

London Borough of Harrow

# Local Account

2012/13

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Draft

January 2014



# Contents

<b>SUMMARY .....</b>	<b>5</b>
PORTFOLIO HOLDER'S FOREWORD.....	5
EXECUTIVE SUMMARY.....	7
<b>INTRODUCTION.....</b>	<b>9</b>
THE NATIONAL CONTEXT .....	10
WHAT IS HARROW'S APPROACH .....	11
WHO ARE OUR LOCAL PEOPLE? .....	16
<b>LOCAL ACCOUNT 2012/13 .....</b>	<b>19</b>
OUR OBJECTIVES .....	19
ENHANCING QUALITY OF LIFE FOR PEOPLE WITH CARE AND SUPPORT NEEDS .....	20
DELAYING AND REDUCING THE NEED FOR CARE AND SUPPORT .....	22
ENSURING THAT PEOPLE HAVE A POSITIVE EXPERIENCE OF CARE AND SUPPORT .....	25
SAFEGUARDING ADULTS WHOSE CIRCUMSTANCES MAKE THEM VULNERABLE AND PROTECTING THEM FROM AVOIDABLE HARM .....	28
<b>FINANCE .....</b>	<b>32</b>
<b>PERFORMANCE .....</b>	<b>33</b>
<b>GLOSSARY .....</b>	<b>34</b>
<b>USEFUL CONTACTS .....</b>	<b>39</b>
<b>FEEDBACK .....</b>	<b>40</b>





“We are national leaders in personalisation. 75 per cent of our service users received a personal budget in 2012/13”



# Summary

## Portfolio holder's foreword

**Welcome to the second annual report about our adult social care services. This report is a central part of the Council's commitment to be open and transparent with Harrow residents about what we do and what we spend.**

This report shows that despite the financial challenges and demographic pressures the adult social care system faces, we have continued to make exceptional progress. We have implemented new initiatives and partnership working that will make a big difference to the lives of Harrow's vulnerable adults.

In all of our work, we have listened closely to what service users and their carers want, and at all times made decisions in pursuit of high quality outcomes. Increasing people's opportunities to choose and control the care and support they receive underpins our philosophy of personalisation and safeguarding.

Do take time to read through this Local Account. Notice how improvement has been achieved through partnership and innovation. Learn about the various ways in which quality of life and wellbeing can and is being improved for Harrow's most vulnerable people.

This Local Account contains excellent examples of what can be achieved when we all pull in the same direction. If you have some new ideas and suggestions, I encourage you to contribute to our future progress by using the feedback form at the end of this report.

**Councillor Barry Macleod-Cullinane**  
**Portfolio Holder for Adults and Housing**





# Executive summary

Harrow's Adult Social Care team is a hard-working and committed group of innovative individuals. In the face of various challenges, we continue to improve services and achieve the best possible outcomes for our clients.

The past few years have seen changes that will reverberate throughout health and social care for the next decade and beyond. We have taken positive steps to ensure that any change will also mean progress towards our vision. In everything we do, we seek to improve the lives of vulnerable adults through innovation, partnership and prevention.

In recent years, the personalisation agenda has completely changed the face of adult social care. Harrow has fully embraced the new ways of working, and is now a national leader in the implementation of cash personal budgets. We care about the choice and flexibility available to our service users, and do whatever we can to deliver high quality outcomes.

Adult social care is about to undergo other big changes. The Care Bill will soon become law, and the integration between health and social care is well underway. Both of these policies are designed to maximise well-being and improve the experience of care and support for everybody who uses the adult social care system.

We have also developed initiatives of our own. You will read about some of them in this Local Account. Each of our initiatives contributes to improving the quality of care, support and wellbeing in Harrow.

This report is an important aspect of our overall approach to improving quality. It highlights best practice and demonstrates the progress we are making towards positive outcomes for all those who depend on our services. We produced our second local account last year, and have gathered feedback to ensure that this year's local account continues to be citizen focused and aimed at the whole community.

We give a special thanks to the Local Account Group, alongside whom we have co-produced some excellent work throughout the year. In the coming year we seek to widen participation in the Local Account Group, and to continue to support the team of enthusiastic and committed experts-by-experience, to improve and develop Harrow's adult social care system.

**Bernie Flaherty**  
**Director of Adult Social Services, Harrow Council**





“We encourage independence, and help people surprise themselves – by showing them how much more they can do for themselves”





# Introduction

This report highlights what adult social care has achieved between April 2012 and March 2013 in supporting our residents to lead active, healthy and independent lives. We will set out what we aimed to do and what we have delivered, as well as highlighting the services we are improving in future. We will be open about the challenges we face, share with you our achievements and be honest about the areas in which we need to improve.

## What is a local account?

Local accounts are used by councils across the country to assess how well adult social care services are performing. In recent years, government policy has encouraged a trend away from reporting to central government. Instead, we report directly to local residents via the Local Account.

Our local account is an important aspect of our overall approach to improving quality. It highlights best practice and demonstrates the progress we are making towards positive outcomes for all those who depend on our services.

We produced our second local account last year, and have gathered feedback to ensure that our Local Account continues to be citizen focused and aimed at the whole community. In response to feedback this local account is easier to read, with more case studies and less jargon.

The Local Account matters because it is rooted in our desire to ensure that we are accountable to Harrow's residents. Throughout our Local account you will see evidence of the ways in

which we have engaged with the local community and the ways in which we have responded to their collective voice. When the community has spoken, we have listened closely and taken positive action to improve Harrow's adult social care services.

## The Local Account User Group

A crucial component of our engagement with the community is Harrow's Local Account User Group. It is a group of Harrow residents made up of service users and carers. They are all experts by experience who are interested in ensuring the voice of local people is heard and that the support and services people receive in Harrow are high quality.

## Adult social care is changing

In recent years, the personalisation agenda has completely changed the face of adult social care. Personalisation empowers services users and carers to achieve outcomes that are tailored to their needs. By receiving a cash personal budget, individuals are able to purchase a wide range of care and support in creative ways.

Harrow has fully embraced the personalisation agenda, and continues to be a national leader in the implementation of cash personal budgets. We care about the choice and flexibility available to our services user, and do whatever we can to deliver high quality outcomes.

Adult social care is about to undergo other big changes. The Care Bill will soon become law, and the integration between health and social care is well underway. Both of these policies are designed to maximise well-being and improve the experience of care and support for everybody who uses the adult social care system.

# The National Context

## The Care Bill

The Care Bill merges 40 laws into one modern legal framework, bringing significant changes to the council's responsibilities. Various aspects (e.g. national eligibility criteria, Dilnot cap) are still being developed by central government at the time of printing. It is clear however that the increased responsibilities will result in increased demand for adult social care services, in a time of reducing resources. There are many aspects to the Care Bill, including:

- Supported individuals will have a right to receive a cash personal budget
- Carers will have a right to receive support for their eligible needs
- Portability of care and support between local authorities
- All local authorities must adhere to national eligibility criteria
- The £72,000 care cap (aka 'Dilnot')
- There is an increased focus on people's wellbeing, including new duties to provide information and advice, and to prevent individuals from needing care and support.
- The person to be involved in their outcomes-focused assessment
- A new and more robust deferred payments system

- Local authorities have a responsibility to shape the market

## Integration of health and social care

At this time, the NHS is undergoing huge changes too. Part of the NHS budget is being transferred to local authorities for the purpose of encouraging closer working between health and social care. This is a sensible but very complex goal.

We work closely with Harrow Clinical Commissioning Group (CCG) on a wide range of projects. We expect that the integration of our work will continue, and quicken in the coming years. As the process moves forward, our focus will be on working together to improve the outcomes for our service users in the most efficient and personalised way we can.

