas of good practice and areas for improvement.

Our Quality Assurance Framework 2010 -11 has been carefully designed to provide the right level of information to enable us to make decisions about improvements to services. A challenge model based upon four areas of quality assurance has been developed to ensure we embrace and capture the right information.

2.1 National and local context

There have been major challenges taking place during 2010/11 that have had an impact upon Harrow council and the range of services it provides.

New social care and health national legislation alongside efficiency measures will affect how we deliver services in the future. In addition changes to the way social care services are monitored and inspected will require us to reconsider our own quality assurance measures.

Local accounts are in development and will be the way councils with adult social care responsibilities will in the future report to citizens and consumers about performance in adult social care. It is anticipated at this stage that this report will form the basis of an evolving Local account.

It is positive and welcome that CQC have stated that, in their view we have embedded QA into our mainstream activities. Furthermore, Harrow's QA model of challenge has formed part of the recommendations by ADASS to councils developing their Local account.

However, we still have more to do to ensure that users and carers remain at the core of what we do and that we listen and respond to their views.

4. Learning and action from 2009/10

The 2010/11 QAL Action Plan **(see appendix 2)** comprised nine recommendations aimed at improving systems and processes to enable improved QA data on which to act. The action plan also contained developmental aspects where internal and external colleagues were brought together to share and learn in order to improve understanding and practice.

The action plan included the introduction of a QA tracker that mapped strategic QA activity across the directorate. The tracker gives senior managers at the QAL board an overview of what is taking place across a broad spectrum of social care and housing.

A key component of the action plan is the You Said and We Did report (see **appendix 3**) that outlines a broad range of customer and external feedback and shows the outcomes delivered. An example of an achievement from the You Said and We Did report regarding Personal Budgets is:

- Service users stated that they wanted a cash budget and a choice as to who else could help them to arrange alternatives to council support.
- In response an Independent Brokerage scheme was introduced and the council worked with 3rd sector organisations to deliver this option.

Throughout 2010/11 we have improved our QA activities and processes. We know we can still do more to do to ensure that users and carers, remain at the core of what we do and that we listen and respond to their views. However it is positive that CQC have remarked on our successful efforts to embed QA into our mainstream activities.

3.1 Learning from complaints 2009/10

During this period learning gained from complaints has led us to the following recommendations for improvement for 2010/11:

- Mandatory complaint investigation training is prioritised to reduce the number of complaints upheld at stage 2. (started and ongoing).
- Complaints Manager to raise with operational managers whether the opportunity to resolve complaints via mediation is being fully utilised. (included in Complaints Annual Report and is awaiting approval).
- Specific focus/monitoring of Commissioned Services/Reablement Personalisation complaint response times by senior management. (included in Complaints Annual Report and is awaiting approval).
- Director's newsletter to remind staff any complaints or potential complaints are passed on to the Complaints Service. (removed as an action as complaint numbers are healthy).
- Adjusting stage 1 response timescales to improve quality of response reduced escalations and improved timescale achievement. (Agreement from Adult and Housing Services Director but vetoed at a corporate level).

3.2 CQC Assessment of Performance Report (APR) 2009/10

The CQC noted the following key areas of improvement following the 2009/10 APR, which we have acted on.

"Harrow has improved strongly across a range of outcomes in 2009/10. The council has strong leadership which has driven progress on the transformation programme. There is continued good partnership working with an integrated commissioning strategy with the PCT and some joint service provision. The strategic direction is developed with engagement from partners and local communities. Work has been carried out to develop the market to support the transformation agenda and there has been significant investment in community services. Over half of the council's community budget is allocated to personal budgets.

The council have met the 'Putting People First' milestone to develop a user led organisation and are on track to meet the other milestones. All relevant boards have full representation from service users and carers as well as working groups. Carers and people using services are routinely consulted with and have actively contributed to the development and change of services. Services for carers have continued to expand, with evidence of positive outcomes.

A high number of people receive self directed support through the council and the quality assurance processes demonstrate improved outcomes. To support this, the council have worked to ensure information and advice is widely available and promoted increased choice and control through a successful, innovative on line catalogue system. The council have recognised that they need to further improve the backlog in cases of people waiting for major adaptations and anticipate that the implementation of the retail model will deliver improvements.

There has been additional investment in safeguarding adults, which remains a key priority for the council. The safeguarding adults' team work directly with fieldwork teams and there is a dedicated staff member for self directed support. The safeguarding adults' board has been strengthened and there is good representation from partner agencies.

Investment has taken place in strengthening and training the workforce to support the transformation programme and fully engage staff. The council have lower than average staff turnover, vacancy and absence rates."

Care Quality Commission 2010

Areas for improvement were identified and evidenced against the CQC outcome and domain framework areas and have been taken from the Adult Self Assessment Survey 2010 as follows:

Leadership

Area for improvement

- Build on joint working with the PCT to mainstream the reablement service and improve equipment waiting times.

Outcomes

Partnership work has led to the launch of the council's Reablement Service in October 2010 and we have led on the DH supported Retail Model of community equipment project to ensure improvement of waiting times and a more person centred approach to the choice and delivery of equipment.

Commissioning and use of resources

Areas for improvement

- Continue to progress the Integrated Delivery Plan and evidence improved outcomes.
- Continue to align funding and progress the Market Development Strategy to further support the transformation agenda.

Outcomes

An Integrated Commissioning Strategy is in place and being taken forward by the new Commissioning Team. A detailed delivery plan has now been agreed between Harrow Council and NHS Harrow and is based upon the JSNA. The plan is outcome focussed and identifies investment and efficiencies.

A Market Development Statement has been developed and precedes the production of in-depth Market Development Strategy. The strategy will be informed by outcomes of the personal budget evaluation, research carried out by Demos, intelligence drawn from practitioners and ongoing engagement with users and carers. The Commissioning Team have been working with Shop4support to increase number of providers, there are now 185 community / voluntary organisations and 27 commercial providers across a diverse range of traditional and non-traditional services.

Improved quality of life

Areas for improvement

- Progress work to improve waiting times for major adaptations.
- Further increase telecare provision and progress work on Telehealth
- Continue work to mainstream the new reablement service.
- Continue work to increase access to supported accommodation.

Outcomes

A strategic decision was taken that in order to speed up work on major adaptations, a large backlog of cases should be progressed in 2009-10. This had a negative effect on the in year performance, however significantly more people (278 in 2009/10 compared to 153 in 2008/9) received the required adaptation to their home. During 2010/11 waiting times for major adaptations steadily improved allowing us to meet our end of year target.

A short–term reablement telecare service is already available for a period of up to 6 weeks to facilitate an introduction to telecare provision. An increasing range of telecare sensors have been made available as part of people's care packages as appropriate.

The Telehealth project is implementing a series of pilots from 2010 to 2012 to embed the most cost effective and best value schemes into the integrated intermediate care service. The JSNA highlights the prevalence of CHD, Diabetes and COPD long-term conditions in Harrow. The Telehealth pilot will target these conditions and assess improvements. It is estimated that there could be up to 10% savings achieved in the cost of emergency bed days from the introduction of this service.

During 2009-10 detailed joint planning between the Council and Health partners led to the

development of a new care model. This represents a fundamental shift in the way that people who use services' care needs are assessed and how care is provided in Harrow. The model builds on the cross-agency reablement and rehabilitation service and enables adults referred for care to be provided with a tailored reablement service for a period of up to 6 weeks.

In 2009/10 there has been an increase in the number of people supported to live independently. An Accommodation Strategy has been developed for vulnerable people and work with partners to develop more supported accommodation.

Increased choice and control

Areas for improvement

- Further expand high quality support planning across all teams.
- Continue, as planned, to develop the range of services available to support independent living.
- Continue work to increase the numbers of mental health service users benefiting from a direct payment as part of their personal budget.

Outcomes

All people taking a PB are supported through a client-directed assessment to develop their support plan.

Following consultation with service users, carers and providers the Shop4Support an online catalogue went live in November 2009. The catalogue gives access to over 250 local organisations, many of which cater for specialist and culturally sensitive requirements. A market development conference was held with providers to explore the potential to expand the market.

We now have 175 people with mental health needs who have a personal budget and 64 MH carers received direct payments.

Economic well being

Area for improvement

- Build on work to expand the range of employment opportunities for carers.

Outcomes

Carer's employment issues are an integral part of carers assessments and reviews. During 2009-10, Adult Services developed an arrangement with Pertemps, a local employment agency, which now offers flexible employment opportunities for carers to work as personal assistants. 50 carers have registered for work. Slivers of Time also operate through Pertemps where carers can access flexible work for short periods of time.

Maintaining dignity and respect

Areas for improvement

- Continue work to raise the profile of safeguarding with harder to reach groups, so that referrals are more in line with Harrow's demographics.

- Implement the Multi-Agency Training Strategy.

Outcomes

As a result of the targeted sessions provided for organisations where no/low numbers of referrals had been received in recent years the following number of alerts/ referrals made to the Safeguarding Adults Team:

Compass, EACH and the DAAT (i.e. drug and alcohol services)	3 new alerts (1 referral);
HIV/AIDS provider	1 new alert
MAPPA	2 referrals;
MARAC	6 alerts (3 referrals);
Community Safety staff	9 alerts (3 referrals);
hate crime panel	2 new alerts

One referral was made from the Safeguarding Adults Team into the Prevent Panel following their presentation to the LSAB.

In 2009/10 the LSAB agreed a Multi-Agency Training Strategy with a detailed action plan. In 09/10 the programme trained 641 staff across 27 courses (up 80% from the total 08/09 figure). These figures comprise 368 LBH staff (an increase of 95% on 08/09) and 273 external staff (an increase of 48% on 08/09). Further analysis shows that of the 273 external staff, 79 were from the NHS (an increase of 66% on 08/09); 71 from the private sector (an increase of 37% on 08/09) and 117 from the voluntary sector (an increase of 65% on 08/09).

3.3 The Quality Assurance framework 2010/11

In order to ascertain a holistic understanding of the quality of our services, Harrow's quality assurance framework uses information gained from QA activity from a variety of perspectives. A QA challenge model and review tool has been developed based upon four key areas:

1. Independent Challenge
2. Consumer/Citizen Challenge
3. Provider Challenge
4. Professional Challenge

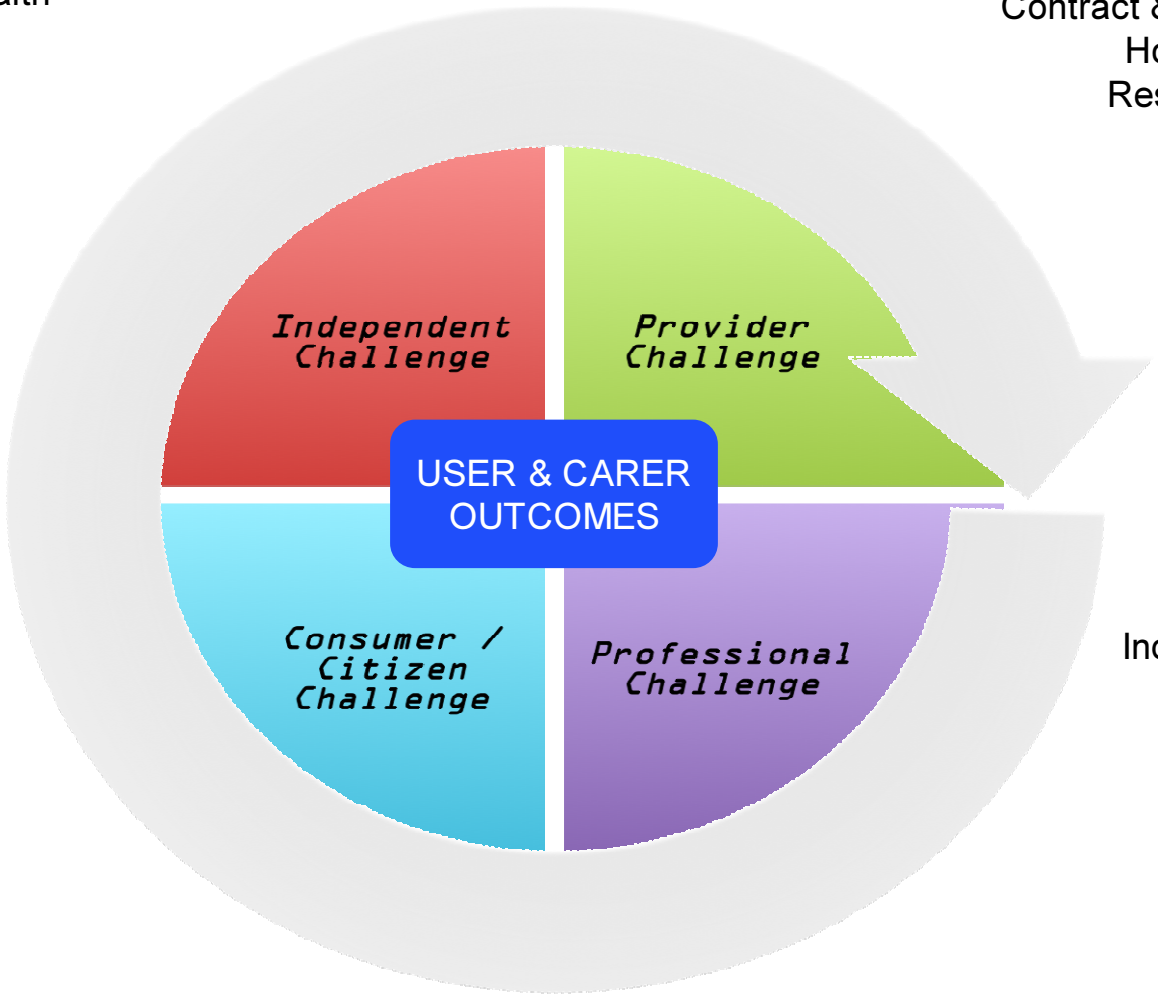
Details are outlined in the following diagram.

Harrow's QA Framework

Harrow COUNCIL LONDON

Department of Health Benchmarking
Voluntary Sector (independent)
Independent Audit
Harrow LINk
CQC
Scrutiny
Improvement Board
Commissioning Boards

User & Carer Research
User & Carer Engagement
Customer Service Standards
Complaints,
Surveys
User & Carer Assessment



Contract & SLA Monitoring
Home care Agency
Residential Provider (External)
Voluntary Sector (SLA)

Case File Audits
Peer Audits
Independent Audits
Care Reviews
Safeguarding Reviews
Supervision
Appraisal

5. Reablement

The new Reablement service was launched in October 2010 as a key part of the overall transformation of Adult Social Care in Harrow. Promoting independence is a cornerstone of Harrow's reablement model and by reducing the need for ongoing support has also enabled us to also address efficiency targets.

Adults with care needs now all come through a new front door and are offered a service from a suite of Reablement services including: advice and information, equipment, meal support and tailored packages of reablement support at home for a period of up to 6 weeks.

Within a 3 month period the service reviewed 1516 service users, averaging 100 to 150 contacts each week.

Independent Challenge

QA activity: Review	Care Services Efficiency Delivery (CSED) review
CSED was a programme delivered by the DH to help councils identify and develop more efficient ways of delivering adult social care. The programme is focused on efficiency solutions that support the transformation of adult social care and helped deliver sustainable solutions with maximum benefit to service users. The CSED programme closed on 31 March 2011	
Outcomes: CSED impressed with service development and highlighted the tracking system as one of the best in the country on the basis of the review the Director the DH ask Harrow to present with Ian winter at DH EXPO. **Action:** • Presentation with Ian Winter • Agreed that there would be a follow up by a visit to Harrow by Ian Winter	

QA activity: Reablement and Health User Group	Reablement
A Reablement and Health service user's group has been established to inform future development and improvements to the Reablement service.	

This group will also contribute to the Independent and User /Carer aspects of quality assurance for the service.

Reablement service users are asked to provide feedback in a number of ways including through individually contacting them.

Outcomes:

- Mrs. AL contacted the Reablement Team following a home visit to say how much she appreciated the kindness and patience of staff and to say what a terrific service was being offered to her husband.

Action:

- Incorporating User and Carer feedback from outcomes monitoring and Independent surveys.
- A Reablement survey will be carried out as part of the QA framework for 2011/12.

QA activity: CQC Special reviews	Stroke Pathway Review

In a report which reviewed services for stroke patients and their carers, the CQC praised the work of Harrow Council, the Primary Care Trust team and the Stroke Association, giving Harrow a 'Best Performing' rating. It highlighted the impact made by various initiatives including a new acute stroke unit - one of just seven in London - supported by focus groups led by former stroke patients and the production of a borough based information DVD.

Outcomes:

Spearheaded by the council's Community Stroke Co-ordinator, the help and advice available to stroke patients and those in recovery has increased dramatically with patient led groups used to critique the services available. The borough also has one of just seven hyper-acute stroke units (HASU) in London which enables a rapid response, including scans, early treatment and ultimately a greater chance of a full recovery.

QA activity: Department of Health visit to new service	Reablement Service

The reablement service was praised by the Department of Health during a visit to Harrow by Ian Winter, Deputy Regional Director.