## Funding challenges

In this exciting time we know that there will be many challenges. As you are aware, this is a very difficult time for public services in general. Across government – local and national – there is push to make savings and deliver services more efficiently. There have been various changes in the welfare system that directly affect service users and carers.

We are dedicated to making sure that the council is able to manage with reduced resources, and to ensure that we are able to continue to support a growing number of adults with social care needs as well as those who care for them. We have chosen to meet the challenges with innovation and partnership working. We will continue to push for high quality services, and continue to challenge poor quality care and support wherever it may be.

# What is Harrow's approach

We are protecting the most vulnerable residents through challenging times using innovation, partnership and prevention. We are committed to providing a high quality service *as defined by the people who use our services*. We also challenge ourselves internally and the organisations we work with. Through this approach we quality assure our work from a variety of perspectives.

## Quality assurance

### The 'QAQ'

The Quality Assurance Quadrant, or QAQ, is a regular internal report which looks at four keys areas of our work – Reablement, Personalisation, Safeguarding and Providers – and focuses on four key perspectives.

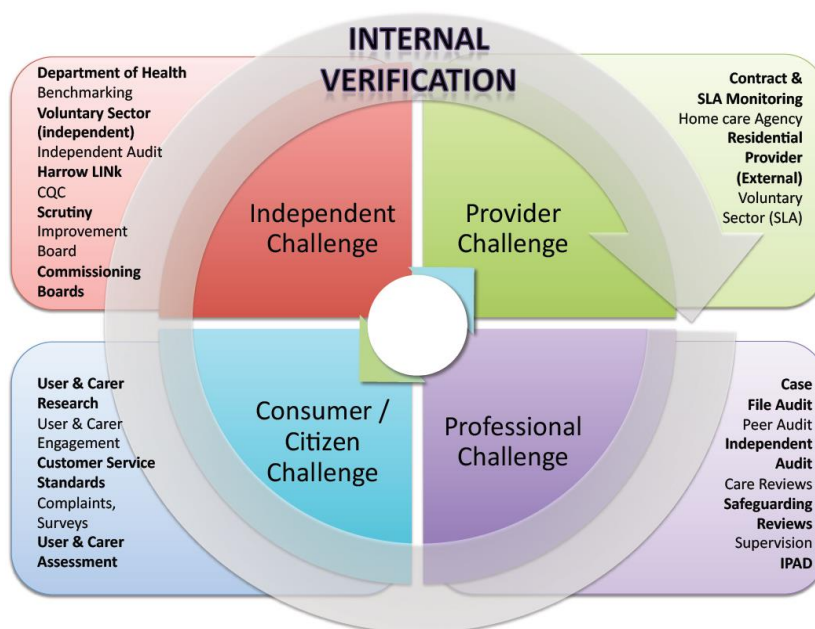


Figure 1: Harrow's Quality Assurance Quadrant (QAQ) framework

By looking closely at these four areas, from the four different perspectives, we challenge ourselves to maintain and improve the quality of Harrow's adult social care system.

### The independent challenge ■

We look at the various independently assessed measures to give us a picture of adult social care within Harrow. For example, we know that in September 2013:

- 66% of new cash personal budgets were used to employ personal assistants – the majority of which were employed through an agency.
- 99% of safeguarding alerts – were completed within 24hrs. A safeguarding alert is the raising of a concern, suspicion or allegation of potential abuse or harm which may have arisen from:
  - A direct disclosure by a vulnerable adult



- A complaint or expression of concern by someone else
- An observation of abusive behaviour or an observation of the indicators of possible abuse.

### The provider challenge ■

By taking a close look at the quality of those providing services to Harrow's service users and carers, we are able to influence better outcomes for those residents who self-fund or choose not to approach the council for support.

- We ask AgeUK to conduct monthly surveys on the reablement service of two large providers in Harrow. We noticed in June 2013 that there was an increase in the proportion of people who were very dissatisfied with the way the providers dealt with complaints. In response, we were able to influence changes, which resulted in very positive improvements. By August and September 2013, more than 75% of people were very/fairly satisfied with the way their complaint was dealt with.
- We look closely at the standards of residential and nursing homes. We gather information from the CQC and conduct our own monitoring visits. We can and do embargo under-performing homes, and work with care home management teams to improve quality of care and working practices across the borough.

### The consumer/citizen challenge ■

We regularly ask service users and carers what they think about the services they receive in Harrow.



This helps us to identify and promote good quality and best practice. We might learn about a brilliant care assistant, or a poorly performing provider, or the excellent food being provided at a residential home.

All of these little details are important to services users and carers, and are important to us. We pay attention to the positive and negative experiences, and focus on using what we learn to promote better outcomes.



- Over 80% of people felt more encouraged to do things themselves after reablement.
- The Local Account Group contributes to our monitoring of the views of our customers.

## The professional challenge ■

Our social workers and support staff work hard and smart to achieve the best results for all of our clients. By monitoring their performance, we can see how decisions are being made across the adult social care pathway. Safeguarding is a crucial aspect of our professional challenge.

- In 2012/13 Harrow increased the number/rate of safeguarding *alerts* by 18% from the previous year (from 300 to 355 per 100k population). In doing so we are now above the London average, and are improving quicker than the London average.



- We increased the number/rate of safeguarding *referrals* by 31% from the previous year (from 190 to 250 per 100k population). The London average has remained flat during this time.
- The reason for these increases in alerts and referrals is the excellent work we are doing to raise awareness of adult safeguarding issues. For example, 620 staff across various agencies received formal safeguarding adults training in 2012/13 (a 7% increase from 2011/2012).

## Safety Helix

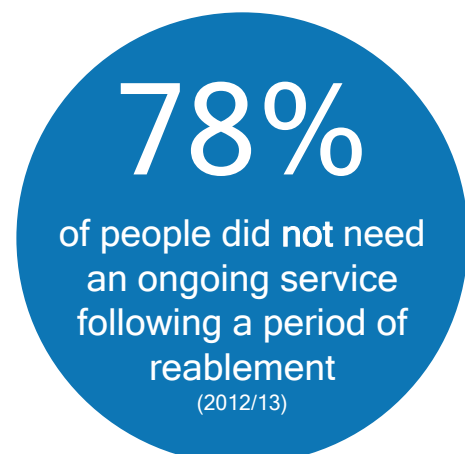
The Safety Helix applies our established Quality Assurance Quadrant (QAQ) and presents it in a client-centric way. It provides a framework to track and safeguard the service users throughout their contacts with us. The solution is both a safety 'yardstick' and a safety net to ensure that service users that could potentially be at risk do not get overlooked. We have already had some positive outcomes from this innovative tool. Using along it alongside our regular checks assists us to prevent service users and others from harm or abuse.

## Useful tools

### Reablement

Harrow's Reablement Service provides planned, short-term, intensive help over a period of up to six weeks. The services are offered to enable people to be supported at home to retain their independence, regain lost skills, or learn new ones, without being forced to depend on ongoing social work support.

Reablement is designed to help a person restore their independence and build their confidence; to help them to do as much as they can for themselves.



Reablement workers spend up to six weeks supporting each individual to re-learn lost skills following a period of illness, disability or a time when a person may have lost some confidence.

Reablement is generally the optimum way for an individual to begin receiving care and support. Everybody goes through the standard reablement process unless there is a good reason for them not to. Reablement is the 'front door' to Harrow's adult social care services.