He said our service is an exemplar of best practice and has at its' centre the service user and their needs and wishes. This can only put the Council and its services in a really good position for the future.

QA activity: Home Care	Reablement Service
In preparation for the introduction of the new Reablement Service the Homecare Provider market needed to change in order to be able to respond appropriately to the needs of service users.	
Outcomes: We worked with two agencies to deliver services in a different way. The agencies recruited and trained staff separately to be Reablement Support Workers who are now able to offer the Reablement Model of service. **Further action:** Weekly meetings were established between the Reablement Homecare Providers and the Reablement Team to discuss issues and cases to ensure that people's independence was maximised.	

QA activity: Reablement Overview processes	Regular review of Reablement
Professional overview processes are already in place. Reablement Team Managers audit all Reablement cases as a matter of course. They check assessments and follow up work for content, quality of information and case notes. Weekly meetings with Reablement Care Agencies ensure that Provider challenge is incorporated within the day-to-day operation of the service. Contract and complaints monitoring provide continuous review of Reablement care provision to maintain high standards of care.	
Outcomes: Throughout 2010/11 the Reablement service has been continually reviewed and changes in processes integrated at the earliest opportunity. A broad range of service requirements have been identified at the front door of reablement and work progressed to look at further development of the suite of services available in the Reablement service **Action:** • As a consequence of early feedback from Reablement service users changes have been made to the processes, these include triageopoly assessment and inclusion of outcome questions.	

- Several changes were also made to the Frameworki process to improve access and assessment flow.

- Changes to services include planned development of Psychological Therapies for Mental Heath service users and also a broad range of information, advice and signposting resource within the Reablement Team.

- The Reablement Skills & Support Programme has commenced

- Age UK Harrow will be carrying out a regular independent survey of Reablement service users to assess quality and outcomes. Four service users who have completed Reablement will be surveyed each week. A regular report will be developed from this survey work, which will feed into the overall quality assurance for the Reablement service.

- DH will review first year of Reablement in December 2011 and provide feedback via an evaluation questionnaire to determine whether the service is poor, adequate, good or excellent.

Professional Challenge

QA activity: Data Quality activity	DQ team
The Data Quality team within Harrow's Performance section has had a significant role to play in helping to improve service quality throughout the year.	
Findings: • A series of regular case file audits has highlighted issues around the recording of data by social work teams. • Activity has increased the awareness of the issues around the usage of Framework-i **Outcomes :** • Increased reliability of the Framework-I data sets which provide management information for strategic decision making. • Enabled the design new workflows around reablement, personalisation and the finance system. • Issues identified in data quality activity were addressed through redesigning the system. • Changing statutory requirements were meet efficiently • Eased the transition into the new team structures.	

QA activity: Data Days	DQ team

Throughout the year a series of 'Data Days' were held with social care teams at their local sites.

The aim of a data day is to help manage specific issues around incomplete files, carers information, deceased clients etc.

Outcomes:

Data days have helped to cleanse Framework-i folders and ensure information required for performance indicators was more accurate. There is increased confidence in the use of this information for strategic planning, audit or inspection. Improvements include:

- Amended case audit destinations and review dates,
- carer employment status added for reporting,
- children to adults transition work flow recorded,
- changes to address types,
- concessionary travel episode added,

Action:

Where issues have been identified and improvements can be made, this work is scheduled to take place in the first part of 2011/12.

Citizen Challenge

QA activity: Users feedback	Completion of Reablement

The new Reablement service commenced on 25th October 2010 and is a key part of the overall transformation of Adult Social Care in Harrow. By March 2011, 2810 people had received and completed a Reablement service.

Reporting mechanisms have been developed within the Frameworki system to collate and report on outcomes. An assessment of outcomes is undertaken with Reablement recipients at the commencement of reablement and at the exit from the service. These include: Quality of Life, Choice and Control, Health & Well Being and overall satisfaction with the Reablement service.

Tracking mechanisms have been put in place to track changes at 3 months, 12 months and 2 years following Reablement.

Outcomes:

People who had gone through a period of reablement were asked their views about quality of

life, choice and control and well being

Results from the Reablement tracking indicate the following:

As of 13th July 2011 3,874 people have received a Reablement service

- Over 70% off people receiving reablement required no ongoing service
- 89% of clients were satisfied to very satisfied with the service

Actions:

- PIs have been established for 2011/12 performance monitoring.
- A further refinement of data collection and embedding outputs and outcomes from tracking at 3mths and 12 months following Reablement is underway.
- In future a question will be asked about feeling safe.

QA activity: DH Survey	Information & advice

The 2010/11 Department of health survey asked over 700 service users and self funders :

In the past year, have you found it easy or difficult to find information and advice about support, services or benefits?

Outcomes:

- 55% found it easy to find.
- 25% had never tried to find information or advice

Action:
These results have informed our Adults Service Plan for 2011-14. These include: a reorganisation of health and social care information on the councils website and a targeted approach to improving information, advice and advocacy for reablement service users and self funders.

6. Personalisation

Harrow is in its 3rd year of Personalisation. The organisational structure has been realigned to reflect our new ways of working, thereby creating a more responsive system to care needs.

Now every new person requiring social care first receives a period of reablement and based on their long term needs they then will be offered a personal budget.

We have developed and integrated the shop4support online market place which received a Health and Social Care award for innovation 2010/11.

Independent Challenge

QA activity: CQC Assessment of Performance Report	Report
CQC noted that the council routinely monitor contracted services and take robust action when necessary to ensure improvements.	
Outcomes: • Contracts Team worked with two major domiciliary care providers to improve ratings from poor to good. • An increase in the percentage of people receiving care from providers rated good or excellent.	

QA activity: Annual Report	LINks
LINk participants and the LINk Mental Health Action Group Lead are members of the Mental Health Partnership Board, which is a work group of the Harrow Partnership and is accountable to the Adult Health and Wellbeing Group. The group concerns itself with the commissioning and provision and evaluation of Mental Health services for adults in Harrow.	
Outcomes: This work has lead to a significant increase in the number of mental health users with a personal budget. In 09/10 there were 10 people with a PB and in 10/11 this figure rose to 175.	

QA activity: Survey	Putting People First PB survey

Putting People First survey was a national survey of Councils progress with their personalisation agenda with regards to personal budgets

At the end of 2010/11 a total of 38% of people were receiving Self Directed Support (including significant increase in mental health personal budgets). The target is 50% during 2011/12

2010/11 saw a significant increase in the percentage of people taking cash payments. The target is 24% during 2011/12.

Outcomes:

PPF survey demonstrated that Harrow remains amongst the highest in London for allocating PBs for people with high care needs and there has been an increase in the percentage of PBs over £2k.

Action:

- Service users have led commissioning of a broad range of activities such as ten pin bowling, table tennis, cinema, climbing, cooking, darts, snooker / pool. Organisations like Community Solutions (Harrow Mencap) and Community Link Up are building bespoke programming to meet these needs.
- Jointly developed a PA bank with Harrow's recruitment partner Pertemps to supply trusted staff. This in turn has provided employment for 50 carers
- Develop and implement a process for the provision of Carers Personal Budgets in Harrow.

QA activity: Survey	Demos personal budgets survey

Harrow became the first major sample in the In-Control and Lancaster University study of 390 PB holders.

The research focused upon the following key areas:

- What people want to change about their lives
- What help people need to make the change
- What do people know about personal budgets
- What help would people need if their held a personal budget
- To what extent would people change their current support if they held a personal budget

Outcomes

- 60 % said that they gained more control over their money
- 62% said that it was easier to plan the support they wanted
- 63% said they got the support they wanted

Action:

The outcomes from the research can be used to identify gaps in information available to potential personal budget holders, types of support that might not exist or be in short supply that need market stimulation and future demand and trend information in order to plan how to manage the future of existing service provision.

The outcome of this survey has been included within the Learning Disability Commissioning Plan. This includes the need to stimulate the market to provide additional arts and drama type activities.

Provider Challenge

QA activity: Commissioner meetings with Care Management Teams	Findings
Quarterly meetings established between Service Manager Strategic Commissioning and Care Management teams with the aim to identify gaps in provision and need to stimulate the market or commission new services.	
Outcomes: This has shown to be a good opportunity to meet with service and team managers to identify gaps in provision. The meetings are now more structured and the following gaps have been identified: • Respite/short breaks – issue identified with access to respite at Bedford House. Draft respite care guidance was developed including banding guidelines for social workers and care managers so that they know how much respite care they may request at Panel, based on the client's level of need. • Younger learning disabled adults want more choice in residential respite provision – Carers commissioner is working on a respite/short breaks strategy with the aim of increasing the choices for short breaks. • Shortage of Shared Lives carers who are Gujerati/Somali speakers and who are able to care for people with additional needs e.g. epilepsy. • Dementia Care – need for additional provision for people with dementia including extra care (with a dementia focus). Also identified a shortage in respite provision for people with dementia. We have been working with one of our providers (block contract) to change the use of beds from older people residential to additional dementia provision. • Dementia day care – current provision full; need for additional capacity. • Activities for people with learning disability – gaps identified for drama clubs, taster sessions and music group (team suggested approaching schools with existing musical resources).	

- Autism – day service, care pathway, supported living, residential care.

Action:

A bespoke day service has been set up at Vaughn NRC for people with autism and Learning disabilities. This service commenced in June 2011 and is expected to develop in line with growing demand.

During 2011/12 other actions include:

- Further commissioner meetings with Long term and Personalisation teams
- Shared Lives – Commissioners to work with Shared Lives service regarding gaps in provision and need for addition provision as identified by care management.
- Dementia provision – along with NHS Harrow to be in line with Dementia Strategy.
- Develop joint proposal with Brent regarding Asperger Team, interim pathway and identify potential sources of funding.
- Deliver respite strategy and increase choice – work planned with families in transition to ascertain type of provision preferred.

QA activity: Staff Engagement	Feedback from staff
In September 2010 all staff in Adults & Housing were asked for ideas on how to increase efficiency in their team	
Outcomes: • Over 100 ideas put forward - these were grouped into themes • 35% of ideas generated are already included in savings projects • Workshops held at A&H managers forum in September 2010 to develop key proposals **Actions:** Work underway to respond to every idea and take forward appropriate proposals in savings plans.	

QA activity: Review of sheltered housing project specification	Supported housing home care
Sheltered housing is purpose-built accommodation, specially designed for people over 60 years of age. Buildings are designed so that they and the on-site care support system are tailored from the outset to suit older people with extra care needs.	
Outcomes: To support the needs of Harrow's diverse community, a culturally specific home care service	

was identified for development at Ewart House.

Action:

- As part of the specification for homecare support a culturally specific homecare requirement was inbuilt where needed.

Professional Challenge

QA activity: QA specific information added to data gathering templates	Person Centred Support Planning

Support Planning is the staple of SDS and personalisation in Harrow and as part of the Adults and Housing transformation programme plan (TPP), a working party was set up in 2010 with the following aim: *'100% of LD service users given the opportunity of having a person centred support plan.'*

In 2010/11 PCSP groups rolled out the person centred planning process across all service user groups.

The milestones:

- Review in February 2011 of the quality of PCSP across all care groups
- Set benchmark for performance in 2010-11 for 2011-12
- Train managers in PCSP

Outcome of Review:

The review found that the consistency of person centred planning across services is variable. There are elements of sound practice but there is disconnect across stakeholders and technology used in delivering effectiveness.

Action taken:

Training :-

- A selection of PCSP training sessions have been identified to assist professionals to understand and embrace person centred values in the context of personalisation
- E learning tool has been developed

Quality Assurance process:-

- File case audit checklist updated to reflect personalisation in practice
- An audit tool has been developed to test the effectiveness of existing one page profiles - implemented across all NRCs.

- A learning log has been developed. They are completed monthly and alongside the evaluation tool with service users - keeping planning 'live'.

Streamlining the Customer Journey :-

- Uploading of relevant documents to Framework-I to inform care managers of progress discussed with long term care service manager.
- Annual review schedule implemented from April 2011 to enable effective cohesion across involved parties.
- A gaps analysis undertaken, mapping out the customer journey and identifying how the stages are communicated e.g. printed fact sheets to the customer and what needs to be done to fill the gaps.

Support Planning Tools :-

- Development of ready made and easily accessible templates used by the customer to offer practical ways to create personalised services and simplify self directed support and co-production.

Case file audits
Please see Reablement section Professional Challenge for further details
Please see Safeguarding section Professional Challenge for further details

Citizen Challenge

QA activity: Survey	Personal Budgets (PB) Evaluation
In March 2011 a survey took place of 100 users with cash Personal Budget.	
Outcomes: • 69% assessed choice and control as poor before a PB. After a PB, those who reported poor dropped to 5% with 94.5% reporting choice and control as satisfactory or above compared to 31% before a PB. • 56.5% reported quality of life as poor before a PB, this reduced to 6% following a PB. 91% reported quality of life as satisfactory or above following a PB compared to 44% before a PB. • 80% reported health and wellbeing as satisfactory or above following a PB compared to 49% before a PB. • 53% reported poor safety before a PB; this figure drops to 3% after a PB. • 72% reported the service from the in-house personalisation team as good or very good. Comments included 'brilliant', 'God's gift', 'excellent', '10/10', and 'more flexibility'. Reasons for a poor rating included more support needed with monitoring forms. • 91% experienced the service / support purchased as satisfactory or above with 52% giving a top rating of very good.	

Actions:

- To support service users with monitoring forms additional assistance is available from HAD a local voluntary organisation.
- Quality Assurance framework built in to client review. As part of the QAF the outcomes framework has been introduced to the Framework-i system and will form part of the annual review process from 2011.
- Following the evaluation we have set up a Personalisation reference group with service users, Carers, and community group representatives
- A PB planning day will be held in July to target 100 local businesses to develop a portal that will expand the range of services on offer.
- Following on from the Carers PB pilot, PBs for carers will be launched in October 11.
- An individual service fund offer is in development.

QA activity: Survey	Demos personal budgets survey

Harrow Council commissioned Demos and In Control to conduct research including a survey that would assist in shaping and managing the future market in relation to personal budget holders.

The research focused upon the following key areas:

- What people want to change about their lives
- What help people need to make the change
- What do people know about personal budgets
- What help would people need if their held a personal budget
- To what extent would people change their current support if they held a personal budget

The outcomes from the research can be used to identify gaps in information available to potential personal budget holders, types of support that might not exist or be in short supply that need market stimulation and future demand and trend information in order to plan how to manage the future of existing service provision.

Action:

The outcome of this survey has been included within the Learning Disability Commissioning Plan. This includes the need to stimulate the market to provide additional arts and drama type activities.

QA activity: Survey	MORI Outcomes for Users of Adult Social Care Services in Harrow Survey

MORI conducted a survey on adult social care concerning people with a learning disability in June 2010. The aim of the research was to measure users' satisfaction with the services provided by the Council, assess the impact of the services received and their outcomes, and identify areas for improvement.

Outcomes: The results of the survey continue to show adults with learning disabilities regard the services they receive very highly.

- 62% said they were asked what they think about services which is an improvement from the previous survey when 56% were asked their views about the services they received.
- 68% say that the help and support they receive makes their life better, a 6 point increase since 2009.
- 71% said they felt listened to when expressing their views on the services they receive.
- 74% said they knew what to do if they were not happy about something, which is a rise from 66% in the 2009 survey.

Action:

- Continue to publish 'news and views' newsletter
- Involve adults with learning disabilities in the development of the Adult Service Plan 2011-14

QA activity: Survey	Adult Community Care User Survey (ACCU) Also relevant to other user groups/service areas

This survey is sent to new customers following receipt of a service after six weeks.

Outcomes:

- 83% felt their health and wellbeing needs are being addressed. 11% of respondents did not complete this question.
- 67% of those who responded said their quality of life had been made better. 21% of respondents did not complete this question.
- 82% of respondents are satisfied with services received.

Outcome:

24% clients said they did not know how to contact their Care workers, or found it difficult to get in touch.

Actions:

Names of these clients have been passed on to Care teams for follow up. A major project is also taking place within Adults Services to improve our information and advice.

We have created a new case note type on Framework-i that we'll be able to report from in future. This will prevent us sending out surveys to people who have clearly asked us not to.

QA activity: Adult Services Pre Consultation	**Feedback** **(Also relevant to Home Care Section)**

Adult Services Pre Consultation (18th October 2010 - 17th December, 2011)consulted upon:

- contributions to care
- adult social care services transport
- meals on wheels
- concessionary travel

Consultation involved:

- Pre consultation document sent to over 10,000 people living and working in Harrow providing information about the consultation and asking for views. Over 150 feedback forms, telephone calls and emails were returned
- Ipsos MORI Survey with over 7,000 Users and Carers of Adult Social Services. 2,458 (34%) people responded.
- Face to face meetings with over 700 people at 48 discussion groups and community group meetings. The people involved in these meetings have included users, carers, providers of services and staff.

Outcomes:

Feedback from the pre consultation was brought together and shared with Steering Group whose membership includes users, carers, and representatives from voluntary organisations, NHS, Providers and Unions. This group agreed the proposed changes to services that were to be taken to the full consultation.

Learning:

Multi agency groups have carried out Equality Impact Assessments on the pre consultation process and all Adult Services where proposals for changes have been made.

The learning from the Equality Impact Assessment of the Pre Consultation process identified the following key areas that will need to be addressed in the full consultation:

- Diversity monitoring will need to be captured for all written feedback

- Religion and belief must be captured as part of Diversity monitoring particularly in relation to proposed changes to Meals on Wheels
- Wording in document should have been broader i.e. Asian and Jewish meals should have read 'specialist meals'
- Easy read documents should have been available from the beginning of the process
- Documents must be plain English and have case studies

Actions:

The learning from the Pre Consultation process has influenced the development of the full consultation process and the following actions have been put in place:

- An equality monitoring form will be attached to the full consultation feedback form to ensure diversity data is captured and can be assessed against the feedback from the consultation activity
- Religion and belief will be captured on all the equality information captured
- The wording of the document has embraced the issues raised from the full consultation and where appropriate will refer to specialist meals unless it is necessary to provide detailed information to ensure informed feedback
- Easy read document will not be ready at the beginning of the process as it has been difficult to complete this activity at the same time as the full consultation document. However the easy read will be ready for the face to face meetings that are being planned with users of the services. A DVD is also being developed to support people with learning disabilities to give an informed view.
- Harrow Council's Communications Section will be ensuring the document is developed in corporate standards. Case studies have been included.
- All information gathered from the consultation process will be fed in to the relevant services to ensure feedback shapes the way future services are delivered.
- Initial discussions have been held with the Steering Group regarding their future role of monitoring future delivery of services.

QA activity: Tenants satisfaction survey	Results

As part of its ongoing commitment to seek the views of its residents, in August 2010, Housing Services commissioned BMG Research (BMG) to carry out a postal survey amongst its customers.

The overall objective of the survey was to gain levels of customer satisfaction with Housing Services in key service areas.

A total of 925 (638 General Needs and 287 Sheltered Housing) tenants returned a

questionnaire
Outcomes: **Ease of access (Sheltered tenants only)** All sheltered tenants were asked to rate how good or poor access is to various areas of the building. The vast majority of sheltered tenants rate access to the building, inside the building and to their home as good (96% in all cases). General Needs and Sheltered Tenants Customer Satisfaction Survey 2010 **Most important services (Sheltered tenants only)** Unsurprisingly, tenants indicated that repairs and maintenance (62%) is most important to them, followed by the warden (61%). Around a third indicated that dealing with ASB (35%), keeping tenants informed (34%) and the overall quality of the home (32%) is most important. **Support provided to vulnerable tenants (Sheltered tenants only)** Sheltered tenants only were asked to rate their satisfaction or dissatisfaction with the 'support provided to vulnerable tenants'. Three quarters (74%) of sheltered tenants are satisfied, while just 6% are dissatisfied. A fifth (20%) is either ambivalent (11%) or has no opinion (9%). **The Warden (Sheltered tenants only)** Sheltered tenants were asked an additional set of questions about the warden in their scheme. **Overall satisfaction with the warden (Sheltered tenants only)** The vast majority (87%) of tenants are satisfied with their warden, with two thirds (67%) who are very satisfied. Conversely just one in twenty (5%) are dissatisfied. A small proportion of tenants are ambivalent (4%) and just 3% have no opinion / don't know.

QA activity: Complaints	Report
Learning and improvements derived from complaints includes the following:	
Outcomes: • Producing a checklist for when concerns are raised about services commissioned by direct payments to ensure the Council has fulfilled its duty of care (e.g. Direct Payment review carried out on time). • Review of Helpline installation & financial procedures to offer better advice and quicker responses • A separate vendor account will be set up so the Complaints Manager can directly process authorised compensation payments for speed.	

6. Long term Care

Independent Challenge

QA activity: CQC performance ratings	Safeguarding
At the end of 2008-9 CQC assessed Safeguarding as adequate.	
Outcomes: Following evidence of improvements made across the Safeguarding Service in 2010 CQC rated Harrow's performance as well.	

QA activity: Annual Report	LINks
The LINk's involvement with the North London Hub of the National Institute Health Research Mental Health Network meetings continues. The LINk acknowledges the added value of having one of its participants who is the convener of the Harrow Rethink Support Group and who publishes a highly informative newsletter every month.	
Outcomes: In addition officers from Harrow Council have been meeting bi-monthly with LINk to help develop a fuller understanding of the Section 75 Agreement and what customers can expect in relation to performance.	

QA activity: Mystery Shopping	First Contact Review Also relevant to other user groups
A mystery shopping exercise was undertaken by CQC to review how well council' s First Contact centres responded to a set of 50 social care enquiries. A self assessment survey was also completed. Harrow achieved a Fair Performing score.	
Outcomes: From the analysis we were able to identify what worked well and what areas needed to be addressed. Positive feedback stated:	

- Action taken to monitor and assure the quality of information and advice provided to people at the first stage
- Action taken to monitor the outcomes experienced by those people sign posted to services or sources of help and advice
- Availability of advocacy and support (including support for communication) in making first contact with social services

Identified areas for improvement were:

- Assessment process explained to the caller, including whether the initial call formed part of the process
- Number of times transferred on successful calls
- Caller ratings for "listening and helping with all aspects of your situation, not just areas which were easy to address.

Since the review took place changes to how services are delivered that include improvements to the customer journey have been implemented. Staff have now moved to Access Harrow, this has reduced the number of times a caller is transferred.

Action:

In addition a gap analysis has been undertaken to review current systems and recommendations have been made to deliver improvements during 2011/12 that include staff training around listening skills and specific mystery shopping exercises to monitor progress.

Provider Challenge

QA activity: Rethink Feedback	Supporting People
Concerns raised by Rethink and other organisations concerning the quality of support provided in three Supporting People-funded supported housing schemes have resulted in the following :	
Outcomes: • Support at schemes re-tendered (2010) following feedback from service users & carers that support provision provided by CNWL needed market testing for VFM & quality. • Richmond Fellowship taken over contract (April 2011) - contract meetings set to monitor service provision during transition. • Housing-related support services delivered in properties - monitored regularly using QA Framework (since 2004).	

Professional Challenge

QA activity: Case record audit system	Non safeguarding Case Record Audit
The system for undertaking case record audits was enhanced by the introduction in October 10 of a revised Team Manager's case record audit policy and audit tool. Following staff feedback a Service Manager's tool to compile information in a consistent format was produced. Records are audited for adherence to legal and professional standards of documentation as well as providing the opportunity to examine other areas relating to the quality of the social care we offer. These areas may include the quality of the assessment, the care planning process, safeguarding and consistent application of eligibility criteria. The audit tool is used by Care Management Teams and an adapted version is being used by the Shared Lives Scheme.	
Outcomes: 300 file audits were undertaken during the year and a case file audit report noted good practice was evidenced. There were areas for improvement and some reoccurring themes from previous audits around poor risk assessment e.g. • failure to complete safeguarding episodes; • not meeting timescales • Over reliance on other professional's views which are being addressed. **Action:** A Head of Service report will be produced that provides analysis of quarterly data showing trend information and follow up actions.	

QA activity: contract monitoring	Harrow Local risk Rating for Annual Contract Monitoring
Harrow Council carries out risk assessments, to determine the level of risk associated within a service. (High, Medium or Low risk) The London Borough of Harrow is signed up to the WL Performance Framework and will be using the risk assessment to decide upon monitoring priorities.	

Outcomes:

All services are in the process of being been rated as low, medium or high risk in terms of value for money and strategic relevance.

Action:

- Action plans have agreed with high risk providers, ensuring that all services achieve continuous improvement.
- Develop a programme to carry out spot checks on high risk services.
- Recommendations have been made to Commissioning Body Members re: areas that identify change, e.g. increase or decrease in contract price or units, remodelling of service, decommission of service or commissioning of new services.

Also see Reablement section - for further Professional Challenge details

Citizen Challenge

QA activity: Survey	Adult Community Care User Survey (ACCU) Also relevant to other user groups
This survey is sent to new customers following receipt of a service at six weeks.	
Outcome: Some clients also said that they had not received a Care Plan. We have found in the past that some service users have been sent care plans but have not realised that this is what we are referring to in the survey. **Action:** Arrangements have been put in place to ensure that any returned surveys indicating that a care plan had not been received will raise an alert , that will be followed up by Service Managers.	
Outcome: 89% of respondents said that the Social worker who had visited them arrived within 15 minutes of the appointed time. 82% Social Workers always identified themselves (10% did not need to as they were known to the client), and 98% of appointments were made at a suitable time for the client. **Action:** Names of these clients have been passed on to Care teams for follow up. A major project is also taking place within Adults Services to improve our information and advice.	
Outcome:	

30% of clients were unhappy with the long waiting times – predominantly equipment, major adaptations and OT services. A few clients however, commented that they were pleased with services once these were in place.

Action:

The long waiting time for equipment to be delivered has been addressed and improvements made through the change of service provider and regular monitoring meetings.

A Lean Review of the process for major adaptations has been completed and changes made to streamline the process and so reduce the time to wait for major adaptation works to start.

QA activity: Survey	DH Survey

All local authorities with social services responsibilities were required to undertake a statutory user survey.

Early 2011 a questionnaire was posted to a random sample of around 700 service users.

The survey asked users about their quality of life and their experiences of services they receive. All service user groups including people who live in residential and nursing care, were surveyed.

Outcomes:

- 26% of users rated their quality of life as being good'. (DH survey does not specifically ask clients how their social care support makes their quality of life better - though it will from 2011-12).
- 18% of respondents didn't respond to this question.

Action:

- Continue to monitor and review how social care support makes impacts upon quality better quality of life as part of the person centred plan,

QA activity: Complaints	Report

The new adult's complaints regulations came into force on 1st April, 2009. We aim to learn through our complaints process to find ways to improve our services.

Learning reports are produced on a quarterly basis - processes and practices are then reviewed by senior managers.

Outcomes:

Long term care learning and improvements derived from complaints includes the following:

- An in-depth review of autistic/Asperger provision resulted in approval for a revised joined-up care pathway and clear criteria identifying which organisation leads.

- The Ombudsman highlighted the following good practice model of Physical Disabilities management where care is to be reduced: a) meet with the service user/family b) reduce it in staggered way c) build in a review – fed back to staff in the Director's newsletter

- Introducing a consent form to be used to prove service user agreement for house clearance

7. Safeguarding

Independent Challenge

QA activity: Independent Review March 2010/ September 2010	External Case file audit

An external/independent auditor of cases across all the teams – looked at a total of 60 cases of both safeguarding and "mainstream" work reporting on strengths and areas for development in March and September 2010.

The resulting reports were presented to the Corporate Director and Divisional Director at their quarterly discussion on the wider file audit programme.

Outcomes:

- All clients were safeguarded
- Some evidence of excellent practice
- Need to improve quality of risk assessments in some areas
- Some lack of clarity about safeguarding "alerts" vs. "referrals"
- Need to better embed knowledge of Mental Capacity Act
- Random sampling of safeguarding cases not providing sufficient picture of practice across all Teams

Action:

- From September 2010 a new safeguarding audit process implemented:
  - External audit of all cases proceeding to case conference and internal audit of all cases at Strategy Meeting stage
  - New risk assessment tool developed and implemented September 2010
  - New FWi system assists with identifying "alerts"

- Mental Capacity Act training specifically commissioned and also added to the new training programme

QA activity: Survey	LINks

Harrow LINks is an independent organisation representing the interests of local residents who are users and carers of local health and social care services.

During the year they were involved a DH Dignity Challenge Pilot survey, accompanying the Adults Safeguarding Team during visits to four care homes.

Outcomes:

As a result of the pilot, dignity checks have been built in to routine contract monitoring visits.

QA activity: Survey	DH Survey

All local authorities with social services responsibilities were required to undertake a statutory user survey.

Early 2011 a questionnaire was posted to a random sample of around 700 service users.

The survey asked users about their quality of life and their experiences of services they receive. All service user groups including people who live in residential and nursing care, were surveyed.

Outcomes:

- The DH Statutory Survey found 93% of people said they felt safe/adequately safe (DH survey does not specifically ask clients how their social care support makes them feel safer (though it will from 2011-12).
- Harrow ranked put Harrow in line with the average when compared with other London boroughs, in a voluntary benchmarking exercise

Action:

In response to any concerns raised through surveys and at consultation events - The Safeguarding Annual Report for 2010/2011 highlighted that as part of the prevention strategy further work on community safety in partnership with other agencies would be a priority action.

The ACCU survey (our internal Performance Team survey of reviewed clients) due to be relaunched and will ask more about safety.

Details of those saying they felt unsafe were passed to the relevant Service Managers.

QA activity: Audit	Mental Capacity Act audit

An independent audit of Mental Capacity Act implementation was commissioned (March 2011).

Outcomes:

The findings mirrored the national picture (Care Quality Commission research) i.e. low number of formal mental capacity assessments in relevant cases and lack of confidence in using the legislative framework.

Action:

Local training programme has been reviewed and some aspects will be delivered differently in 2011/12 e.g. more experiential learning opportunities. There have also been some changes made to the Council's Framework-i system so that the processes start with a focus on mental capacity.

Provider Challenge

QA activity: Further embed dignity in care and the 10 dignity challenges across all services in Harrow	Across all services in Harrow

In July/August 2010 Harrow was one of 6 local authorities that took part in a pilot dignity audit under a programme overseen by the Department of Health's London Region Joint Improvement Partnership (London JIP).

The four services audited by Harrow Council were residential homes providing services to adults who have a learning disability. The audit was carried out jointly with the Harrow LINk.

Outcomes:

Services were found to be generally well run and the majority of service users felt they were treated with dignity and respect. 100% of service users said they had choice in daily care, meals and activities and that staff respected their privacy. Of those interviewed, 85% said they would tell someone if they felt unsafe or worried.

Action:

As a result (of the audit work) Harrow is:

- exploring ways to improve consistency in raising concerns/comments and complaints in all services
- providing information and training for service users and carers, as well as staff and managers to raise awareness of dignity
- encouraging Dignity Champions to sign up to the National Campaign, supporting the work on dignity in care within the borough and sharing good practice.
- Overall, the experience of using the audit tool was positive and helpful and has been incorporated into routine contract monitoring visits.

Professional Challenge

QA activity: Case File Audit	Safe guarding file audit programme
To complement the externally case file audit programme and internal file audit programme was completed in January of around 100 safeguarding cases. As a direct result of the internal audits there have been a number of outcomes.	
Outcomes: • further refinements to the Framework-i database so that some fields are mandatory ensuring essential information is captured; • changes to the process so that the alert stage is ended appropriately and a decision to proceed to a referral made as quickly as possible; • additional training and briefing sessions given on the Mental Capacity Act/Deprivation of Liberty Safeguards; • a range of easy to use A4 Guidance Notes produced by the Safeguarding Adults Team (SGVAT) in response to frequently asked questions; • tracking of "live" cases by the SGVAT to prevent "drifting" of cases.	

QA activity: ACCU Survey	Safeguarding
The responses to the ACCU survey are anonymous except where the Performance Team identifies potential safeguarding concerns. This may be from responses to individual questions or from the free-text comments.	
Outcomes: • 98% felt they were treated with respect and dignity Our QA on this works because we will only identify clients if they tell us about a situation where they might be at risk of harm. We passed on concerns about several clients to the relevant service manager. **Action:** In 2011/12, we will now explicitly monitor the results of any cases forwarded in this way, from the ACCU or any other survey carried out.	

QA activity: LSAB Annual Review of Performance Report	Safeguarding

The LSAB Annual Report covers all aspects of the work in 2010/11 with a particular focus on effectiveness and outcomes for users.

The 2009/10 report was presented at Scrutiny Committee in July 2010 for discussion/challenge and the 2010/11 report will go through the same process. Some key performance indicators have been monitored to improve the quality of the safeguarding adults work.

The most important of these is the number of repeat referrals which when too high may indicate that the work has not been carried out effectively on the first occasion.

Outcomes:

In 2010/2011 there was a quality assurance framework in place for safeguarding vulnerable adults (overseen by the Local Safeguarding Adults Board) and the following activities were undertaken:

- internal and external (independent) file audits
- the second round of external audits started a new process of interviewing clients who have been safeguarded to see if their desired outcomes were met
- following a competitive process the training contract was re-let and is now competency based
- relevant performance indicators (e.g. numbers of repeat referrals) have been closely monitored as a way of judging levels of practice
- Safeguarding Adults Team had oversight of most cases dealt with during the year and provided monthly feedback on practice to managers

QA activity: Independent Review	Serious Case Review

There were no Serious Case Reviews undertaken in 2010/2011. However, at its meeting in February 2011, the Harrow LSAB agreed to carry out an independent review of the case of Mrs J R.

This case had been highlighted by Northwick Park Hospital and the LSAB agreed that:

- an independent review is done by a suitably qualified professional with no local service involvement
- the independent person reports their findings back to the LSAB
- the findings are public to ensure there is transparency
- the LSAB agrees any learning points and an action plan for addressing them

The findings of the independent review will be discussed at the LSAB meeting in November 2011.