## Personalisation

We are committed to personalisation. Glen Mason – a Director in the Department of Health – visited us in November 2013, and said that “personalisation runs through Harrow’s work like letters in a stick of rock”. We are proud of this, and believe that encouraging users to exercise their choice, power and flexibility results in far better outcomes.

By reviewing how clients with a personal budget feel compared to those without a personal budget, we can see the effect personal budgets have on the people’s perceptions of control, safety and satisfaction. The following chart shows how effective personalisation is. It achieves better outcomes. People who are empowered feel safer and more in control. 25.2% more clients with a personal budget were satisfied (“extremely or very” satisfied) when compared to clients without a personal budget.

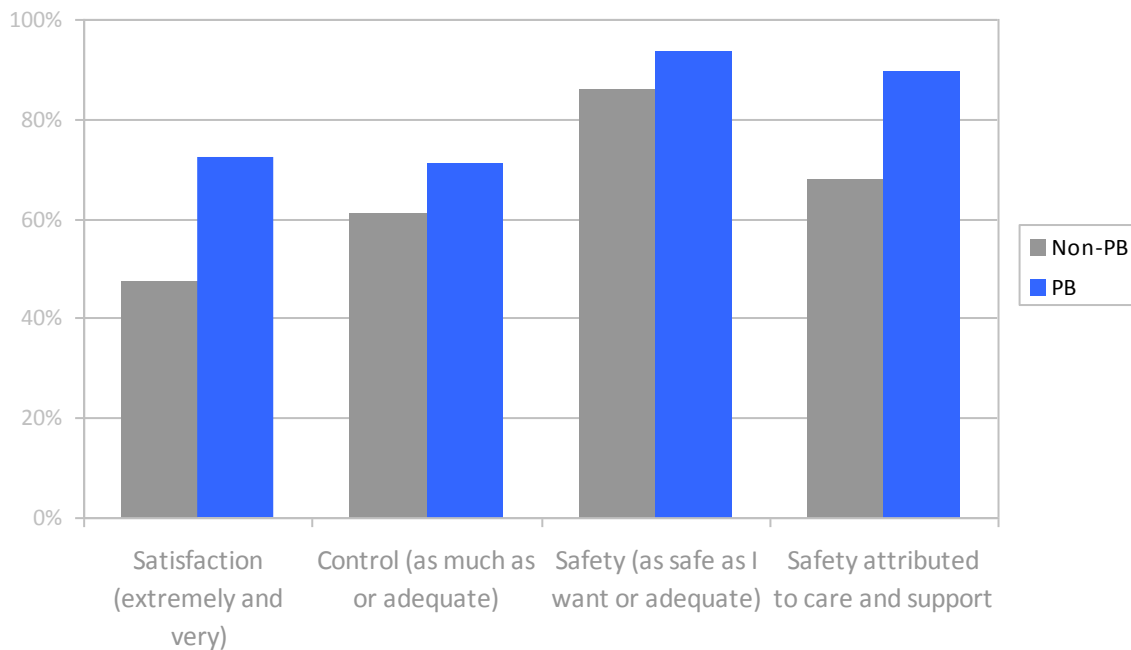


Figure 2: Does having a personal budget result in different outcomes? (Adult Community Care User (ACCU) Survey 2013)



## Complaints

In Harrow we capture and resolve as many complaints as we can. We listen and learn. Our complaint numbers have remained healthy across all areas, which reflects a culture that is open to hearing and learning from feedback.

In the view of the Local Government Ombudsman and the CQC:

“Councils that capture high levels of complaints invariably achieve high Star ratings as it demonstrates a willingness to hear concerns, address them and improve services as a result of them. Whereas Council’s that capture lower levels of...complaints tend to get lower star ratings.”

The most notable trend related to the number of policy complaints following the introduction of the Fairer Charging policy (29 complaints in 2012-13 compared to only two in 2010-11). However, no complaints about the Fairer Charges policy were upheld by the Ombudsman. The policy brings Harrow Council into line with the majority of councils across the country.



In Harrow we set a target to respond to 75% of adult social care complaints within 10 days. We

did better than this in 2012/13 by responding to 79% of them within 10 days. Although this is a good result, we are working hard to ensure we exceed this result next year.

The introduction of mediation in 2005-06 significantly reduced and continues to significantly reduce the number of complaints that escalate. In 8 of the 9 cases where mediation was used in 2012/13, the mediation meeting successfully resolved the complaint (compared with 5 of 6 the previous year). This shows how effective it is as an option in resolving even the most contentious and distressing cases.



## My support, My way

*My support, My way* is Harrow's Quality Assurance Charter. It defines what local people have told us is important to them. It is the basic standard of what local people should expect when they receive care and support in Harrow.

We see the charter as a way to empower local people, giving them confidence to challenge poor quality care and support.

In the coming year, we will encourage all services in Harrow to sign up to *My Support, My Way* as a tool for change. It will help services to

think about what quality means for local people and will raise standards of care.

### Market position statement

A Market Position Statement is a tool that is designed for providers, and potential providers of care and support services. The aim is to support them to make decisions about if and how to invest and deliver services in Harrow. It will help them to react to opportunities that arise as a result of the introduction of personal budgets for people receiving social care support.

# Who are our local people?

In the 2011 census, Harrow's population stood at roughly 239,000 residents. There is a predicted increase in growth over the next 10-15 years. A large part of this increase will be amongst the over 65s.

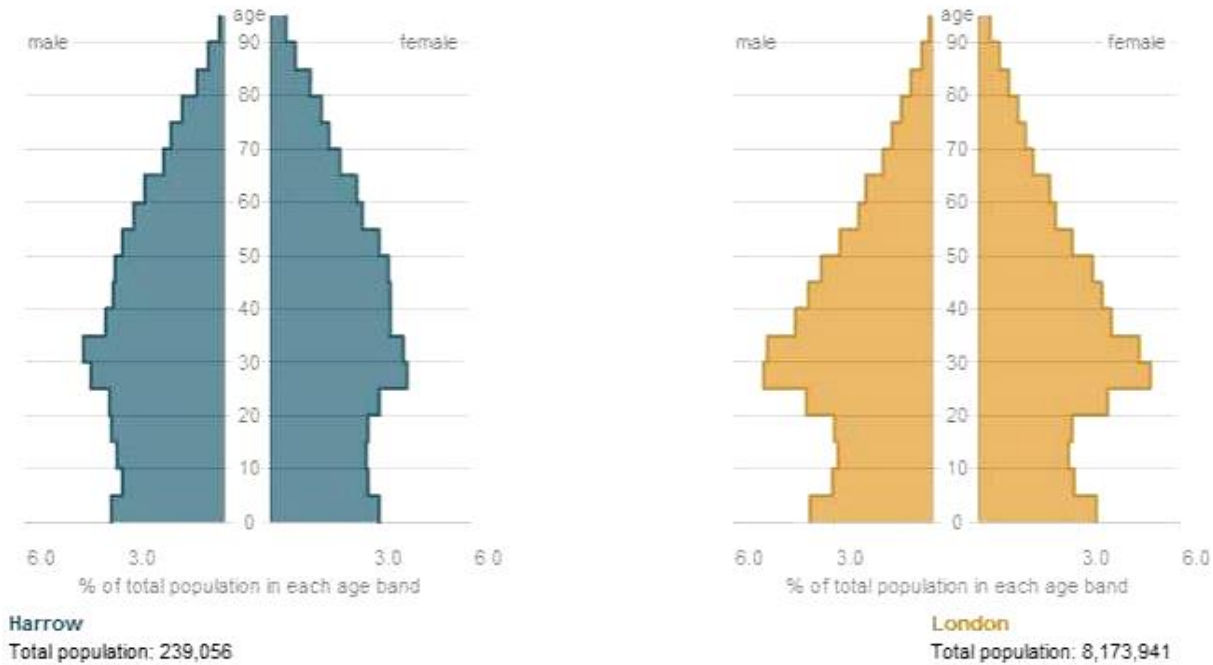


Figure 3: 2011 Census - population estimates for England and Wales

### Ethnic diversity

Harrow is an ethnically diverse borough. More than half of Harrow's population is from Black and Ethnic Minority (BAME) groups. The biggest of these is the Indian ethnic group which is over a quarter of Harrow's population.