QA activity: Serious Untoward Incidents (SUIs) and Need to Knows	Review
There is currently no separate policy for managing SUI's. There are informal arrangements for managing 'Need to Know' incidents, however, we do not currently hold any data. **Action:** • An SUI policy and procedure to be developed with consultation with Senior management • Communication to all staff will raise awareness about the importance of reporting these rare occurrences.	

Citizen Challenge

QA activity: Survey	MORI Outcomes for Users of Adult Social Care services in Harrow Survey
MORI conducted a survey on adult social care concerning people with a learning disability in June 2010. The aim of the research was to measure users' satisfaction with the services provided by the Council, assess the impact of the services received and their outcomes, and identify areas for improvement.	
Outcomes: The results of the survey continue to show adults with learning disabilities regard the services they receive very highly. Most adults with learning disabilities (85%) feel safe in their day-to-day life, and the proportion of those who do not has halved since the previous survey (from 7% to 3%). **Action:** • Safeguarding continues to be a priority for team managers • Regular updates from safeguarding team • Service users become members of safeguarding board	

QA activity: Complaints	Report

Learning and improvements derived from complaints includes the following:	
Outcomes: • Producing a separate 2 stage appeals process for Safeguarding complaints/appeals to ensure legitimate process issues are addressed whilst not undermining critical safeguarding interventions. • Review of Helpline installation & financial procedures to offer better advice and quicker responses • The social care database HOST adjusted to include a case summary for easy reference so intelligence is not overlooked and risks are assessed correctly.	

8. Home Care

Independent Challenge

QA activity:	AGE UK Domiciliary care survey and partnership board meetings

Age UK carry out a regular survey of users who receive a domiciliary care service and is independently undertaken twice a year regarding Mears and Care UK providers.

Outcomes:

- 100% of service users reported that there specific cultural, religious and dietary needs were always or usually met.
- 27% of service users reported positively that the services they received from Care UK had improved.

Below is the comparison of some of the questions over the past three reports. Responses given in order of early 2010, late 2010 and early 2011. The responses show improvements across all areas.

1. Are you informed beforehand if your care worker is going to be more than 30 minutes late?

   Mears: 10 24.6% (early 2010), 10 42.1% (late 2010),

2. Are you informed if a different care worker from the usual is sent?

   Mears 16.9% (early 2010), 26.3% (late 2010),

3. Does your care worker stay as long as they are supposed to?

Always/Usually:

Care UK: 86% (early 2010), 85.71% (late 2010), 86.35% (2011)
Mears : 94.4% (early 2010) 91.44% (late 2010), 100% (2011)

Action:

Areas for improvement include consistent communication to inform service user if the care worker is going to be late and informing the service user if the care worker will be different to the usual person who visits.

Providers have an improvement plan for key areas where standards need to be improved and delivery of these key areas are reviewed and monitored at quarterly partnership board meetings.

QA activity: Dignity Toolkit	Home Care

A Dignity Challenge toolkit was used to challenged providers to evidence how they are meeting the 10 dignity challenges:

- Have a zero tolerance of all forms of abuse
- Support people with the same respect you would want for yourself
- or a member of your family
- Treat each person as an individual by offering a personalised service
- Enable people to maintain the maximum possible level of independence,
- choice and control
- Listen and support people to express their needs and wants
- Respect people's right to privacy
- Ensure people feel able to complain without fear of retribution
- Engage with family members and carers as care partners
- Assist people to maintain confidence and a positive self-esteem
- Act to alleviate people's loneliness and isolation

SCIE Guide 15: Dignity in care www.scie.org

Each provider was asked to complete the dignity challenge toolkit by providing evidence on how they achieve the 10 outcomes above

Outcomes:

The Dignity Challenge toolkit highlighted safeguarding good practice guidance which the Contracts Team used to integrate into monitoring practice.

Action:

The Contracts Team mainstreamed the10 dignity challenges into the Home Care monitoring arrangements.

Provider Challenge

QA activity: Registration of Providers	Home Care

CQC undertook registration of home care providers used by the council.

Outcome:

- All homes were successfully registered by CQC.

QA activity: Regulated Services	External Home Care
Data in relation to Home Care QA includes	
Outcomes: • We have assessed 98.3 % Homecare provision as 'Good' or 'Excellent' making an improved CRILL rating (92%) for 10-11. • M and A home care provider have satisfactorily addressed issues. • Good Performance from the larger providers Care UK, Mears and Gentle Care. • 1.7% home care rated "poor" relates to 'All for Care' who still have a small no. of service users **Action:** Providers to implement action plans to improve quality of communication if calls are delayed and continuity of care is an issue	

Professional Challenge

Activity: Changes to CRILL	Home Care agencies
Changes to legislation have meant that the CRILL system has become defunct.	
Outcomes: • In the absence of the CQC CRILL system Harrow has developed its own Home Care QA. • In developing this local system the views of the Contracts, Safeguarding and Care Management Teams have been sought.	

QA activity: Review of Service	Community Equipment Store

The in-house Community Equipment Stores was operating in the high 70% range on this indicator. In order to further improve performance the service was outsourced to Medequip.
Outcomes: Two months after handover the service was showing an improvement and operating at 95% on the same indicator. We found having reviewed the way the service was operated and implementing changes, offered service users an improved service. **Action:** Regular service monitoring is in place to ensure standard is maintained.

Activity: Legal Review	**Meals on wheels**
Legal Services reviewed the planned activity around the Adult Services Consultation proposals relating to Meals on Wheels Service.	
Outcomes: Legal services advised that we need to produce monitoring information so we are able to ascertain the views from all service user groups. **Action:** We are producing monitoring information for all responses to consultation events and users of Meals on Wheels Services so that we can understand the impact of any changes of services to community groups.	

Citizen Challenge

QA activity: Survey	**Adult Community Care User Survey (ACCU)**
The ACCU survey is sent to new customers following receipt of a service after six weeks.	
Outcomes:	

Feedback included agency carers not arriving on time or not completing tasks satisfactorily and care agency administration staff were also said to be indifferent and unhelpful. **Actions:** Comments have been passed to the Contracts team for follow up action and improvements have been highlighted in the Age UK survey findings. The 6 monthly Age UK survey questionnaires have been adapted to include users of the Reablement service.

QA activity: Complaints	**Report**
Learning and improvements derived from complaints includes the following:	
Outcomes: A care agency agreed to implement cultural awareness training **Actions:** Progress will be monitored through contracts and brokerage team	

9. Residential Care

Independent Challenge

QA activity: Internal inspection	Residential and nursing homes
The Contracts Team carried out 12 LD and 12 OP residential & nursing home inspections and used the Dignity Challenge toolkit that highlighted safeguarding good practice guidance as a basis for underpinning inspections.	
Outcomes: • The contracts Team mainstreamed the 10 dignity challenges into the residential and nursing care monitoring arrangements.	

QA activity: CQC inspections	Residential and nursing homes
Several of the Council's in-house residential homes for people with a learning disability or mental health difficulty were inspected by CQC in 2010/11. A strong focus of the inspections was outcomes for users including safeguarding and dignity.	
Outcomes: • All the homes showed some improvements and • All received a good inspection result. • Kenton Road received no requirements or recommendations for improvement	

Provider Challenge

QA activity: Challenge use of providers	External Provision
WLA, Age UK and LInK organisations challenged use of some residential and nursing home provision.	
Outcomes: • Contracts Team undertook reviews in response to feedback.	

- Embargo of Knights Court

QA activity: Challenge use of providers	External Provision
WLA challenged the prices the council was paying for some care provision.	
Outcomes: • Following a review of charges we are now paying 'best price' balanced against QA standard for care and this has resulted in 25k efficiencies.	

QA activity: Regulated Services	Internal Provision
As part of a series of reviews, changes to improve service delivery were undertaken.	
Outcomes: ● 6 LD homes under active review - strategic issues, options explored ● Reconfigured services into specialist provision/ deregistered where necessary ● Final plan is being developed - will be implemented over 2011/12.	

QA activity: Review	Review of Southern Cross care home provision
The Southern Cross financial position has been in the national media for the last few months and has caused escalating concern for service users and families. On the 11th July 2011 Southern Cross announced to the stock exchange that they would be winding up the company following the Landlords announcement that they wanted to leave the group. This is a positive move because it begins to clarify what the future will be for the current Southern Cross homes while it changes little in respect of the current position.	
Outcomes: **Quality and Safeguarding** Harrow does not have any immediate quality concerns about the two Southern Cross Harrow Nursing Homes or indeed of Birchwood Grange a Brent home that is regularly utilised by Harrow. We have robust processes in place including service user reviews, monitoring visits and spot checks by the contracts and safeguarding teams. We also meet quarterly with senior	

management from the organisation.

Ongoing placements

Harrow's policy, along with West London colleagues, and following government and ADASS advice had been to continue to make placements to Southern Cross homes on the basis that we do not wish to further destabilize them.

However it is now considered prudent to cease placement to these homes in the very short term with immediate effect until we have had a chance to digest latest updates and prepare for transition.

On balance of the evidence available we still believe there is a limited risk of a sudden closure of any of the homes that Harrow uses. This is based on the Southern Cross situation being nationally profiled and monitored by government, ADASS and CQC.

Action:

We have developed a local contingency plan in conjunction with West London colleagues. The plan outlines the process we would follow in circumstances of a change of home ownership. This is what we will be doing between July 2011 and October 2011:

- We will undertake relevant checks on the Landlord's financial stability through procurement.
- We will make contact with the Landlords to ascertain who the proposed care provider will be. We will support the Landlord if they are uncertain about who
- We will work with Service Users, ADASS, CQC, Care Management to ensure that the new provider is fit for purpose. We will also work with the West London Alliance to try to collaborate on the co-ordination of the transfer of providers.
- We will ensure that communication with service users about changes to the provider have the input of care management teams to reassure service users.

Professional Challenge

QA activity: Introduction of Partnership Board	Southern Cross Provider
Improvements to the way QA information is shared with the council was recognised as a gap.	
Action: • A partnership board has been instituted with Southern Cross Provider to ensure QA information is effectively shared with council.	

QA activity: Regulated Services	External Residential and Nursing Care
The Contracts and Safeguarding teams have worked to support improvements across key provision – Knights Court; Mayfield; Care Assist and Bradbury Court.	
Outcome: We rate 70/77 registered homes in Harrow "good" / "excellent" 4 as "adequate" and 3 of concern **Action:** ● Continue to undertake our monitoring programme developed between Safeguarding, Contracts and Care Management Teams ● Monitoring focused on provision of concern (Francis Lodge & Stanmore Care Homes) and potentially a risk (Southern Cross) ● There is contingency planning for Southern Cross underway	

QA activity: joint working across teams	Residential and nursing homes
The Contracts and Safeguarding Teams worked together to implement the 10 Dignity challenges identified in the toolkit guidance.	
Outcomes: • Joint work between the contracts and safeguarding teams was enhanced and resulted in an embargo of some unsafe provision. • He enhance knowledge of the dignity standards have given the safeguarding and contracts team an additional benchmark against which to judge the quality of provision **Actions:** • Continue to undertake our monitoring programme developed between Safeguarding, Contracts and Care Management Teams	

Citizen Challenge

QA activity: Survey	DH Survey

All local authorities with social services responsibilities were required to undertake a statutory user survey. Between 17 January and 14 February 2011, the council posted a questionnaire to a random sample of approximately 700 service users.

The survey asked users about their quality of life and their experiences of services they receive. All service user groups including people who live in residential and nursing care, were surveyed

Outcomes:

- 26% of users rated their quality of life as being 'So good, it could not be better' or 'Very good'. 18% of respondents didn't respond to this question.
- 58% said they 'felt as safe as they want'. 17% of respondents did not complete this question. Harrow ranked 10 of 16 London boroughs (provisional benchmarking data).

Action:

The Safeguarding Annual Report for 2010/2011 highlighted that in 2011/2012 a priority for action will be further work on community safety in partnership with other agencies as part of the prevention strategy and in response to concerns raised through surveys and at consultation events.

10. Day Care

Independent Challenge

QA activity: Annual Report	Harrow Harrow Local Involvement Network
Harrow Local Involvement Network (LINk) is a network of local people, organisations and groups from across the London Borough of Harrow with the aim of improving the health and well-being of patients, carers, public and service users. The LINk Mental Health Action Group Lead sits as an invitee on Harrow Mental Health Modernisation Board established by Central & North West London NHS Foundation Trust (CNWL). The Trust has been engaged on implementing service line management in order to enhance the provision of mental health care and this Board oversees the work of topic specific sub-groups redesigning the services for Harrow patients. The LINk has been able to attend and contribute to all the consultation meetings called by CNWL to address the service line issues.	
Outcomes: • Service users and carers have been able to influence the specification for the new model of mental health day services. • Robust and effective communication with service users. **Actions:** Meetings with CNWL continue and service users and carers are working on the implementation of new services model.	

Provider Challenge

QA activity: Self Directed Support Performance	CNWL/Mental Health
Performance in 10/11 demonstrated a significant improvement particularly with Self Directed Support.	

Outcomes:

10 people in 09/10 received this service, compared to 175 in 10/11.

Action:

Continue work with CNWL to improve performance, deliver a balanced budget and develop ways of capturing information on customer experience to improve services.

A review of mental health day service provision is underway that will include the development of a draft service model to deliver services to support recovery and increase social inclusion. Service users, carers and voluntary sector are involved in developing the new model.

Professional Challenge

QA activity: User Engagement Officer	Role
A user engagement officer continues to support users and promote their involvement across the spectrum of social care activities and services. Regular meetings are held in the NRCs to discuss issues and the role includes supporting users to take part in consultation events and partnership boards and other initiatives. The engagement officer ensures that the user's voice is heard and that their views are instrumental in service development.	
Outcome: All of the activities listed in the citizen challenge section below have been supported by the user engagement officer.	

Citizen Challenge

QA activity: Compliments	Report
There have been 51 formal compliments this year. Nine of these have been for Millman's Day centre with service users complimenting on 'love, support and encouragement' and how 'wonderful and attentive' the staff were.	

QA activity: MORI Survey	LD user survey

Harrow Council commissioned Ipsos MORI to repeat 2009 face-to-face survey with adults with learning disabilities to enable comparison between the 2010 findings.

Outcomes:

The results of the survey continue to show adults with learning disabilities regard the services they receive very highly.

The vast majority of adults with learning disabilities in Harrow participate in some form of activity, 89%, attended a day centre (65% in 2009). Most describe the activities that they do as good (75%), with only 5% who rate them as not good.

Actions:

- Through shop4support, we have continued to developed a market place for further activities (
- e.g. exercise classes such as Zumba and Yoga)
- Arrangement to improve person centred planning processes are in place (see Person Centred Support Planning above)

QA activity: Survey	Shop4support NRC user feedback

35 people who attended an NRC and held a personal budget completed an evaluation of the Shop4support market place pilot project.

Outcomes:

Feedback suggests the user experience had been positive overall with the opportunity to sample a range of different activities, some of which had never been experienced before.

Over 90% of service users said they would like to continue to use Shop4support to do activities.

When asked if there were activities they would like added to Shop4support the list included museums, golf, meal making and singing.

Actions:

Feedback from users was given to providers to enable them to deliver improvements concerning developing a business model to improve site and services and about offering viable alternative activities.

Follow-up actions to improve Shop4support user experience include developing a one page store: making the pages more dynamic; improving the search function and establishing active links from site.

QA activity: Byron Park and Vaughan NRC user feedback	Change of café provider
Service users were unhappy with the café service and undertook internal surveys to see what changes members wanted and to canvas some new ideas for future usage.	
Outcomes/ Action: Byron Park Following the survey it was decided to run the service in house. Interviews took place for a new cook and a revised service where members could use the kitchen facilities to introduce cooking sessions and more flexible use of the kitchen space. Vaughan Centre It was decided to give the contract to Mencap to run the café and a new menu agreed by users has been introduced.	

QA activity: Kenmore NRC user feedback	Activities outside of the NRC
Service users are regularly invited comment on the services provided to them. Feedback is then used to improvements to services.	
Outcome: Service users said that they would like the opportunity to go outside of the centre more often. **Action:** A mini bus has now been acquired for the centre to use on a permanent basis.	

QA activity: Newsletter	News n Views
A bi-monthly newsletter produced by a cross service editorial group is published and widely	

circulated to service users, carers and staff.

The newsletter is owned by service users and is run for and by them with information and articles that are relevant and of interest to them.

The newsletter requests feedback and gives the results of surveys and consultations that have taken place.

It also includes a You Said and We Did section that outlines responses and actions to issues and concerns.

Promoted health days were promoted through the newsletter to service users.

Outcomes:

Health days were well attended and feedback suggested that improvements were needed in this area.

Actions:

- Action plan to further improve health services,
- A big health check up day where service users can assessing current services
- Targets identified for the 2011/12 Adults services plan.
- The newsletter used to follow progress in this area and capture peoples views on what is important to them.

QA activity: User Evaluation	Age a Positive Attitude

Service users were asked their opinion about a document that provides information and advice concerning aspects of growing older.

Outcome:

9 people responded and commented upon aspects of the layout to the relevancy of the information it contained. Respondents feedback was positive included the following comments:

- In each section I was made aware of information I didn't know
- Every piece of advice was most useful to me
- Having this book I am aware I can get help if I need it
- All of it was useful

QA activity: Health Information Days	NRCs

Throughout 2010/11 our Neighbourhood resource centres have been running key-working sessions. They also host the Futures Group, which is a group of service users who are engaged in transitional arrangements in day centres and services.

We have used feedback from these groups to inform our transitional arrangements and improvements to services.

Outcomes:

Service users expressed an interest in obtaining relevant health information.

Actions:

- A series of health information days have been held to inform service users about health services and health information/advice.
- Action plans have been produced to address needs and progress is regularly monitored.

11. Carers Services

Citizen Challenge

QA activity: Feedback	Carers of people with a learning disability
The council held an event for older carers of people with learning disabilities in October.	
Outcomes: Feedback highlighted that that more information is needed to help older carers plan for the future e.g. on Wills and Trusts. **Action**: To address this need a link to relevant information from the carers website will be developed and Mencap will respond by organising specialist events.	

QA activity: Feedback	Carers Drop in Sessions and employment
The council runs drop in sessions for carers on a monthly basis Drop in sessions are for carers to meet other carers, receive information and advice and give feedback about carers needs and services. Carers said they wanted to explore issues around employment and to address this request the emphasis of the monthly carer drop in sessions has changed to respond to carer priorities and issues, including employment. In response to feedback an employment survey was sent to 2000 carers	
Outcomes: • 200 people replied and 67 responded to say that they would like support to find work • NI135 (% of carers assessed/reviewed and receiving a service) target was exceeded **Action:** • A carer's employment information pack was produced. • The way data confirming how many carers are employed and not employed was reviewed and amended.	

QA activity: Feedback	Carers Focus Group
A focus group was held for carers to gain feedback about website information	
Outcomes: The focus group indicated that the Harrow website was difficult to navigate, information was too wordy and more information about services and events is needed. **Actions**: • Navigation structure of the website is being reviewed as part of Information and Advice Strategy • Links to a portal containing a wide scope of carers information will be hosted on the council website • A carers events calendar will be created • Development work with Shop4Support to make improvements is in place	

QA activity: QA feedback form	Carers
The carers pack sent to all carers contains a QA feedback section. Approximately 1000 were distributed and 100 returned	
Outcomes: • 65% of carers who completed the form felt satisfied with the services they receive from Harrow Council • 72 % of carers who completed the form found the information they received from Harrow Council helpful • 71 % of carers who completed the form felt they had been treated with dignity and respect **Action:** • Identify what ways Harrow can further improve on the services and support they provide for carers by promoting regular carer feedback events where carers will be able to speak directly with officers who are able to forward their ideas / suggestions • Annual contact to be maintained with carers of persons receiving a reviewable service and updated carers packs forwarded to ensure that carers are kept up to date with what is happening in the local community and also aware of what support is available for carers. • Introduce personalisation for carers to ensure they have more choice and control in relation to the services that they access following their carer assessment	

- Continue with road show events in partnership with other voluntary organisations who support carers, to promote consistent working relationships with our partner agencies. These events give an opportunity to meet directly with carers known to Harrow Council in addition to identifying hidden carers in the local community who may not be aware of support available for carers.

Professional Challenge

QA activity: Feedback	Carers Assessments

Feedback form carers found that not all carers were being offered carers assessment.

Following this feedback :

- A drive to offer an assessment was initiated.
- Carers are now encouraged to request advice and an assessment at the same time that the cared for person is receiving an assessment.
- Care Management Teams have been alerted to carry out carers assessments.

Outcomes:

In order to receive a service an assessment needs to be carried out. The percentage of carers assessed/reviewed and receiving a service was 52% in 2009/10.

In 2010/11 we exceeded our target and achieved 53%, which provisional data suggests is the highest in London.

Action:

- Carer's assessments and user assessments continue to be offered and carried out at the same time
- Carer statutory guidance has been re-circulated to Care Management Teams.

QA activity: Personal Budget Pilot	Carers

In preparation for the introduction of PBs for carers a pilot was planned for implementation in April 2011. As part of this process 40 carers were identified.

An assessment questionnaire was developed based upon good practice from other LAs. Carers were then asked to for feedback.

Outcomes:

- Nearly all of the carers would recommend getting a personal budget to other carers.
- The majority of carers thought that the explanation of carers' personal budgets that they received was either Very Good, Good or Satisfactory
- The majority of carers surveyed either were not told about or did not remember being told about shop4support. Those that had used the portal thought that it was good.
- Over 70% of carers said that getting a personal budget had had an impact on the choice and control in their lives.

Action:

- Further integrate carers services with shop4support
- A staff training programme is being delivered in partnership with Incontrol (shop4support)

12. Corporate Information

Please see **appendix 4** for details relating to QA corporate information.

13. QA survey and service user groups

Please see **appendix 5** for details relating to QA survey and service user groups.

14. Briefing on the department of Health NASCIS data release

Please see **appendix 6** for details relating to benchmarking of national performance data. (Note that this is provisional data which has been released by DoH for early comparison).

This page is intentionally left blank

Adult Services Quality Assurance Report 2010 - 2011

Appendix 2

Quality Assurance & Learning Board Action Plan

Outcomes from 2009/10 Annual Report

The 2010/11 QAL Action Plan comprised nine recommendations aimed at improving systems and processes to enable improved QA data on which to act. The action plan also contained developmental aspects where internal and external colleagues were brought together to share and learn in order to improve understanding and practice.

Recommendation	Action	Progress/outcome
1. Demonstrate QA priorities and outcomes.	Produce a You Said and We Did Report that evidences from 2008/09 QA feedback and our response and outcomes to deliver improvements. (From April 2010)	**Achieved.** Quarterly report produced outlining evidence to achieve outcomes across 4 QAF quadrants: • Independent challenge • Consumer/citizen challenge • Provider challenge • Professional challenge
2. Continuous development of the QA and Learning Board, ensuring key staff represented.	Review membership and TOR (at Quarterly QAL Board Meetings)	**Achieved.** Structure of meeting reviewed and new member's co opted as necessary. Commissioning representative to be in attendance at each meeting.
3. Refresh QAF	Update and incorporate Harrow developments and good practice identified from other local authorities.	**On hold.** DH published key Adult Social Care strategies that include QA. SMT have

		reviewed priorities and are producing an Adults service plan. The QAF will be completed following the finalisation of the service plan and clarity around QA standards known.
4. Map all strategic QA activity across directorate to give senior managers an overview.	Produce a QA tracker showing on a monthly/annual basis all QA activities. (August 2010)	**Achieved.** QA Tracker produced showing month by month activity through: Surveys, consultations, complaints, inspections, user, carer and tenant feedback, safeguarding, case file audit
5.Establish a dedicated QA Managers Forum	Facilitate managers meeting to engage initially Adult Services in the development of QA good practice. Involve Performance Team colleagues As part of the QAF Refresh develop materials/handbook to support managers (Six weekly meetings as part of directorate performance regular meeting cycle. Initial meeting July 2010) Developmental as meetings occur and QAF refreshed.	**Achieved.** Regular meetings held with care management team/service managers and other Adult Services colleagues. Performance issues are standing items on agenda. Prior to CQC changes the group focussed upon linking revised CQC outcomes with local directorate standards. Importance of undertaking regular case file audits was discussed and a revised case file audit procedure developed.
6. Housing Service to undertake the Customer Service Excellence Standard (CSE).	Register to commence CSE Standard Gather evidence and submit for preparatory assessment Register by October 2010 and complete the process by March 2011.	**On hold.** Application coincided with commencement of HAP it was agreed to put CSE Standard on hold and to

		review following HAP2 refresh.
7. Develop Health and Safety incident/legal issues QA reporting mechanisms.	Make contact with Health and Safety/Legal Depts to discuss and take forward (November 2010)	**Achieved.** Meetings established and outcomes reported at QAL Board.
8. Investigate establishing London wide QA lead officers group	Identify and contact LA leads to explore interest Set up meeting Make initial contact over summer and establish first meeting	**Achieved.** Harrow has led the establishment of a pan London QA group that meets quarterly. The focus is to explore qualitative developments and to share good practice.
9. Investigate developing int/ext customer standards bench marking activities.	Contact corporate QA lead (June 2010)	**Achieved.** Cross directorate data is available but difficult to compare with other councils as standards vary across organisations.

This page is intentionally left blank

Adult Services Quality Assurance Report 2010 – 2011

Appendix 3

Quality Assurance Outcomes and Priorities: You Said and We Did Report 2008 – 2011
QAL Board Quarter Three Progress Report 15th April 2011

2008/2009 What customers and inspection feedback told us	2009/2010 What we did in response	2010/2011 QAL Priorities/ Outcomes Sought	2010/2011 Outcomes
Case Management			
Area: Case File Audit			
DH assessment feedback highlighted the need to systematically audit case files to demonstrate care management is person centred and consistent.	We established regular case file audit procedures and carried out case file audits on a monthly basis.	Continue undertaking monthly case file audits. Focus upon learning and improving practice. Establish a case file audit common framework to be rolled out across teams.	Standardised file audit tool now developed and due to be rolled out in October 2010. New file audit process now in place. Data Quality team now looking at twice as many case files as last year, including SDS, producing a concise report and maintaining an issues log for resolution of identified problems. Additional Teams have been added to the monthly file audit programme e.g. Shared Lives Scheme. Actions resulting from recent audit work include implementing a new risk assessment form (SLS), a revised audit tool will be developed for the Reablement Team and users will be interviewed about outcomes in the next round of external/independent safeguarding audits
Area: Safeguarding			
The Safeguarding Inspection	Significant auditing of	The new HOST Safeguarding	New SGVA system now implemented in FWi. Revised

highlighted a range of improvement areas that included: • Quality assurance and audit processes to be developed and to be robust. • An annual quality audit of safeguarding practice to be developed.	safeguarding was carried out during the year. 30 cases have been internally audited and 2 separate episodes of external audit have been undertaken (100+ cases) All referrals received before September 2009 were read as part of the process of entering the data into the new national minimum data set. Systems were developed and routine case file audits showed Improved levels of recording.	framework will go live in August 2010. An Internal Audit of all safeguarding cases opened at the end of September 2010 will be undertaken and for the rest of the year a random selection of 30 cases.	process complies with the recently launched pan London Policy and Procedures and underpins best practice. First 9 months of data being reported to the LSAB on 7/2/11.
	A safeguarding quality assurance framework and protocol has been produced.	An External Audit will be carried out in October 2010 of at least 20 cases, to be undertaken by the same person who external audited the last batch using the old framework to enable us to identify improvements in recording and quality of reporting. A further external audit will take place in February 2011. Using the new auditing tools available in the revised framework, we will undertake a safeguarding practice quality audit in March 2011 of all cases entered under the new framework.	Internal audit of safeguarding cases continues and carried out by the Safeguarding Practice Advisers. External audit commenced in the last week of August 2010 (report will be available in September) with a second round due in February/March 2011 All internal case file audits (over 100) have been completed for 2010/2011. First round of external audits completed (16 cases that reached case conference stage) and second round will involve user interviews
Independent Challenge			

Area: Housing			
The Tenants Satisfaction Survey showed that tenants overall levels of satisfaction fell from 70% in 05/06 to 64.5% in 08/09. Tenants told us that satisfaction with the repairs and maintenance service had fallen in 05/06 72% to 08/09 60%. Regulatory regime - context of prospect of Short Notice Inspections Some KPI's fell into lower quartile. Some KPI's fell into lower quartile.	Housing Quality Network (HQN) review took place (with customer and staff involvement). A Priority Action Plan developed to address issues. A LEAN Review was undertaken to improve tenant service satisfaction that included the length of time it took to carry out repairs.	HQN review led to Housing Ambition Plan being produced with customer and staff involvement. Tenants surveys to be commissioned in Autumn.	Satisfaction Survey results reported an increase from 66% in 2008 to 75% in 2010. Work on publicising this is beginning. LEAN review of leasehold services is underway in consultation with leaseholders to deliver service improvements and efficiencies. A strong theme in the HAP is resident engagement. A report to tenants has been produced on how we will increasingly involve them in service development. The work stream is ahead of target and has already delivered significant improvements. Once the project is fully implemented, slippage will be addressed.
Area: Quality Assurance			
Inspection feedback highlighted the need for Adults Directorate to build upon QA activities and to develop a quality assurance framework QAF.	A QAF was developed. An annual report and outcomes monitor has been produced. A QA and Learning Board with cross directorate membership has been established. An annual QA activity timetable has been produced. Customer standards have been introduced and are	QAF will be refreshed to reflect developments and an action plan developed. Harrow is leading the development of a pan London qualitative QA network to share and learn from good practice.	The QAF will be produced following the completion of A+H Service Plan and DH quality standards later in year. Regular Pan London QA meetings established and learning shared. Improved case file audit tool developed from sharing information and policies. Regular QA meeting with Adult Services Managers have been in place for a year. Feedback has been positive and input from the group has produced a refined case file audit tool and ideas for social care standards. Commissioning manager meets on a quarterly basis with care management teams to identify unmet needs. To date a lack of residential and day care dementia

	regularly monitored and improvements made. A customer focussed accreditation standard award is being piloted within the directorate. Commissioning Manager meets monthly with care management teams to identify gaps in service. Benchmarking with London councils has been established.	Regular QAL meetings with service and team managers will be implemented beginning July 10. Learning from care management meetings regarding unmet needs will be used to inform commissioning plans.	provision has been identified. To address this long term residential block arrangements and bed usage are under review with a view to moving away from this model. Aiming to increase dementia provision by reconfiguring current provision and proposing to offer additional day care dementia provision.
The LD inspection report highlighted the need for QA to be more robust.	The LD Commissioning Plan was implemented regarding the increase in the range of provision and more flexible services are being developed.	Follow up actions are linked to the development and implementation of the LD Commissioning Plan. Current provision is under review and will be refocused to provide improve choice and flexibilities.	Integrated action plan linked to 2008 LD inspection continuing to deliver against actions and monitored on a monthly basis. Delivering LD Excellence Project established. LD Commissioning Plan presented to SMT for approval in March 11 and then disseminated. Guidance published and in process of developing a plan to meet new strategy. 55 high cost placements reviewed. Exceeded efficiency target for 10/11 and 11/12. 50 people still to be reviewed, 10 people identified to be able to move out of residential care on to settled accommodation. Support to enable this next step will form part of a proposed project. Need identified for specials housing support for older people with a LD. Ewart House supported housing offers specialist skilled staff to meet their needs.