The population of all ethnic groups, except White British, is expected to increase in the coming 10 years. The White ethnic group is generally older than BAME groups.

### Disability

#### Learning disability

In Harrow, 3 people per thousand have a learning disability, which is slightly lower than the national rate. Around 14% of people with learning disability have profound or complex needs.

The rate of people with learning disabilities is forecast to increase over the next 15 years, with

the biggest increase in the older population as life expectancy of people with a learning disability increases.

## Physical disability

In 2012-13 there were 3,108 community based clients with a physical disability. Of these, 553 were under 65, and 2,555 were over 65.

The number of people aged 18-64 predicted to have a moderate or serious physical disability is projected to increase by 15%, from 14,143 in 2010 to 16,619 in 2030.

It is estimate that approximately 4% of the population in Harrow has a physical disability.

## Older people

In Harrow, people aged 65 years and over make up 14.1% of the population (almost 34,000 people).

There are significantly high proportions of older people from BAME groups (24.9%) and the level of income deprivation amongst older Harrow residents (20.7%) is significantly worse than the national average.

Two thirds of social care clients are over 65 with the majority having a physical disability.

Deprivation affecting older people is higher in Harrow than the national average. Older people are significant users of both health and social care.

## Carers

The 2011 census indicated that there are approximately 25,000 unpaid carers in Harrow with nearly 5,000 people providing over 50 hours of unpaid care a week.

Around 5,000 carers are on Harrow Council's registers, and over 3,000 were assessed or reviewed in 2012/13.

We make an ongoing effort to identify hidden carers and those carers who may not recognise themselves as carers, to ensure they can access support.







“We listen closely to what you say, and focus on providing the high-quality care and support you need.”





# Enhancing quality of life for people with care and support needs

Quality of life is an important measure of how a service user or carer feels about the care and support they receive. It means different things to different people, so we must always focus on meeting individual needs and outcomes. We are doing this successfully in Harrow. Service users report that their quality of life has improved in 2012/13, and the quality of life reported by our carers is the third highest in London. These are two significant achievements that we welcome, but we refuse to be complacent.

Each achievement has been made through a variety of initiatives – small and large – rooted in our belief in the benefits of personalisation. By listening closely to what you tell us about the ways in which we can increase your control, improve your wellbeing and reduce your isolation, we have raised the bar. There is no upper ceiling to our concept of quality, so we will continue to promote and commission the highest possible quality care, support and advice to the direct benefit of every vulnerable adult in Harrow.

## Our work

- **Developed MyCommunity ePurse, a support planning and personal budget management tool for service users and carers**
- **Co-produced a local quality charter – *My Support, My Way* – with the local account group**
- **Successfully transitioned 450 users from block contracts, to personalised home care**
- **Launched Carers Revival – a monthly group supporting carers who care for vulnerable people living in Harrow**

## Examples

### You said

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**Shop4Support was not easy to navigate**

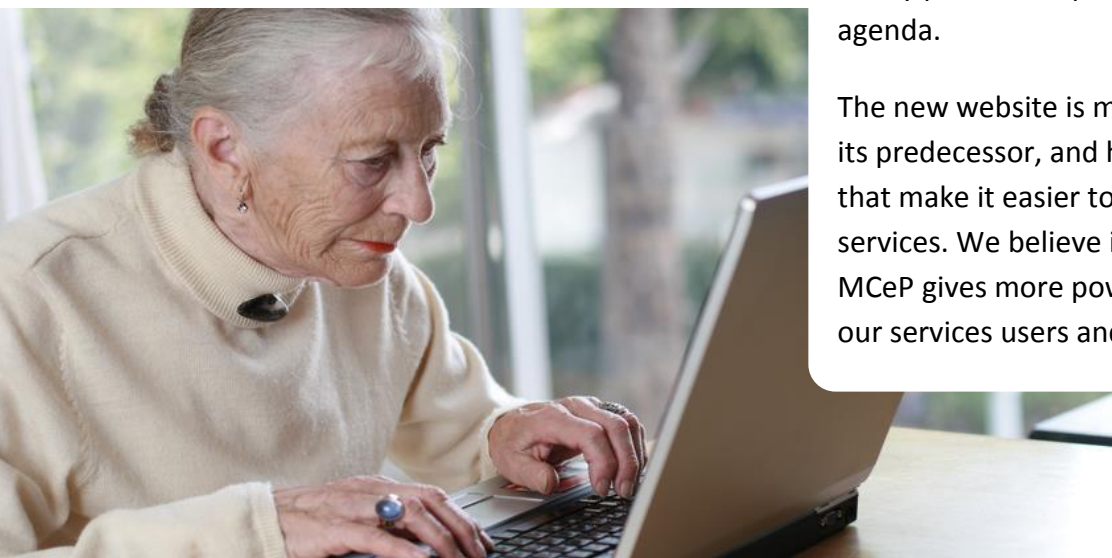
### We did

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**We developed MyCommunity ePurse**

My Community ePurse (MCeP) is a personal budget and support planning tool that gives our clients the facility to receive and manage their cash personal budget online. We have worked hard to bring this innovative new way of working to our service users and carers, and believe it is a very positive step towards the personalisation agenda.

The new website is much easier to navigate than its predecessor, and has additional functions that make it easier to create and change services. We believe in personalisation, and MCeP gives more power, choice and flexibility to our services users and carers.





*What does this new way of working really mean for our service users?*

- It means a wider market place to choose services and consider options that they may not have thought about or heard of before.
- No more managing separate bank accounts and paper records.

*What does this new way of working really mean for service providers?*

- Services are advertised free across the six boroughs that make up the West London Alliance.
- Ability to reach a wider client base as MyCommunity ePurse is adopted by other Local Authorities.
- One resource directory to maintain across all Local Authorities that use CarePlace.
- Improved cash flow with 4-weekly advance recurring payments being set up on clients' accounts.
- Reduced back office administration in chasing overdue invoices.

More information about our new tool MyCommunity ePurse is available via:

- 🌐 [www.careplace.org.uk](http://www.careplace.org.uk)
- ☎ **020 8424 1150**
- ✉ [jo.archer@harrow.gov.uk](mailto:jo.archer@harrow.gov.uk)



## You said

### **We want employment more opportunities**

## We did

### **Increased employment opportunities for learning disability and mental health service users**

In 2012/13 Harrow had the highest proportion of adults with learning disabilities or using mental health services in paid employment across London. This is an excellent outcome.

- We ran a mental health employment project, focused on partnership working.
- Wiseworks – our employment-focused day centre – identifies skills and opportunities, and sets up work placements.

## Case study

### **Darren's employment story**

Darren has a learning disability and started working in Harrow Council's staff canteen in 2012. He has gone on to gain food hygiene qualifications. Darren says: "Harrow Council has provided me with opportunities to experience different jobs. I'm enjoying my roles."

# Delaying and reducing the need for care and support

## Outcomes

Reablement, prevention and early intervention form the cornerstone of more personalised services. In years gone by, the entire social care system inadvertently encouraged long-term dependence. This is not what people want and can be detrimental to their health, wellbeing and quality of life. We believe helping individuals to remain as independent as they want to be is highly effective and delivers better outcomes.