		NHS Harrow commissioned to carry out a needs assessment for people with Aspergers. To be clearer about the needs of people with Aspergers a series of focus groups run jointly with PCT will be taking place later this year.	There is a lack choice in residential respite for younger people with an LD. Exploring increasing provision in Shared Lives Scheme to address. Needs assessment for people with high functioning Aspergers published in January 11 and commissioning plan produced in March. Project board continues to meet. AD meeting with local Aspergers group in March to inform commissioning plan. Leaning from complaints re people with Aspergers accessing appropriate assessment of needs. In process of developing a clear pathway from diagnosis to assessment and support.
Area: Surveys			
2008 Home Care Survey + 87% of clients expressed satisfaction with the home care they receive in their own home + 82% of clients care workers always/usually come at times that suit them + 92% of clients always/nearly always see the same care worker. + 93% of clients are always/usually happy with the way their care workers treat them - 37% feel care workers are sometimes in a rush - 30% feel they sometimes spend less time than they should - Only 64% of clients are always/usually kept	All findings, positive and negative, were passed on to the Home Care Manager and other Senior Adult Social Care Managers through a written report and presentations.	The home care survey results will still be relevant in some cases, to the findings from the more recent ACCU Survey and the Carers Survey, and will be highlighted in forthcoming road shows with the community teams.	Road shows completed. Home Care survey -benchmarked 15th out of 32 London authorities.

informed of changes to their care			
2009-10 ACCU internal 6-week survey for OP/PD + high satisfaction with assessments + treated respectfully by those providing care + personal care/health needs being met + felt more control over their lives	These positive findings were incorporated into the SAS etc. and the results have been fed back to teams through written reports.	From July a series of road shows is planned where we will provide an in-depth presentation of the main findings to PD and OP teams.	On hold and will be re-launched in June 11
- 21% stated that care had not been delivered on a timely basis (28 days)	This correlates with the relatively low performance on NI 133. In 2009 a new 'early warning' process was initiated to provide more oversight of cases at risk of taking too long for care to be arranged. This progressed to a 'zero tolerance' of delays policy currently in place for all new clients.	The Service Performance Team will seek to provide briefings on the ACCU Survey at the new 6-weekly QA Tuesday Performance Meetings.	QA Manager's meeting receive s regular ACCU survey reports A summary of survey results has recently been circulated to managers.
- 22% reported Social Worker did not arrive on time (within 15 minutes of the agreed time)			
- Need more flexible carers services and information about what is available	Questions in the survey were amended after a few months to incorporate the new corporate customer standards. This allows ongoing monitoring of visit punctuality in addition to responses to letters, emails and phone calls. This echoes some of the	Incorporates the overall satisfaction results but we will continue to publish the other details on a quarterly basis.	New Carers Information pack has been designed as is being distributed at all carer assessments Project underway to improve information for carers on the council website

	findings from the Carers Survey, see below		As part of the Information Strategy, leaflets are being revised to reflect changes to services and contact details.
- Better provision of care plan information	All new clients are monitored to check that they have been sent a copy of their care plan. Any misses are followed up with the relevant team	From July a series of road shows is planned where we will provide an in-depth presentation of the main findings to PD and OP teams.	Road shows completed.
2010 Statutory Equipment Users Survey + 27.5% clients said that the equipment provided helped them feel more safe – an increase from 17.5% in the previous survey. This is also reflected in the increased number of clients who said they had no worries about their personal safety. The proportion of clients receiving Telecare has also doubled from 17.5% to 34.5% for this survey.	These findings reflect the key benefits equipment plays in clients' lives and the key role in preventing more complex (and expensive) services being needed. Telecare has become a widespread service with considerable additional potential to allow clients to continue to be able to live at home independently.	We will test a sample of cases to see if the review happened. If there is an issue, we will feedback to Teams and ASC managers. Review figures would suggest its unlikely people were missed. We will check whether it was particular items of equipment associated with clients who responded in this way follow-up with Stores/Management as appropriate.	Completed Superseded by ASC User Survey Completed
- Communication with/and follow-up of clients following the assessment process still lacking; 23% of clients (in both surveys) said that they had not been contacted following installation of equipment to check that everything was OK.	This issue has not yet been investigated. We can cross reference to see if initial reviews were logged on Framework-i following installation of the equipment, but this will take some time	Although PAF-D54 is no longer a statutory PI, we will maintain internal monitoring of the equipment service And provide monthly updates	Following Fwi upgrade, issues around missed client reviews are being resolved.
- 5% of clients no longer use equipment issued as they think it's unsafe, do not feel confident about usage or felt it did not help them – this has	This issue has not been followed up on yet		

gone up from virtually zero two years ago - Waiting times for equipment, and particularly adaptations are still of concern. 17% of respondents said this had posed major problems.	This issue has been noted through regular PI monitoring and is with Adult Social Care for appropriate action.		
2009 DH Voluntary Carers Survey + Early, limited benchmarking shows Harrow achieving high scores for questions on control, personal safety, quality of life and encouragement and support - A quarter of Carers do not feel involved in discussions ' out services and find it ficult to get specific services. - Waiting times for major adaptations needs to be greatly reduced. Quality of service from Care Agencies needs to be improved.	This is based on local benchmarking efforts. Full results will follow later in 2010 from Dept Health The SAS discusses how guidance on accessing services has been improved This correlates with findings in the Excel SAS, that waiting times have gone up. There are further plans to tackle these high-profile issues. This echoes findings from the 2008-09 Home Care Survey, see above.	From July a series of road shows is planned where we will provide an in-depth presentation of the main findings to PD and OP teams.	New national carers survey planned later in 2011/12. DH to confirm outcomes framework. Subsequent carer surveys demonstrate improvements: In 2009 54% of carers reported having had an assessment – now 96%. In 2009 41% carers knew how to make a complaint – now 78%.
User Feedback			
Area: Developing the marketplace			
Service users identified a limited range of products and	The council commissioned Shop4support to develop an	Seek feedback to further improve website and provide the	Commissioning and Transformation Team have been working with shop4support to increase number of

services were available to help them maintain independence and choice.	online marketplace for social care users to search and shop for clearly priced products and services.	range of products and services to meet needs now and in the future.	providers there are now 230 community / voluntary organisations and 50 commercial providers across a diverse range of traditional and non-traditional services. Commercial model has been refined to eliminate costs to providers which was identified as a barrier to engagement in Q1. Number of people buying services (both Harrow-funded and self-funders) has increased. LD strategy will identify and influence further developments Unit costing workshop held with providers and followed up with over twenty 1-to-1 meetings with providers to help them understand their unit costs.
Area: Personalisation/Self Directed Support			
Personal budgets Service users stated that they wanted a cash budget and a choice as to who else could help them to arrange alternatives to council support.	In April 09 an Independent Brokerage scheme was introduced and the council worked with 3rd sector organisations to deliver this option.	Continue to work with HAD and other 3rd Sector Orgs to support people using a PB. Build capacity with West London Alliance to provide a wider range of services.	10/11 PB QA Findings Report: 91% reported quality of life as satisfactory following receipt of a PB and 94.5% reported choice and control as satisfactory following receipt of a PB.
Direct Payments Complaints received from service users and carers about late and missed payments. Internal Audit highlighted the need for DP payment systems to be improved to provide a better service.	A DP team was recruited to make the financial systems more responsive to customer needs. Changes to the DP payment timetable were made to ensure customers received timely payments to cover their support costs. A DP review and monitoring team was established to offer	DP/PB reviews have been combined and will be carried out to ensure that service users are having their support needs met appropriately. A review of service user's unspent DP funds threshold is being considered as a means of sharing resources affectively and efficiently.	DP's and PB's are being monitored and unspent funds are being returned successfully.

	support, advice and feedback service improvement issues.		
Area: User Engagement			
Feedback from stakeholders, including service users, 3rd Sector and statutory organisations identified the following key findings in relation to developing services and meeting the needs of service users: • Service users needed to be more involved in shaping services and delivering the TPP. • Service users needed to be consulted and involved on a regular and consistent basis concerning all aspects of service delivery and development. They did not want this to be lip service.	A new Service User Engagement Officer Post was established Day Centre user groups were organised Two monthly 'meet the Divisional Director Forums' were introduced Information was made more accessible and available in Easy Read Format Set up a user group to contribute ideas for newsletter Developed a User Engagement Strategy and Board Established Service Users on recruitment Panels	To develop service user engagement champions in all units To further develop PCPs and reflect choice Re-launch of PD Partnership Board Create more opportunities for employment Develop a User Led Organisation Service users as editor supported by User Engagement officer/carers lead Easy Read out for further consultation after revisions To continue to use service users in social care post recruitments	Working party set up to develop plans and PCPs produced. All Partnership Boards have been reviewed and feedback used to inform revised structure and content of meetings. A service user took part in a presentation at a health and social care conference. Since 2009 service use has produced by-monthly News and Views magazine. 3 posts have included service users in the recruitment process.
• Service users wanted to be communicated in ways that people could understand and be adapted to individuals needs.	Service users offered council employment opportunities Service Users involved in the design and development of the NRCs	More offered employment opportunities To update service users with current information	See above

• A regular newsletter to be produced to provide relevant information. • An opportunity to meet regularly with senior officers and discuss issues that affected their lives.		Service users are being given greater opportunities to participate in leisure , we have sought their ideas and set up programmes on Shop4 Support Service users to be involved in contributing to Safeguarding policy Service users to be involved in pre-consultation about efficiencies LDPB – Work plans for Sub Groups which outline priorities in key areas: Health Housing Personalisation Employment Transition	Set up sessions with two providers Service users signed up to pilot scheme. Service user involved in shopping companies accreditation system for Shop4support. Pre and consultation events held with service users to inform them of proposals and to seek their views. **LD** Partnership Board has been reviewed and carers and services users views have been fully integrated into the Boards governance and process arrangements. Health action plans in place and 3 health days planned. Increase in nos of people with an LD employed by council. Housing DVD is in production. Transitions DVD is in production. **PD** Partnership Board have established 4 subgroups. Including a reablement and health group. Work plans are being devised using the LD model.
Area: Carers			
Following consultation carers told us they wanted: • Good quality services for the person cared for • Breaks from caring and freedom to lead their own lives and maintain health	A new Carer Engagement Officer Post was established Links with other organisations were developed to support carers more effectively Social care staff have been	Produce a condensed carers pack Ensure that all social care staff are kept up to date with what services and support are available to carers and have flexible assessment opportunities in place	Carers PB pack being introduced in October 2010 Newsletter will be circulated with each carer's assessment National Carers week in current planning stage. Carers are part of the planning group. Personalisation for Carers being launched in May 2011

• A say in service provision and development • Improved information, advice and support about carer's services • Better communication with professionals • Access to a quality carers assessment • Improved understanding of the needs of working carers • Sensitivity to culture issues • More outreach and advocacy support for carers	trained to ensure that they are aware of the information they should be sharing with carers at assessment and review To meet the needs of working carers we have offered more telephone and joint assessments Regular support and network meetings were established Carer information and advice packs distributed and were later expanded to include information about how to make a complaint	Ensure that carers continue to be made aware of the different assessments available and where these assessments can take place Social care staff to have training in legislations relating to carers To ensure that carers are aware that there is a direct contact in the carer lead and the contact details made as public as possible so hidden carers are aware Ongoing communication with Complaints team to ensure that we are working in partnership	Achieved 54.3% in NI135 2010/2011 New Carers Information pack has been designed as is being distributed at all carer assessments Meet the Divisional Director for Carers launched Feb 2011 Carers assessments to be a joint assessment with service user from April 1st 2011 Carers Voice training organised for March 2011 Project underway to improve information for carers on the council website
ea: Complaints			
omplaints that adaptation timescales are taking too long in a number of cases	1) Lean project to improve adaptations process including a) introducing a prioritisation panel b) focusing on meeting assessed needs in more cost-effective ways c) agreement that the FACS assessed need must be met through alternative ways until the adaptation work is completed. d) Adaptations service will be adjusted into one service covering tenant and non-tenants. 2) PN raised with B H	Adaptations timescales remains the number one outstanding trend priority arising from complaints that needs to be addressed.	£100k virement (approved by PN and Portfolio Holder) has allowed works to progress. It remains for the lean project to identify solutions to make sure such a backlog does not build up again. Tracey Jones to raise the idea of a 2 year rolling programme as part of the lean review. Only 1 complaint received in the quarter (SD double-checked with Eliza Marfil all complaints received). T B updated to help inform strategy.
Service users experiencing Self-directed care financial	Excellent work by B H to address these concerns, with		

processing problems that were leaving some in debt	no new complaints in the last 2 quarters.		
Asperger Syndrome: 1) alleging provision not meeting the needs of service users 2) Concerns over how joint working between HLDT and Mental Health is working	1) Review Panel concluded current services are meeting minimum standards but not best practice – Whilst progress has been made in that the NHS have introduced a health provision assessment service for Asperger clients, this does not cover social care assessment 2) Stage 2 complaint investigation upheld complaint about lack of joint working between HLDT and Mental Health resulting in £2.5k compensation paid	Asperger issues remain	National draft guidance is due in recognition of the need for better arrangements for Asperger's clients. Guidance due to be in force by December 2010 which will address both these issues. This will require a commissioning plan. AD is setting up a management strategy meeting to agree a way forward (S D discussion with A D on 7 Feb).
allenges to the fairness of the blue badge process, particularly the lack of OT assessment for unclear blue badge appeals.	A very positive outcome to a cross-directorate issue. 1) Agreement for OT's to carry out these assessments for the first time ever in Harrow. 2) Dependability has just been given the contract to do this work from now on which should reduce inappropriate allocation of badges and fraud (June 10).		The introduction of OT assessments has addressed the main risk where government guidance to use OT's was previously not being followed. However, the Ombudsman has asked for our blue badge policy (FS is putting a policy to CSB) but for the time of complaint we will need to state there was not a written policy just a procedure – risk of a local settlement. (approved by SR 17 Sept 10) Closed – Service Improvement delivered
Helpline complaints not being recorded	Positive work by the new management has transparently addressed this issue.		To close. The Complaints Service are confident complaints are now being forwarded. The new manager has attended complaints training.
		Ensuring recouping owed money for domiciliary care complaints	SS has agreed a number of solutions with JF to try and minimise customer distress whilst recouping the costs.

		are managed clearly, efficiently and real risks/legitimate concerns addressed.	We are still getting complaints and this is likely to continue. No complaints this quarter. To close next quarter if no further concerns are received.
		Improving customer service phone call standards through call quality monitoring	The cost of setting up the recordings will around £7-9k plus HITs charges. However, you will also need to bear in mind potential costs for PCI compliance (a project is already underway) and the Cisco upgrade work (that will be complete by next May) which may require an overhaul of the recording functionality. We would need to let JM know how many extensions we wish to be recorded and how many calls you are looking for, we may be able to re-route one of the AH recording lines in short batches. We would also need to let both staff and customers know that you are recording them (DPA guidelines) Agreed at January QALB to roll-over this option to the next Board meeting.
		Multi-agency/directorate working where clients are more at risk of 'falling through the gaps' e.g. transition from Special Needs to HLDT; Mental Health/HLDT link; Continuing care; Adaptations (these areas have all produced serious/escalated complaints in 2009-10)	This is a new priority identified for the Board to consider how best to proceed. Transition has already been identified as a work stream so could complaints analysis feed into this existing work stream A new Transitions Project Manager AM has started.
Provider			
Area: Homecare Monitoring			
Customers through the Age Concern Survey and the CQC Regulator told us that we had low numbers of people placed in good and excellent provision.	We intensively monitored our homecare provision. The two main homecare providers (Care UK and SupportaCare) have both improved to two stars at the end of 2009. This is as a result of close	Ensuring systems are in place to be more systematic about the collection of performance data. New risk based monitoring is being rolled out.	Two new corporate scorecard measures (included in the Adults Improvement Board meetings) were developed and implemented. These are now being monitored quarterly. We have rolled out finance management to 1 provider and more will follow.

	scrutiny and monitoring of the performance of the contracts by the Local Authority. We have moved from only 30% of people being in good and excellent Homecare provision to 90% being in good and excellent provision.		A planned programme of monitoring is now established and is being further developed.
Area: Supporting People			
Service user feedback gathered through monitoring highlighted poor mental health provision and a gap in planning for people with a physical disability.	Improvement Plans were set for 09-10 signed off by the Corporate Director which made it clear that there would be contractual and financial penalties if 2 stars were not achieved. Providers improved the quality of care continuity of care and communication. Non cashable efficiencies have reinvested in generic preventative services for people with physical disabilities by the Supporting People programme. Ineffective services have been decommissioned whilst increasing the numbers of people supported by the programme by 100 pa.	Further reconfiguration of SP provision particularly around young people's services will build in more flexibility to meet changes in demand.	2 star ratings were achieved. QA for Homecare now measured by: -Annual improvement plan -Age Uk survey -Reablement QA -WL monitoring Jointly commissioning with Childrens Services and Supporting People (SP), re supported lodging services. Opportunity to build a service to meet local need. Reconfiguring all young people's services funded by SP in discussion with Childrens Services. Retendered LD supported housing funded services and new provider will commence in April11.Efficiencies delivered. New provider in Mental Health SP housing identified and commences in April 11. Efficiencies delivered.
Area: Residential and Nursing Monitoring			

Customer and inspection feedback told us that we needed to improve how we monitored services.	A risk based monitoring process has been developed that focuses upon high risk providers and has resulted in improved CRILL ratings for res/nursing homes.	We are working closely with our block contracted provision for OP which is below 2 stars – hence working with Southern Cross on Knights Court and Buchanan Court	A process document was agreed and signed off in 2010. It is under review with WLA colleagues for 2011/12 through development of the APC.
	We have improved the % of people in good or excellent residential or nursing provision. In respect of Residential placements there are were no admissions to poor provision in borough in CRILL for 09/10, we continue to review the out of borough placements around cost and quality.	To bring the quality up. Strategically we are working with other West London boroughs to establish the West London framework for residential and homecare based on quality and price. With a 2 star minimum threshold as an alternative to our established contracts for new placements this is due to be in place for July 2010.	APC including quality work stream due to be launched in July 2011.
	Since October 09 we stopped placing people in Knights Court until we saw improvements and they Achieved 2 star status.	Monitoring is being focused on 0 and 1 star provision in the borough. An embargo policy is being developed that defines an approach to the circumstances and follow up action for suspending placements in provision in Harrow.	Embargo policy in place and is being reviewed as part of WLA work stream. Three establishments have been embargoed since Knights Court using this process.

11. Corporate Information

Independent Challenge

QA activity: Health and Safety	Annual report
Methodology Health and Safety (H&S) incident reports are held, collated and reported corporately. H&S incident report data was analysed to determine if it revealed anything about outcomes for service-users or their experience of services.	
Outcomes: **Non Employee Incidents** There have been three incidents relating to clients that have been required to be reported to the Health and Safety Executive. One incident related to a client falling in her bathroom of her own flat and receiving hospital treatment for an injured wrist. The other two incidents involved clients falling in the car parks and sustaining a hip injury and a fractured patella respectively. In addition to the data above there are 267 accident forms that have been completed and submitted to the Corporate Health and Safety Advisory Service, but have not been added to the Accident Database. These figures relate to non-employees, principally clients where there has been no injury or loss. An example of this would be when a client has tripped and fallen but has not suffered an injury. It remains important to record and submit these forms as it may be an indication of an underlying condition of cause of the incident. **Analysis** The number of employee accidents in Adults & Housing has fallen in Quarters 1 to 4 -2010 (100), compared to Quarters 1 to 4 - 2009 (114). Reportable accidents have increased in Quarters 1 to 4 - 2010 (3) compared to Quarters 1 to 4 - 2009 (1) but still remain at a low level. The number of non employee reportable incidents remains low and relates to slips, trips and falls. **Physical Assault** Physical assaults remain the highest cause of an incident (31% of all employee incidents) and are still following a general trend of occurring at Neighbourhood Resource Centres. As expected when the nature of these physical assaults is considered, the majority relate to the managing of persons with special needs. This is consistent with data from previous years. **Learning & recommendations** Accredited training is available within Harrow Council for dealing with risk	

incidents related to behaviour and this will need to continue to reduce the number of employee incidents.