We are 6<sup>th</sup> nationally for providing reablement to older people discharged from hospital. We work in close partnership with NHS colleagues to support people in the most appropriate setting.

## Our work

- Updated the entire care pathway protocol
- Launched the Integrated Care Partnership pilot to reduce inappropriate admissions by older people to hospital
- Created a drop-in service for people with dementia and their carers
- Put in place dedicated delayed transfer coordinator to improve our performance and service to users

## Examples

### You said

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#### Help me stay out of hospital

### We did

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#### Started a pilot program to reduce frequent readmissions

The Integrated Care Partnership approved a Reablement pilot to work with 25 people who frequently call the ambulance, attend A&E or are admitted to hospital, where not always necessary.

The pilot program aims to reduce the ambulance call outs and hospital attendance by providing information, advice and support to participants and their carers.

The skills and support program began in July. Evaluation and tracking of outcomes will take place over a six month period and the program will be fully reviewed in February 2014.



## Case study

### Delayed transfers

In 2011/12 we were ranked 26<sup>th</sup> out of 33 London boroughs in relation to delayed transfers.

Delayed transfers of care, are where a patients is ready to return home or transfer to another form of care but still occupies a bed. A delayed transfer is a symptom of the health and social care system failing to provide the right care, in the right place, at the right time.

We put in place a dedicated delayed transfer coordinator, and improved the way we find out about transfers. We now find out about potential delayed transfers in advance, and have improved significantly. As a result, in 2012/13 we were ranked 23<sup>rd</sup> across London for social care attributed delays, but by Autumn 2013 we had improved to 5<sup>th</sup> across London which is excellent progress in this area of our work.

### You said

**I do not want to be passed around between people and teams**

### We did

**Updated the entire care pathway to ensure that one worker deals with assessment**

The vast majority of people who approach us for care and support are given a free six-week period reablement, which is highly successful at meeting achieving good outcomes. Feedback we received told us that there were occasions

where individuals were passed between social workers unnecessarily.

We want to avoid this where possible, and realised that by tweaking our processes, we could have a positive impact on people's experience of interacting with us.

As a result we reviewed and updated our entire care pathway to ensure that every case was handled by the most suitable team in the most suitable way.

### You said

**Offer more services and activities to support people with dementia *and* their carers**

### We did

**We started Annie's Place**

Annie's Place is a dementia drop-in service at Milmans Day Centre which began in September 2013. It is open every Thursday morning from 10am to 12pm for people with dementia, their carers and wider family.

Annie's Place provides information on available services, support and practical advice on reminiscence and other therapies (e.g. yoga, computer support, carer support, hairdressers, gentle exercise, etc).

The service user and carer engagement leads attend to offer support.

Annie's Place is a pilot scheme which will be reviewed in February 2014. More information is available via:



**020 8424 1022**



**[una.taylor@harrow.gov.uk](mailto:una.taylor@harrow.gov.uk)**



“Annie’s Place is absolutely first class. Everybody is so nice and Ron has been a new person since we have been coming here.” – Joan Howard (Ron’s wife since 1952)



## Case study

### Annie’s Place: Ron & Joan Howard

Ron Howard, 83, is a former football scout whose career highlights included stints at QPR and Millwall.

He has worked alongside famous faces, including Terry Venables, Mick McCarthy, John Docherty, Graham Souness, and David Pleat – and has witnessed some memorable moments from pitchside: from the joy of Luton beating Arsenal in a cup final and Cambridge going unbeaten all season, to the heartbreak of losing to Brian Clough’s Notts Forest.

His work took him around the country and overseas, particularly to Holland, where he would size up rising talent.

Ron has been visiting Annie’s Place, a new service run by Harrow Council and CNWL for those recently diagnosed with dementia and their carers, since it was set up. He and his wife Joan have been enthralled by the rest of the group with photos of the teams and footballing giants that Ron has met.

### Reminiscence: a useful tool

Many people with dementia find themselves routinely having things done ‘for’ them or ‘to’ them. When a person shares something about their past and another person shows interest or enjoyment, it is a wonderful opportunity for that person to feel that they are the one who is giving something to another human being, rather than always being the one who is receiving or listening.



# Ensuring that people have a positive experience of care and support

## Outcomes

In 2012/13, 73% of Harrow's carers felt they have been included in discussions about the person the care for. To achieve a positive experience of care and support people need to know what choices are available to them. We run provider open-days, workshops to educate service users and carers, and empower them to make full use of their personal budget.

People also told us they want to have sense of what quality care and support looks like. We worked with Harrow's Local Account Group to co-produce a local quality charter to share what local people expected from social care providers.

## Our work

- **Co-produced a local quality charter – *My Support, My Way***
- **Published a Market Position statement**
- **Started a dance and musical-theatre project to improve public health outcomes**
- **Conduct regular engagement, and organise events for service users and carers**

## Examples

### You said

**We want to set the standards for local care**

### We did

#### Developed *My Support, My Way*

The Think Local Act Personal (TLAP) partnership included several "I" statements in the Making it Real document it produced in 2012.

Following conversations with the community and local account user group, there was a clear desire to create a similar document that was developed by local people, for local people.

So, alongside the Local Account User Group, we co-produced a local quality charter – *My Support, My Way*. It helps everybody to know and what good care and support looks like to a Harrow resident.

The charter is another important piece of the puzzle. We are making sure that all providers wishing to use MyCommunity ePurse to process payments sign up to and abide by its principles.

The charter is an exciting document which will empower service users and carers. We encourage Harrow's residents to use the principles contained in the charter to challenge providers who fall short.



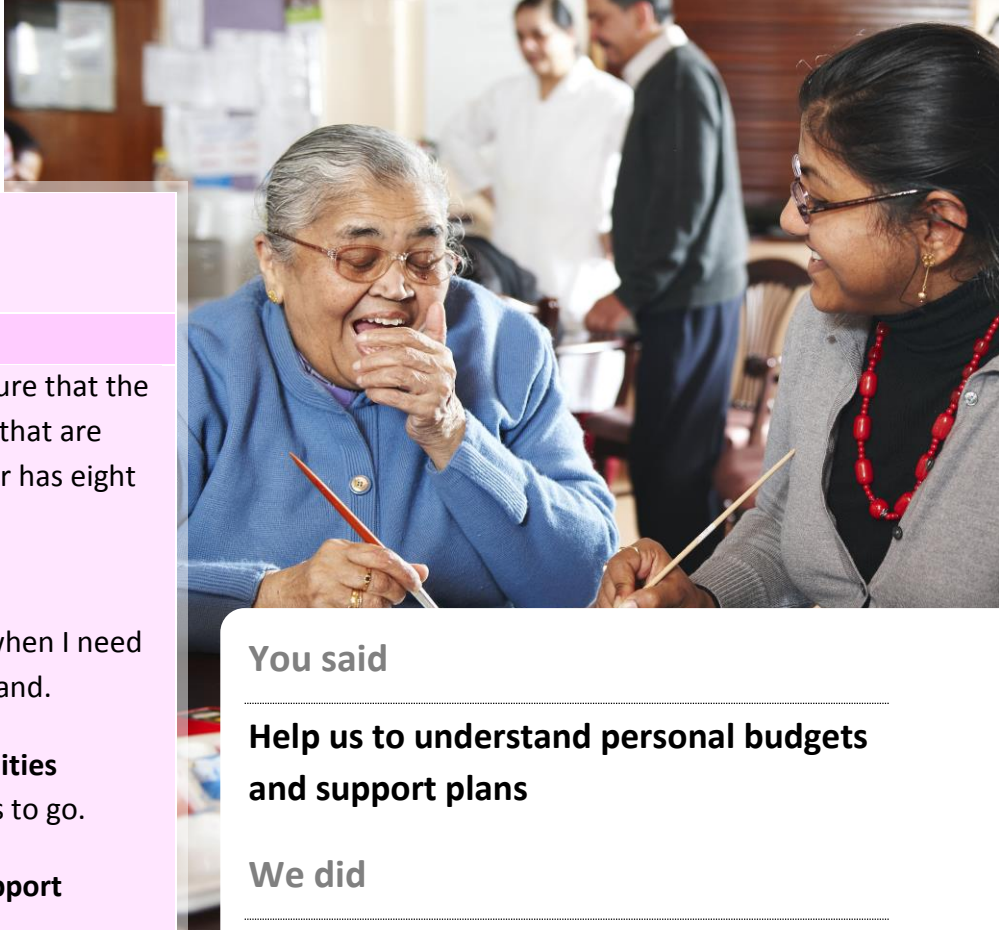
[harrow.gov.uk](http://harrow.gov.uk)



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## Case study

### My support, My way

The local quality charter aims to ensure that the people of Harrow receive the things that are really important to them. The charter has eight sections:

- 1. Information and Advice**  
having the information I need, when I need it, in a format that I can understand.
- 2. Active and Supportive Communities**  
having friends, family and places to go.
- 3. Flexible Integrated care and support**  
my support, my way.
- 4. My Support Staff**  
providing me with the help and support I need, when I need it.
- 5. Feeling in control and safe**  
helping me to manage my own risks.
- 6. Personal Budgets and Self Funding**  
my money, my choice, my way.
- 7. What about the carers?**  
ensuring my family and friends are supported to support me.
- 8. Making it Real**  
putting the charter into action.

Under each section are “I” statements that make very clear what local people value, and the standards we will encourage the local marketplace of providers to achieve and exceed.

### You said

#### Help us to understand personal budgets and support plans

### We did

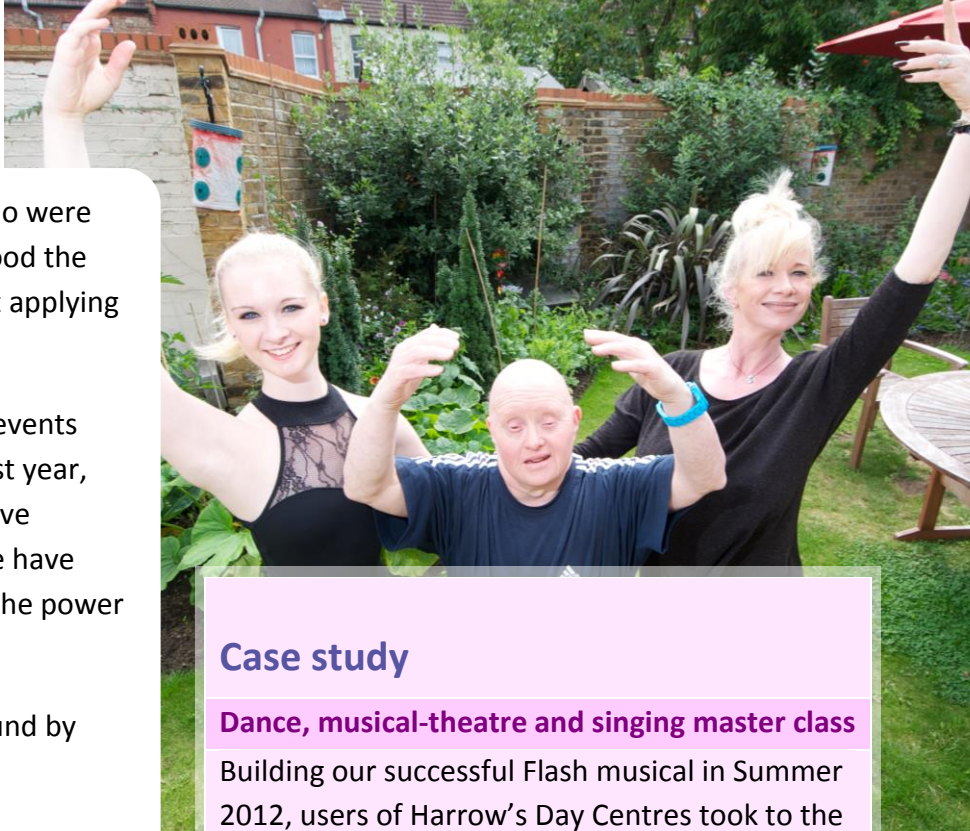
#### Carers Revival: Personal Budget event

Our Carers engagement lead runs a monthly carer-focused event, called Carer's Revival. This support group is an active and enthusiastic part of the network of support for carers across Harrow and works closely Harrow Carer, Harrow Association for the Disabled and various partners across Harrow.

In response to requests to help people understand personal budgets and support plans, we held a innovate event that demonstrates the process using the metaphor of creating a dessert.

Following a simple assessment, each attendee learned how a budget is created to meet the needs (assessment stage).

Each person was then asked to think about what they wanted their dessert to look like. They were given a variety of sweets, cakes and ingredients to select from, and could choose anything they wanted, within the limits of their budget (support planning stage).



By the end of the event, individuals who were previously confused, not only understood the principles, but were enthusiastic about applying them in the real situations.

There have been several engagement events with service users and carers in the past year, and this is just one excellent and creative example of the many ways in which we have helped people to understand and use the power that is available to them.

More information for carers can be found by contacting

-  [harrow.gov.uk](http://harrow.gov.uk)
-  **020 8736 6093**
-  [allison.brice@harrow.gov.uk](mailto:allison.brice@harrow.gov.uk)

## You said

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**Make sure that all the providers meet your standards**

## We did

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### **Created our market position statement**

The market is comprised of the various providers of care and support to Harrow's residents. We spoke with the community about the way we deliver personalisation, and the services they want to be available to them.

Our first Market Position Statement is a summary of what we learned from feedback and sets out how providers can make Harrow the best place to receive adult social care and support.

## Case study

### **Dance, musical-theatre and singing master class**

Building our successful Flash musical in Summer 2012, users of Harrow's Day Centres took to the dance floor in a ballet, musical-theatre and singing master class, hosted by a professional instructor.

The service users learned bar exercises and wowed onlookers with their enthusiasm and skills. After a short rehearsal, they donned wigs and colourful hats and took to the stage to perform a dance routine from the musical 'Hairspray'.

The event left everyone who took part feeling positive and energised. One service user said: "Isn't it great that they showed us what to do, and we got to have a go ourselves!"

### **Tizard Research Programme**

Following the success of the master class we have developed regular sessions.

We are now working with the Tizard Centre (funded by the King's Fund) to develop a research programme around the benefits for people with learning disabilities and specifically the positive impacts on obesity and diabetes.



# Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm

## Outcomes

In Harrow we believe that safety is everyone's business. There is always more that can be done to protect vulnerable adults from avoidable harm. We chair Harrow's Local Safeguarding Adults Board (LSAB) to promote inter-agency cooperation at all levels of safeguarding adults work.

We have developed the Safety Helix, a new tool to track and safeguard people regularly. Currently, 85% of people say that our services make them feel safe and secure (ACCU Survey 2013). The various initiatives we have put in place over the past year have contributed to this sense of safety. By increasing in the number of staff we formally trained in 2012/13 we are creating a safer and more secure Harrow.