QA activity: Members and MP enquiries	
The number of members and MP enquiries for Adult Services has not been recorded for this period.	
Outcomes: Analysis of these enquiries has not taken place, a system will need to be introduced in order to review outcomes and monitor the range of requests. **Action:** Adult Services Members and MP enquiries from 2011/12 will be monitored and reported by the Adults Directorate Complaints Team to ensure improved QA in this area.	

QA activity: Scrutiny Reviews	
During 2010/11 the Overview and Scrutiny Committee have not undertaken reviews relating to the Adult and Housing Directorate.	

QA activity: Insurance claims	
The corporate Insurance section reported that there had been no new claims during April 2010 - March 2011 by adults against the council in regard to their social care.	

Citizen Challenge

QA activity: Customer Service Standards	Annual Report
Corporate customer standards are monitored by Adults and Housing Services and reported to the Improvement Board.	

Outcomes:
Adult Services Improvement Board Customer Service Standards Summary 2010-2011

	Q1	Q2	Q3	Q4
	April –June 2010	July –Sep 2010	Oct – Dec 2010	Jan – Mar 2011
Telephone calls received	39553	37494	38262	42501
Answered to standard	33115	33839	34374	37282
% (target 85%)	84%	90%	90%	87.72%
Status	Amber	Green	Green	Green
Emails sampled	18	24	12	Await data from Mystery shop
Emails answered to standard	14	21	11	
% (target 85%)	78%	88%	92%	
Status	Amber	Green	Green	
Letters and faxes monitored	589	574	494	457
Answered to standard	506	528	418	229
% (target 70%)	86%	92%	85%	50%
Status	Green	Green	Green	Amber

Learning: There was considerable care management team restructuring in October 2010. The internal telephone directory does not yet reflect the new structure and this may have an adverse affect on the speed of delivery of post and the number of misdirected calls.

Actions: The proportion of telephone calls which can be monitored has increased as a result of the reorganisation of the lines. Various measures have been taken as a result of poor scores being reached e.g. improving pick

up arrangements. Monthly reports have been analysed since reorganisation to monitor performance and alert managers to take necessary measures. The number of calls answered to standard has remained above target since Q2.

A new email account has been set up for reablement but this is not yet advertised. The very small scale in-house mystery shopping showed some shortfalls but generally emails were answered on time. We await results of a corporate mystery shop.

Letter and fax monitoring shows a low score in Q4 mainly because the outcome of a large proportion of the sample was unknown. As part of Better Deal for Residents programme the CCAD project will bring services together producing a joined up approach. Access Harrow has the technology to provide monitoring data.

Appendix 5

Harrow Council: QA feedback 2010/11

By key client group

Contents

1. Introduction 2
2. Older people 2
3. Adults with Learning disabilities 15
4. Adults with Physical disabilities 22
5. Mental Health 24
6. Carers 28

1. Introduction

This report contains the findings of QA activities 2009/10 – 2010/11.

It aims to provide an analysis of the feedback of QA activity from our key client groups along with any action taken.

Evaluating feedback from our QA system by key client group will enable us to develop targeted improvements for delivery in our Adults Services Plan for 2011-14.

2. Older people

Context:

Harrow's population for 2009 is currently estimated at 215,000 people but is expected to reach 229, 937 people by 2016.

At around 4600, the over 65s are a significantly large group of service users in Harrow.

People over 65 years of age, represent 13.6% of Harrow's population. This is marginally higher than the average rate of 11% for London.

In Harrow, 22% of all households are occupied by a pensioner and 43% of these are living alone. Due to longer life expectancy there is an increasing number of older people who develop a range of complex health problems, which also increases the demand for health and social care and for support with daily living tasks.

The main services used by older people in harrow are day centres (72%), PA/carers (39) home help (27%) transport (45%) that[1]

Summary:

Overall, the survey scores were relatively high with client satisfaction peaking in care workers treatment of clients.

Older people are increasingly feeling they have choice and control over the support they receive. There is demonstrable satisfaction with our day centres amongst older people in Harrow, in particular with quality of our staff.

One of the main areas identified for improvement is keeping clients informed of changes to their home care. Care agency admin needs to be greatly improved particularly communication between the care agency and clients.

Arrangements have been put in place to ensure that any returned surveys indicating negative feedback will raise an alert and will be followed up by Service Managers

In comparison to other groups[2]:

- Older people rated themselves as less happy than other groups in terms of keeping healthy & well, and having choice and control over their lives.
- Older people viewed personal dignity and respect as particularly important to achieve, and were more likely to want to change their physical health.
- They were more likely than other groups to be paying for day centre places, to be paying for personal assistants, and to be using council-funded people to help at home.
- Older people reported almost no knowledge of personal budgets and were least likely to report wanting to change their support as a result of a personal budget, although they were most likely to report wanting to use personal budgets to change the support they received at home.

[1] Demos survey about personal budgets
[2] Demos survey about personal budgets

QA activity:

QA activity: CQC Assessment of Performance Report	Report
CQC noted that the council routinely monitor contracted services and take robust action when necessary to ensure improvements.	
Outcomes: • Contracts Team worked with two major domiciliary care providers to improve ratings from poor to good. • An increase in the percentage of people receiving care from providers rated good or excellent.	

QA activity: Developing culturally specific services	Supported housing home care
To support the needs of Harrow's diverse community, a culturally specific home care service was identified for development at Ewart House, sheltered housing project.	
Outcomes: • As part of the specification for homecare support a culturally specific homecare requirement was inbuilt where needed.	

QA activity: Commissioner meetings with Care Management Teams	Findings
Quarterly meetings established between Service Manager Strategic Commissioning and Care Management teams with the aim to identify gaps in provision and need to stimulate the market or commission new services. Meetings took place in April 2010 and March 2011. The September and December meetings were cancelled due to team reorganisation. Dates for 2011/12 are in the process of being arranged.	
Outcomes:	

This has shown to be a good opportunity to meet with service and team managers to identify gaps in provision. The meetings are now more structured and the following gaps have been identified:

- Respite/short breaks – issue identified with access to respite at Bedford House. Draft respite care guidance was developed including banding guidelines for social workers and care managers so that they know how much respite care they may request at Panel, based on the client's level of need.

- Dementia Care – need for additional provision for people with dementia including extra care (with a dementia focus). Also identified a shortage in respite provision for people with dementia. We have been working with one of our providers (block contract) to change the use of beds from older people residential to additional dementia provision.

- Dementia day care – current provision full; need for additional capacity.

Actions:

During 2011/12 actions include:

- Meetings to be set up with Long term and Personalisation teams
- Dementia provision – along with NHS Harrow to be in line with Dementia Strategy.

QA activity: Tenants satisfaction survey	Results
As part of its ongoing commitment to seek the views of its residents, in August 2010, Housing Services commissioned BMG Research (BMG) to carry out a postal survey amongst its customers. The overall objective of the survey was to gain levels of customer satisfaction with Housing Services in key service areas. A total of 925 (638 General Needs and 287 Sheltered Housing) tenants returned a questionnaire	

Outcomes:

Ease of access (Sheltered tenants only)
All sheltered tenants were asked to rate how good or poor access is to various areas of the building. The vast majority of sheltered tenants rate access to the building, inside the building and to their home as good (96% in all cases). General Needs and Sheltered Tenants Customer Satisfaction Survey 2010

Most important services (Sheltered tenants only)
Unsurprisingly, tenants indicated that repairs and maintenance (62%) is most important to them, followed by the warden (61%). Around a third indicated that dealing with ASB (35%), keeping tenants informed (34%) and the overall quality of the home (32%) is most important.

Support provided to vulnerable tenants (Sheltered tenants only)
Sheltered tenants only were asked to rate their satisfaction or dissatisfaction with the 'support provided to vulnerable tenants'. Three quarters (74%) of sheltered tenants are satisfied, while just 6% are dissatisfied. A fifth (20%) are either ambivalent (11%) or have no opinion (9%).

The Warden (Sheltered tenants only)
Sheltered tenants were asked an additional set of questions about the warden in their scheme.

Overall satisfaction with the warden (Sheltered tenants only)
The vast majority (87%) of tenants are satisfied with their warden, with two thirds (67%) who are very satisfied. Conversely just one in twenty (5%) are dissatisfied. A small proportion of tenants are ambivalent (4%) and just 3% have no opinion / don't know.

QA activity: Survey	**Adult Community Care User Survey (ACCU)** **(Also relevant to other user groups)**
This survey is sent to new customers following receipt of a service at six weeks.	
Outcome: Some clients also said that they had not received a Care Plan.	

We have found in the past that some service users have been sent care plans but have not realised that this is what we are referring to in the survey.

Action:
Arrangements have been put in place to ensure that any returned surveys indicating that a care plan had not been received will raise an alert , that will be followed up by Service Managers.

Outcome:

89% of respondents said that the Social worker who had visited them arrived within 15 minutes of the appointed time. 82% Social Workers always identified themselves (10% did not need to as they were known to the client), and 98% of appointments were made at a suitable time for the client.

Action:
Names of these clients have been passed on to Care teams for follow up. A major project is also taking place within Adults Services to improve our information and advice.

Outcome:

30% of clients were unhappy with the long waiting times – predominantly equipment, major adaptations and OT services. A few clients however, commented that they were pleased with services once these were in place.

Action:

The long waiting time for equipment to be delivered has been addressed and improvements made through the change of service provider and regular monitoring meetings.

A Lean Review of the process for major adaptations has been completed and changes made to streamline the process and so reduce the time to wait for major adaptation works to start. OT assessments are completed within 28 days of referral.

Outcomes:

- 83% felt their health and wellbeing needs are being addressed. (11% of respondents did not complete this question).
- 67% of those who responded said their quality of life had been made better. (21% of respondents did not complete this question)
- 82% of respondents are satisfied with services received.
- 24% clients said they did not know how to contact their Care workers, or found it difficult to get in touch.

Action:

Names of these clients have been passed on to Care teams for follow up. A major project is also taking place within Adults Services to improve our information and advice.

We have created a new case note type on Framework-i that we'll be able to report from in future. This will prevent us sending out surveys to people who have clearly asked us not to.

QA activity: Surveys **DH survey**	**Feeling safe feedback** **(Also relevant to other user groups)**

All local authorities with social services responsibilities were required to undertake a statutory user survey.

Early 2011 a questionnaire was posted to a random sample of around 700 service users.

The survey asked users about their quality of life and their experiences of services they receive. All service user groups including people who live in residential and nursing care, were surveyed.

Outcomes:

- The DH Statutory Survey found 93% of people said they felt safe (DH survey does not specifically ask clients how their social care support makes them feel safer (though it will from 2011-12).

- Harrow ranked above average when compared with other London boroughs.

Action:

In response to any concerns raised through surveys and at consultation events - The Safeguarding Annual Report for 2010/2011 highlighted that as part of the prevention strategy further work on community safety in partnership with other agencies would be a priority action.

The ACCU survey (our internal Performance Team survey of reviewed clients) due to be relaunched and will ask more about safety.

Details of those saying they felt unsafe were passed to the relevant Service Managers.

QA activity:	**AGE UK Domiciliary care survey**
Age UK carry out a regular survey of users who receive a domiciliary care service and is independently undertaken twice a year regarding Mears and Care UK providers.	
Outcomes: • 100% of service users reported that there specific cultural, religious and dietary needs were always or usually met. • 27% of service users reported positively that the services they received from Care UK had improved. Below is the comparison of some of the questions over the past three reports. Responses given in order of early 2010, late 2010 and early 2011. The responses show improvements across all areas. 1. Are you informed beforehand if your care worker is going to be more than 30 minutes late?	

Mears early 10 24.6%, late 10 42.1%,

2. Are you informed if a different care worker from the usual is sent?
   Mears 16.9%, 26.3%,

3. Does your care worker stay as long as they are supposed to?

Always/Usually: Care UK 86%, 85.71%, 86.35% Mears 94.4%, 91.44%. 100%

Action:

- Areas for improvement include consistent communication to inform service user if the care worker is going to be late and informing the service user if the care worker will be different to the usual person who visits.

- Providers have an improvement plan for key areas where standards need to be improved and delivery of these key areas are reviewed and monitored at quarterly partnership board meetings.

Activity: Changes to CRILL	**Home Care agencies**
Changes to legislation have meant that the CRILL system has become defunct.	
Outcomes: • In the absence of the CQC CRILL system Harrow has developed its own Home Care QA. **Actions:** • In developing this local system the views of the Contracts, Safeguarding and Care Management Teams have been sought.	

QA activity: Review of Service	Community Equipment Store
The in-house Community Equipment Stores was operating in the high 70% range on this indicator. In order to further improve performance the service was outsourced to Medequip.	
Outcomes: Two months after handover the service was showing an improvement and operating at 95% on the same indicator. We found having reviewed the way the service was operated and implementing changes, offered service users an improved service. **Action:** Regular service monitoring is in place to ensure standard is maintained.	

QA activity: Dignity Toolkit	Home Care
WHAT IS A DIGNITY CHALLENGE TOOLKIT?	
Outcomes: The Dignity Challenge toolkit highlighted safeguarding good practice guidance which the Contracts Team used to integrate into monitoring practice. **Action:** The Contracts Team mainstreamed the10 dignity challenges into the Home Care monitoring arrangements.	

QA activity: Survey	Adult Community Care User Survey (ACCU)
This survey is sent to new customers following receipt of a service at six weeks.	
Outcomes: • Feedback included agency carers not arriving on time or not completing tasks satisfactorily and care agency administration staff were also said to be indifferent and unhelpful. **Actions:** Comments have been passed to the Contracts team for follow up action and improvements have been highlighted in the Age UK survey findings. The 6 monthly Age UK survey questionnaires have been adapted to include users of the Reablement service.	

QA activity: Complaints	Report
Learning and improvements derived from complaints includes the following:	
Outcomes: A care agency agreed to implement cultural awareness training	

QA activity: Challenge use of providers	External Provision
WLA, Age UK and LInK organisations challenged use of some residential and nursing home provision.	
Outcomes: Contracts Team undertook reviews in response to feedback.	

QA activity: Challenge use of providers	External Provision
WLA challenged the prices the council were paying for some care provision.	
Outcomes: • Following a review of charges we are now paying ‘ best price’ balanced against QA standard for care and this has resulted in efficiencies.	

QA activity: Compliments	Report
We aim to learn through both our complaints and compliments processes to find ways to improve our services. Learning reports are produced on a quarterly basis - processes and practices are then reviewed by senior managers. There have been 51 formal compliments this year.	
Outcomes: There have been nine compliments for Millman’s Day centre for older people - with service users complimenting on ‘love, support and encouragement’ and how ‘wonderful and attentive’ the staff were. **Action:** Feedback has been cascaded to staff through team meeting	

QA activity: User Choice and control Survey (2010)	Survey
TO ADD	
Outcomes: • Increase form 88% (2009) to 93% (2010) feel that they are given more choice and control • 83.7% feel they have the information you need to make informed decisions about their care and support (User Involvement survey)	

3. Adults with Learning disabilities

Context:

Based on national estimates there will be approximately 4800 people in Harrow, with a learning disability of whom 1100 will have a severe learning disability (LD).

The majority of people with learning disabilities are under 65 years of age, with only 10% above 65 years of age. During 2009/10, around 426 adults with learning disabilities received community based services.

In 2009 Mori reported that 90% of adults with learning disabilities adults in harrow used at least one service - 65% cited day centres. In 2009/10 the main services used by adults with learning disabilities in Harrow were, education a training (61%) day centres and leisure services (56%) and transport (27%)[3]

In comparison to other groups[4]:

Adults with learning disabilities have quite a different profile from other groups in that there are fewer traditional “care” services in use, with leisure and education and training featuring more highly.

Summary:

The results from our QA activity largely continue to show that adults with learning disabilities regard the services they receive very highly and most feel that staff who deliver the services they use treat them well.

We have made improvements to our day centres with the provision of more and better activities. The most commonly mentioned area for improvement remains the provision of activities in day centres. Feedback has shown the need for us to stimulate the market to provide additional arts and drama type activities.