## Our work

- **We increased home fire safety checks for vulnerable adults** following joint publicity between Housing, the Fire Service and the Safeguarding Teams.
- **Safeguarding worked to ensure that all District Nurses carry safeguarding adults information on the back of their name/identity badge**, so that the advice line number is easily available if they come across a patient that they are worried about
- **Safeguarding Adults Service continued to work closely with the Community Safety Antisocial Behaviour Action Group (ASBAG)**; firstly where vulnerable adults are victims and secondly where as perpetrators of anti social behaviour there have been concerns raised about it being in the context of deteriorating mental health.
- **We worked with the Police, Age UK Harrow and the Banks to improve the safety of vulnerable older people** who were being targeted when withdrawing money from ATMs – older people being the majority of the victims of this type of crime.
- **620 staff across various agencies received formal safeguarding adults training** (a 7% increase from 2011/2012)
- **Responded actively to the Winterbourne View and Mid-Staffordshire scandals**





## Examples

### You said

#### Protect us from poor care homes

### We did

#### Updated the methods we use to suspend poorly performing homes

The Adult Social Care 'embargo' policy was updated to ensure that safeguarding concerns are the key element for deciding that placements should be suspended at a specific home.

Further work on this area will take place in 2013/14 using the learning from practice in previous years, feedback from providers and research into best practice.

### You said

#### Do not forget about me

### We did

#### Developed the Safety Helix to track and safeguard service users

We come into contact with service users in a wide variety of ways. The Safety Helix makes sure that we have regular contact with service users. We need to know that individuals are safe and free from neglect or abuse. The Safety Helix is another positive step that will increase the protection of vulnerable people across Harrow.

The solution will be both a safety 'yardstick' and a safety net that ensures that service users do not get overlooked. By making sure that no user goes more than 4 months without being contacted and asked about safeguarding issues, we will improve their safety and the safety of those across Harrow's adult social care system.

## Case study

### The Safety Helix

Through the new approach of the Safety Helix, the council will ensure that we ask every service user about their safety at least three times in each year.

We will make the most of every opportunity we have to check on our service users, whether through annual reviews, satisfaction surveys, comments/complaints or survey monitoring.

By tracking every individual, including the number of contacts we have, we will ensure that no-one falls through the gaps.



## Winterbourne View

Following the inquiry into Winterbourne View scandal, several recommendations were made. We have worked closely with Harrow CCG to implement and embed every change.

### You said

**Provide extra support as my child becomes an adult**

### We did

#### Installed a dedicated transition team

Harrow has clear processes in place to ensure that plans are put in place for young people with complex health needs.

The transition team of two qualified social workers and a team manager is based within Adult Social Care. A young person with complex health needs will require support from a range of professionals and the transition worker coordinates the plan for the young person.

For the most complex young people we track their progress throughout their transition starting from Year 9 at school (13-14 years).

## Case study

### F's transition

F has a high level of complex health and social care needs, and requires the support of skilled carers over a 24-hour period. He was placed in an out-of-borough specialist school where he resided on a full-time basis.

F's transition from children to adult services took place a year earlier than planned as the residential school signalled their intention to close. The adult transition service coordinated the multi-disciplinary response and arranged to assess F's health and social care needs.

The multi-disciplinary team included education, children's social care, and Independent Reviewing Officer, transition social worker and Paediatric and Adult continuing care nurse assessor, the lead nurse at the residential school and F's family. The team worked together to assess F for eligibility for continuing health care funding.

Once eligibility for joint funding was established health and social care worked together to commission the most appropriate resource to meet F's highly complex needs. This included an assessment of F's capacity to be able indicate his preference of location/place to live.

Funding was agreed between children's services (for the initial period when F was 17) and then health and social care when he turned 18. F has settled well and reviews of the placement are being conducted jointly between health and social care.

This is an ideal example of the way that complex challenges are being solved through partnership working and dedication to the best interests of service users and carers.



If you or someone you know is being abused, harmed or exploited,  
or if you are concerned about any adult at risk please call  
Harrow Council's Safeguarding Adults Service:

During office hours  
**020 8420 9453**

At all other times  
**020 8424 0999**

Or email: [safeguardingadults@harrow.gov.uk](mailto:safeguardingadults@harrow.gov.uk)

# Finance

## How did we spend our money in 2012/13?

We provide services that support people in their own homes including home care, day care, reablement services and equipment.

Our services concentrated on enabling people to remain at home or return home after hospital treatment or time spent in a residential home.

Most people prefer to be cared for in the own home so these services are crucial for helping people live independent lives. We also provide services to unpaid carers who look after people with adult social care needs.

In 2012/13 we saved £2.8m compared to the previous financial year.



Figure 4: Breakdown of expenditure by service user group

Local authorities receive funding from the central government that is allocated according to a formula. The current funding formulae were based upon data collected in 2005. Since then, the delivery of care has changed significantly following a range of legislative, organisational and demographic changes. Harrow is one of the lowest grant-funded boroughs in London. As a result we have received, and are likely to receive, less funding for adult social care than neighbouring boroughs. We have highlighted the issue and its challenges on a number of occasions. The funding formula is currently under formal review, so we will continue to speak up for Harrow's residents and do whatever we can to get allocations that are more appropriate for the particular needs of our borough in the coming years.



# Performance

We are measured independently, and regularly assess ourselves. These are a few of the independent indicators which show our strength in personalisation, reablement and support for carers during 2012/13. At the time of writing, the ASCOF (Adult Social Care Outcomes Framework) results are still provisional, and have been marked with an asterisk.

1<sup>st</sup>

in London

Proportion of adults with learning disabilities in paid employment\*

6<sup>th</sup>

Nationally

Proportion of older people still at home 91 days after discharge from hospital into reablement\*

73%

of Carers feel they have been included in discussions about the person they care for

3<sup>rd</sup>

in London

Carer reported quality of life\*

7<sup>th</sup>

Nationally

Proportion of people receiving cash personal budgets\*

3<sup>rd</sup>

in London

Proportion of older people still at home 91 days after discharge from hospital into reablement\*

85%

of people say our services make them feel safe and secure

2<sup>nd</sup>

in London

Proportion of people receiving cash personal budgets\*



Social care quality of life improved on previous year\*

# Glossary

<b>Adult social care</b>	Personal care and practical help for adults who have care or support needs due to age, illness or disability, to help them live their life as independently as possible.
<b>Advocacy</b>	Help for people to express their views about their needs and choices.
<b>Care Quality Commission</b>	An independent regulator of all health and social care services in England.
<b>Carer</b>	Someone who provides unpaid support to a family member or friend who cannot manage without this help.
<b>Commissioning</b>	Process the Council uses to plan and buy services for adults with care and support needs.
<b>CNWL</b>	Central and North West London NHS Foundation Trust
<b>Deferred payment scheme</b>	The deferred payment scheme which allows someone who goes into care to keep their property and still get help from the local authority with paying care home fees. The local authority recovers the fees from the proceeds when the property is sold. This scheme can also be used if there is a delay in selling a property.
<b>Dementia</b>	A syndrome (a group of related symptoms) associated with the ongoing decline of the brain and its abilities. Problems include memory loss, language and thinking speed.
<b>Direct Payments</b>	Cash payments given to people to pay for the community care services they have been assessed as needing. They are intended to give people greater choice in their care. The payment must be sufficient to enable the person to purchase services to meet their needs and must be spent on services that he or she needs.
<b>Domiciliary care</b>	See home care below.