---

[3] Demos survey about personal budgets
[4] Demos survey about personal budgets

Our nursing and residential homes have all showed improvements in recent CQC inspections. Following work with adults in using our services QA has demonstrated that there has been 18% percentage point increase those knowing what to do if they are unhappy with any aspects of the services they receive from the council

QA activity:

QA activity: Survey	MORI Safeguarding Outcomes for Users of Adult Social Care services in Harrow Survey
MORI conducted a survey on adult social care concerning people with a learning disability in June 2010. The aim of the research was to measure users' satisfaction with the services provided by the Council, assess the impact of the services received and their outcomes, and identify areas for improvement.	
Outcomes: The results of the survey continue to show adults with learning disabilities regard the services they receive very highly. Most adults with learning disabilities (85%) feel safe in their day-to-day life, and the proportion of those who do not has halved since the previous survey (from 7% to 3%). **Action:** • Safeguarding continues to be a priority for team managers • Regular updates from safeguarding team • Service users become members of safeguarding board	

QA activity: Survey	MORI General Outcomes for Users of Adult Social Care Services in Harrow Survey
MORI conducted a survey on adult social care concerning people with a learning disability in June 2010. The aim of the research was to measure users' satisfaction with the services provided by the Council, assess the impact of the services received and their outcomes, and identify areas for improvement.	
Outcomes: The results of the survey continue to show adults with learning disabilities regard the services they receive very highly. • 62% said they were asked what they think about services improving from the previous survey when 56% said they were asked their views about the services they received. • 68% say that the help and support they receive makes their life better, a 6 point increase since 2009. • 71% said they felt listened to when expressing their views on the services they receive. • 74% said they knew what to do if they were not happy about something, which is a rise from 66% in the 2009 survey. **Action:** • Continue to publish 'news and views' newsletter • Involve adults with learning disabilities in the development of the Adult Service Plan 2011-14	

QA activity: Survey	Demos personal budgets survey

Harrow became the first major sample in the In-Control and Lancaster University study of 390 PB holders.

The research focused upon the following key areas:

- What people want to change about their lives
- What help people need to make the change
- What do people know about personal budgets
- What help would people need if their held a personal budget
- To what extent would people change their current support if they held a personal budget

Outcomes

- 60 % said that they gained more control over their money
- 62% said that it was easier to plan the support they wanted
- 63% said they got the support they wanted

Action:

The outcomes from the research can be used to identify gaps in information available to potential personal budget holders, types of support that might not exist or be in short supply that need market stimulation and future demand and trend information in order to plan how to manage the future of existing service provision.

The outcome of this survey has been included within the Learning Disability Commissioning Plan. This includes the need to stimulate the market to provide additional arts and drama type activities.

QA activity: Complaints	Report
The new adult's complaints regulations came into force on 1st April, 2009. We aim to learn through our complaints process to find ways to improve our services. Learning reports are produced on a quarterly basis - processes and practices are then reviewed by senior managers.	
Outcomes: Learning and improvements derived from complaints which impact upon adults with learning disabilities includes: • An in-depth review of autistic/Asperger provision resulted in approval for a revised joined-up care pathway and clear criteria identifying which organisation leads.	

QA activity: CQC inspections	Residential and nursing homes
Several of the Council's in-house residential homes for people with a learning disability or mental health difficulty were inspected by CQC in 2010/11. A strong focus of the inspections was outcomes for users including safeguarding and dignity.	

Outcomes:

- All the homes showed some improvements and
- All received a good inspection result.
- Kenton Road received no requirements or recommendations for improvement

QA activity: Byron Park and Vaughan NRC user feedback	Change of café provider
Service users were unsatisfied with the café service and undertook internal surveys to see what changes members wanted and to canvas some new ideas for future usage.	
Outcomes/ Action: • Byron Park Following the survey it was decided to run the service in house. Interviews took place for a new cook and a revised service where members could use the kitchen facilities to introduce cooking sessions and more flexible use of the kitchen space. • Vaughan Centre It was decided to give the contract to Mencap to run the café and a new menu agreed by users has been introduced.	

QA activity: Kenmore NRC user feedback	Activities outside of the NRC
Service users are regularly invited comment on the services provided to them. Feedback is then used to improvements to services.	
Outcome: Service users said that they would like the opportunity to go outside of the centre more often. **Action:** A mini bus has now been acquired for the centre to use on a permanent basis.	

4. Adults with Physical disabilities

Context:

In 2010/11 862 (415 in 2007) adults were receiving community based services for people with physical disabilities and sensory impairment, as compared to nearly 4376 (2000 in 2007) in those aged 65 years and over.

In 2009/10 the main services used by adults with physical disabilities in Harrow were, education a training (%) day centres (61%) and transport (43%)[5] home care (21%)

In comparison to other groups[6]:

Summary:

QA activity: Complaints	Report
The new adult's complaints regulations came into force on 1st April, 2009. We aim to learn through our complaints process to find ways to improve our services. Learning reports are produced on a quarterly basis - processes and practices are then reviewed by senior managers.	

[5] Demos survey about personal budgets
[6] Demos survey about personal budgets

Outcomes:

learning and improvements derived from complaints that impact upon adults with physical disabilities includes:

- The Ombudsman highlighted the following good practice model of Physical Disabilities management where care is to be reduced: a) meet with the service user/family b) reduce it in staggered way c) build in a review – fed back to staff in the Director's newsletter

Also see Older People section for information about the ACCU survey

5. Mental Health

Context:

Nationally, one in six adults are likely to be experiencing a mental health problem that will require medical, psychiatric or other therapeutic intervention. Around 40% of older people who visit a GP are thought to have a mental health problem.

In 2010/11 over 800 people in Harrow at anytime during the year were receiving a community based service.

The main services used by adults with mental health problems (53%), day centres (57%), leisure activities (31%), education and training, residential care & help at home (19%).

Summary:

Staff training programmes have been reviewed for 2011/12 and we have successfully redesigned our systems and processes so that they focus on mental capacity.

2010/11 has seen a sharp increase in the amount of mental health service users with personal budget.

We have been working with CNWL to develop ways of capturing customer information and involving service users in improving our service models so that we increase support recovery and social inclusion

Quality Activity:

QA activity: Audit	Mental capacity act audit
An independent audit of Mental Capacity Act implementation was commissioned (March 2011).	

Outcomes:

The findings mirrored the national picture (Care Quality Commission research) i.e. low number of formal mental capacity assessments in relevant cases and lack of confidence in using the legislative framework.

Action:

Local training programme has been reviewed and some aspects will be delivered differently in 2011/12 e.g. more experiential learning opportunities. There have also been some changes made to the Council's Framework-i system so that the processes start with a focus on mental capacity.

QA activity: Annual Report	LINks

Harrow Local Involvement Network (LINk) is a network of local people, organisations and groups from across the London Borough of Harrow with the aim of improving the health and well-being of patients, carers, public and service users.

The LINk Mental Health Action Group Lead sits as an invitee on Harrow Mental Health Modernisation Board established by Central & North West London NHS Foundation Trust (CNWL). The Trust has been engaged on implementing service line management in order to enhance the provision of mental health care and this Board oversees the work of topic specific sub-groups redesigning the services for Harrow patients.

The LINk has been able to attend and contribute to all the consultation meetings called by CNWL to address the service line issues.

Outcomes:

- Service users and carers have been able to influence the specification for the new model of mental health day services.
- Robust and effective communication with service users.

Actions:

Meetings with CNWL continue and service users and carers are working on the implementation of new services model.

QA activity: Rethink Feedback	Supporting People
Concerns raised by Rethink and other organisations concerning the quality of support provided in three Supporting People-funded supported housing schemes have resulted in the following :	
Outcomes: • Support at schemes re-tendered (2010) following feedback from service users & carers that support provision provided by CNWL needed market testing for VFM & quality. • Richmond Fellowship taken over contract (April 2011) - contract meetings set to monitor service provision during transition. • Housing-related support services delivered in properties - monitored regularly using QA Framework (since 2004).	

QA activity: Self Directed Support Performance	CNWL/Mental Health
Performance in 10/11 demonstrated a significant improvement particularly with Self Directed Support.	

Outcomes:

10 people in 09/10 received this service, compared to 175 in 10/11.

Action:

Continue work with CNWL to improve performance, deliver a balanced budget and develop ways of capturing information on customer experience to improve services.

A review of mental health day service provision is underway that will include the development of a draft service model to deliver services to support recovery and increase social inclusion. Service users, carers and voluntary sector are involved in developing the new model.

6. Carers

Context:

There are estimated to be around 30000 Carers in Harrow. In 2010/11 650 of them received a service form harrow council

The main services used by carers in harrow are information and advice (76%), one off direct payment (51%) carers break vouchers (42%) [7]

Summary:

On the whole our QA has demonstrated that Carers are now better informed of what services and support are available to them to support them in their caring role through the promotion of the "carers pack" at carer events across the community- Although older carers have highlighted areas that they would like more support with. These areas are being address in next years' service planning.

We have also been successful in responding to feedback around employment for carers with our carer's employment information supporting carers to find work. Furthermore with the increase in carers assessments taking place there has also been a reduction in carers not receiving a service.

QA activity: Feedback	Carers of people with a learning disability
The council held an event for older carers of people with learning disabilities in October.	
Outcomes: Feedback highlighted that that more information is needed to help older carers plan for the future e.g. on Wills and Trusts.	

[7] Demos survey about personal budgets

Action:
To address this need a link to relevant information from the carers website will be developed and Mencap will respond by organising specialist events.

QA activity: Feedback	**Carers Drop in Sessions and employment**
The council runs drop in sessions for carers on a monthly basis Drop in sessions are for carers to meet other carers, receive information and advice and give feedback about carers needs and services. Carers said they wanted to explore issues around employment and to address this request the emphasis of the monthly carer drop in sessions has changed to respond to carer priorities and issues, including employment. In response to feedback an employment survey was sent to 2000 carers	
Outcomes: • 200 people replied and 67 responded to say that they would like support to find work • NI135 (% of carers assessed/reviewed and receiving a service) target was exceeded **Action:** • A carer's employment information pack was produced. • The way data confirming how many carers are employed and not employed was reviewed and amended.	

QA activity: Feedback	Carers Focus Group
A focus group was held for carers to gain feedback about website information	
Outcomes: The focus group indicated that the Harrow website was difficult to navigate, information was too wordy and more information about services and events is needed. **Actions**: • Navigation structure of the website is being reviewed as part of Information and Advice Strategy • Links to a portal containing a wide scope of carers information will be hosted on the council website • A carers events calendar will be created • Development work with Shop4Support to make improvements is in place	

QA activity: QA feedback form	Carers
The carers pack sent to all carers contains a QA feedback section. Approximately 1000 were distributed and 100 returned	
Outcomes: • 65% of carers who completed the form felt satisfied with the services they receive from Harrow Council • 72 % of carers who completed the form found the information they received from Harrow Council helpful • 71 % of carers who completed the form felt they had been treated with dignity and respect **Action:**	

- Identify what ways Harrow can further improve on the services and support they provide for carers by promoting regular carer feedback events where carers will be able to speak directly with officers who are able to forward their ideas / suggestions

- Annual contact to be maintained with carers of persons receiving a reviewable service and updated carers packs forwarded to ensure that carers are kept up to date with what is happening in the local community and also aware of what support is available for carers.

- Introduce personalisation for carers to ensure they have more choice and control in relation to the services that they access following their carer assessment

- Continue with road show events in partnership with other voluntary organisations who support carers, to promote consistent working relationships with our partner agencies. These events give an opportunity to meet directly with carers known to Harrow Council in addition to identifying hidden carers in the local community who may not be aware of support available for carers.

QA activity: Feedback	**Carers Assessments**

Feedback form carers found that not all carers were being offered carers assessment.

Following this feedback :

- A drive to offer an assessment was initiated.
- Carers are now encouraged to request advice and an assessment at the same time that the cared for person is receiving an assessment.
- Care Management Teams have been alerted to carry out carers assessments.

Outcomes:

In order to receive a service an assessment needs to be carried out. The percentage of carers assessed/reviewed and receiving a service was 52% in 2009/10.

In 2010/11 we exceeded our target and achieved 53%, which was the highest in London.

Action:

- Carer's assessments and user assessments continue to be offered and carried out at the same time
- Carer statutory guidance has been re-circulated to Care Management Teams.

QA activity: Personal Budget Pilot	Carers

In preparation for the introduction of PBs for carers a pilot was planned for implementation in April 2011. As part of this process 40 carers were identified.

An assessment questionnaire was developed based upon good practice from other LAs. Carers were then asked to for feedback.

Outcomes:

- Nearly all of the carers would recommend getting a personal budget to other carers.
- The majority of carers thought that the explanation of carers' personal budgets that they received was either Very Good, Good or Satisfactory
- The majority of carers surveyed either were not told about or did not remember being told about shop4support. Those that had used the portal thought that it was good.
- Over 70% of carers said that getting a personal budget had had an impact on the choice and control in their lives.

Action:

- Further integrate carers services with shop4support
- A staff training programme is being delivered in partnership with Incontrol (shop4support)

QA activity: Commissioner meetings with Care Management Teams	**Findings**
Quarterly meetings established between Service Manager Strategic Commissioning and Care Management teams	
Outcomes: The following gaps have been identified: . • Shortage of Shared Lives carers who are able to care for people with additional needs e.g. epilepsy. In addition shared lives carers who are Gujerati/Somali speakers. **Actions:** During 2011/12 actions include: • Shared Lives – Commissioners to work with Shared Lives service regarding gaps in provision and need for addition provision as identified by care management teams	

This page is intentionally left blank

Appendix 6

Summary on the Department of Health NASCIS Data Release - Provisional benchmarking for National Indicator Set

Data for the year 2010-2011

Summary

Six of the former National Indicators are currently benchmarked. Of those, five are carried forward into this year's ASCOF (Adult Social Care Outcomes Framework) which replaces the old National Indicator Set. One of those (NI 125) does not lend itself to comparisons (i.e. 'good performance' is not well defined).

All indicators with an interpretable direction of travel, have improved.

Of the four NOMs that can be compared, three are in the top quartile of London Boroughs. The other (survey) measure is above average.

One result was the best in London (NI 135: Carers) with the NI 146: LD Employment result coming second.

Of the five PIs that can be benchmarked, our relative position in London has risen from an average of 9th best position to 6th best. This will change slightly as there are two authorities whose data is not yet reported this year.

A more detailed analysis follows.

DETAILED RESULTS

INDICATOR	RESULT THIS YEAR	Rank this year	RESULT LAST YEAR	Rank last year	RESULT 2 YRS AGO	Rank 2 yrs ago
NI 125 (NOM 2B)	79.6%	n/a	83.6%	n/a	77.7%	n/a
Rehabilitation following hospital discharge – clients still living at home 91 days later This indicator includes reablement and rehab from the HART team at Northwick Park, for older people discharged from hospital during October to December ONLY. CQC and more recently Dept Health have not been able to agree on the interpretation of the results. A very high figure could indicate only the 'easiest' cases are being offered rehabilitation/reablement, whereas a very low figure could mean clients are being referred inappropriately. The data collected separately about reablement will give a much richer understanding of the success of reablement services than this indicator does.						
NI 127 (NOM 1A)	18.2 score Change of definition	11 of 31	60.7%	23 of 32	n/a	n/a
National User Survey – Quality of Life This indicator has changed its definition to become a composite measure of 'quality of life', encompassing the results of several questions. Compared to the equipment survey done the previous year, our results have improved markedly, though many authorities are 'bunched together' with similar scores. The top quartile score is 18.3.						
NI 130 (NOM 1C)	38.8% top quartile	8 of 31	22.2% top quartile	4 of 33	14.1% top quartile	3 of 32
Personalisation - % of clients and carers with personal budgets and direct payments While we remain top quartile in London, our relative position has slipped. The highest provisional results in London are now Richmond (68%), City of London (53%) and Islington (45%). Harrow's target for 2011-12 is 50%.						
NI 135 - discontinued-	53.3% top quartile	1 of 31	52.1% top quartile	1 of 33	43.1% top quartile	1 of 32
Carers - % of carers assessed/reviewed and receiving a service (as a % of clients receiving services) We have consistently achieved top performance in this indicator. The nearest London Borough is Newham with 34%.						
NI 145 (NOM 1G)	71.5% top quartile	7 of 32	63.6%	13 of 33	70.1%	16 of 33
LD clients in settled accommodation We should disregard results from 2 years ago when data quality across London was very poor. Our position has now moved to top quartile. The best result recorded is 85% in City of London with Barking & Dagenham at 81%						
NI 146 (NOM 1E)	18.4% top quartile	2 of 31	14% top quartile	5 of 33	7.7%	14 of 32

LD clients in employment
We have improved our position in London, with only Bexley reaching a better score (19.1%).

Data for delayed discharges from hospital (NI 131) and Mental Health employment (NI 150) and settled accommodation (NI 149) are not currently reported. We are expecting Dept Health to release the MH indicators in due course. We will check why NI 131 has not been reported.

The Dept of Health have said they will not report on waiting times indicators (NI 132 and NI 133) because of their deletion from the NIS mid-year.

Other new National Outcome Measures (NOMs) are not included here because they are new for 2011-12. Benchmarking of these new indicators will be done on a voluntary basis across London through groups such as the LIEG. We will check if this information will be made available.

This page is intentionally left blank