<b>Eligibility criteria</b>	Guidance has been issued from the Department of Health about how each Council should set the criteria they use for a person to be eligible for social care services. Councils should ensure that each decision about a person's eligibility for support is taken following an appropriate community care assessment.
<b>Equipment and adaptations</b>	Specialist items provided to service users following an assessment by an occupational therapist or physiotherapist to help them remain safe in their home and perform daily activities.
<b>FACS (Fairer Access to Care Services)</b>	Government guidance for councils to help them set eligibility criteria for adult and social care services.
<b>Health and Wellbeing Board</b>	The Government has given local authorities a duty to set up these Boards. The aim is to bring together local Councillors, patient representatives and key decision-makers across health and social care so that local people benefit from coordinated and joined up local services. There is to be a focus on addressing health inequalities, combining resources across health and social care, and the empowerment and involvement of local people.
<b>HealthWatch</b>	An organisation planned to be established as a new independent consumer champion for health and social care. HealthWatch England will be a statutory distinctive part of the Care Quality Commission. Local HealthWatch is being created by developing the role of the existing LINKs (see below).
<b>Home care</b>	Home care or Domiciliary care is care provided in an individual's home, normally of a personal nature such as help with dressing, washing or toileting. It can be arranged by Social Services following an assessment of need, or can be arranged privately by the individual themselves, or someone acting for them.
<b>Joint Strategic Needs Assessment (JSNA)</b>	This is a process to identify current and future health and well-being needs of the local population; informing the priorities and targets set by local authorities and the local NHS PCTs. It enables agreed commissioning priorities that will improve outcomes and reduce health inequalities. The Local Government and Public Involvement in Health Act 2007 places a duty on local authorities and PCTs to undertake these assessments.



<b>Local accounts</b>	Local accounts are reports used by councils across the country to tell residents what adult social care is doing and to assess how well adult social care services are performing.
<b>Local Safeguarding Adults Board (LSAB)</b>	Harrow's LSAB is a multi-agency partnership, made up of a wide range of statutory, independent and voluntary agencies and organisations, all working together to keep adults, particularly those who are more vulnerable, safe from the risk of abuse, harm or exploitation.
<b>Local Involvement Network (LINK)</b>	LINKs were set up to help people influence or change the way their health or social care services are delivered. They are made up of individuals and community groups who work together to improve local services. It is their job to find out what people like and dislike about local services and work with the people who plan and run them to help make them better.
<b>Market Position Statement</b>	This is a tool that is designed for providers, and potential providers, of care and support services.
<b>MyCommunity ePurse</b>	A support planning and personal budget tool for service users and carers, which gives service users the facility to receive and manage their cash personal budget online.
<b>My Support, My Way</b>	This is Harrow Council's Quality Assurance Charter. It defines what local people have said is important to them. It is the basic standard of what local people should expect when they receive care and support in Harrow.
<b>NHS continuing care funding</b>	This describes a package of continuing health care provided outside hospital, arranged and funded solely by the NHS, for people with ongoing health needs. To decide if a person is eligible for this funding an assessment of healthcare needs takes place. Eligibility for continuing care funding is reviewed on a regular basis.
<b>Nursing care</b>	Care carried out or supervised by a qualified nurse, including injections and dressings paid for by the NHS.
<b>Outcome</b>	End result, change or benefit for an individual who uses social care and support services.

<b>Preventative Services</b>	Services that involve early interventions to prevent long term dependency or ill health.
<b>Personal Budgets</b>	An allocation of funding given to users of community care services after a community care assessment. The amount should be enough to meet their assessed needs. People can take them either as direct payments (see above) or – while choosing how their care needs are met and by whom – leave local authorities with the responsibility to commission the services; or they can have a combination of the two.
<b>Personalisation</b>	Personalisation is a social care approach described by the Department of Health as meaning that “every person who receives support, whether provided by statutory services or funded by themselves, will have choice and control over the shape of that support in all care settings”. The purpose is to ensure that services are tailored to the needs of every individual, rather than being delivered in a “one-size-fits all” fashion.
<b>Portability</b>	The portability of social security benefits is the ability of workers to preserve, maintain, and transfer acquired social security rights (and social security rights in the process of transferring) from one private, occupational, or public social security scheme to another.
<b>Providers</b>	These are organisations or agencies who are commissioned to provide services on behalf of the Council.
<b>Quality Assurance Quadrant (QAQ)</b>	The QAQ is a regular internal report which focuses of four areas: consumer/citizen challenge, independent challenge, provider challenge, and professional challenge.
<b>Reablement</b>	Timely and focussed intensive therapy and care in a person’s home to improve their choice and quality of life and maximise long term independence. The aim is that, through short term intervention, people are helped to recover skills and confidence to enable them to live at home.
<b>Residential care</b>	Care in a care home providing personal care such as washing, dressing and taking medication.

## **Safeguarding**

Protecting vulnerable people from neglect or physical, financial, psychological or verbal abuse.

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## **Self Directed Support**

A description of how a Council plans to arrange social care support by carrying out an assessment of need with an individual; agreeing what help is needed and then determining how much money will be provided to pay for it (this is called a Personal Budget). The Council then agrees a plan with an individual about how the money will be spent and who will manage the "personal budget". Some people chose to manage the money themselves.

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## **Telecare**

Equipment, devices and services to help vulnerable people stay safe and independent at home, including fall sensors and safety alarms.

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## **Vulnerable adult**

A person aged 18 or over who may be unable to take care of themselves, or protect themselves from harm or exploitation due to mental health problems, disability, sensory impairment, frailty or other condition.



# Useful contacts

## **Harrow Council: Adult Services**

### **Golden Number**

020 8901 2680  
[www.harrow.gov.uk](http://www.harrow.gov.uk)

### **Emergency out-of-hours Social Worker**

020 8424 0999

### **Police non-emergency number**

101  
[www.met.police.uk](http://www.met.police.uk)

### **NHS – fast but non-emergency medical help**

111

### **Harrow Citizens' Advice Bureau**

020 8427 9477  
[www.harowcab.org.uk](http://www.harowcab.org.uk)

### **Harrow Mencap**

020 8869 8484  
[www.harowmencap.org.uk](http://www.harowmencap.org.uk)

### **Harrow Association of Disabled People**

020 8861 9920  
[www.had.org.uk](http://www.had.org.uk)

### **Mind in Harrow**

020 8426 0929  
[www.mindinharrow.org.uk](http://www.mindinharrow.org.uk)

### **Rethink Mental Illness**

0300 5000 927  
[www.rethink.org](http://www.rethink.org)

### **Stroke Association**

0303 3033 100  
[www.stroke.org.uk](http://www.stroke.org.uk)

### **Parkinson's UK**

0808 800 0303  
[www.parkinsons.org.uk](http://www.parkinsons.org.uk)

### **Age UK**

020 8861 7980  
[www.ageuk.org.uk](http://www.ageuk.org.uk)

### **Alzheimer's Society**

020 7423 3500  
[www.alzheimers.org.uk](http://www.alzheimers.org.uk)

### **Carers UK**

020 7378 4999  
[www.carersuk.org](http://www.carersuk.org)

### **Crossroad Care Harrow**

020 8868 0903  
[www.carers.org](http://www.carers.org)

### **Harrow Carers**

020 8868 5224  
[www.harowcarers.org](http://www.harowcarers.org)

### **London Taxicard**

0845 415 4156 or 020 7934 9791  
[www.londoncouncils.gov.uk/services/taxicards](http://www.londoncouncils.gov.uk/services/taxicards)

# Feedback

[Currently finalising questionnaire on Harrow's public consultation website.]



“Personalisation runs through Harrow’s work like letters in a stick of rock.”

Glen Mason  
Director, Department of Health  
November 2013

