

**Towards Excellence in Adult Social Care  
London Borough of Harrow  
Assurance Report  
15 – 17 March 2016**

## **BACKGROUND**

In July 2015 Harrow Council established a People Directorate as part of a restructuring of the senior management of the Council. The new Directorate brought together services for children, services for adults and the public health responsibilities of the Council under a Corporate Director of People (statutory Director of Children's Services), supported by a senior leadership team comprising the Director of Adult Social Services (statutory Director of Adult Social Services), Director of Public Health, Divisional Director for Children and Young People and Education Senior Managers.

Prior to the establishment of the Directorate an independent "local test of assurance" was undertaken by the Local Government Association Children's Improvement Adviser to consider the proposals in the light of the statutory guidance for the roles of Director of Children's Services and Lead Member for Children's Services<sup>1</sup>. It was concluded that the proposals did meet the local assurance test, and a number of recommendations were made to support a smooth transition to the new Directorate. It was also agreed that the Children's Improvement Adviser would be invited to review the arrangements after twelve months of operation of the new directorate.

In December 2015 the Director of Adult Social Services commissioned a similar local test of assurance in relation to adult social care, to include consideration of the extent to which the vision and benefits of the new joint Directorate were being realised.

It was agreed that the Council would undertake a self-assessment using the Towards Excellence in Adult Social Care (TEASC), risk awareness tool which had been launched by the Local Government Association and Association of Directors of Adult Social Services in October 2015<sup>2</sup>. Quality assurance of the self-assessment was then undertaken by two independent adult social care and health consultants, Moira Wilson and Anne Flanagan. The assurance was carried out through a series of interviews in Harrow between 15 – 17 March 2016, together with reading of key documents and analysis of performance information. The interviews conducted are detailed in Appendix 1.

The key findings and areas for consideration are grouped under the six key domains of the TEASC Risk awareness model:-

- Leadership and governance
- Performance and outcomes

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<sup>1</sup> Statutory guidance on the roles and responsibilities of the Director of Children's Services and the Lead Member for Children's Services, DfE April 2013

<sup>2</sup> Towards Excellence in Adult Social Care: Risk awareness tool LGA and ADASS October 2015

- Commissioning and quality
- National priorities and partnerships
- Resource and workforce management
- Culture and challenge

In undertaking the review, reference has also been made to the specific recommendations of the local test of assurance undertaken in June 2015. In summary they were to:-

1. Establish and appoint a Corporate Director People with relevant experience in leading Children's Services as soon as possible.
2. Ensure that there is a clear implementation plan for the establishment of the People Directorate which identified and mitigated risks, incorporating both immediate action and longer term opportunities linked to the three year medium term financial strategy.
3. Ensure that there is dedicated change management capacity to support the development of the Directorate.
4. Ensure that the relevant Safeguarding Boards and Scrutiny Committees provide timely and effective scrutiny of the progress and impact of the People Directorate.
5. Maintain the test of local assurance as a live process and commission a formal review after twelve months of operation.

## **KEY FINDINGS**

### **LEADERSHIP AND GOVERNANCE**

The creation of the People Directorate has been seen by all those interviewed as a logical move, the establishment of which has gone well. Following the local test of assurance on children's services in June 2015, change management capacity was confirmed and this has resulted in a smooth transition to the new Directorate. Leadership of the new Directorate is strong, with the adult services leadership team seen as high performing, visible and committed.

The portfolio holder has been in post since April 2015 and has a background in health. She is keen to support and lead the development of the HWBB as the governance vehicle for greater integration and is able to act as an "honest broker" given her experience and knowledge of both health and social care organisations and cultures.

The portfolio holder is clear about the need to inform other elected members about adult social care issues, demonstrates preparedness to make difficult decisions and to support officers in implementing the changes required to create a sustainable long term position.

Governance arrangements within the new Directorate appear to be working well to support a more joined up approach to delivery across children's services, adult social care and public health whilst still maintaining the necessary focus on adult services both within the Directorate and corporately.

It is crucial that the visibility of adult social care remains high to ensure that the wider duties of wellbeing and prevention mandated within the Care Act are understood and owned across the Council, together with the increasing focus on whole systems working across social care and health.

We saw many examples of the passion and commitment of all the leaders we spoke to that drives the very positive management culture, innovative and solution focussed approaches in Harrow. A particular example of innovation is Project Infinity which builds on the successes of personalisation in adult social care to develop a modern, accessible whole community asset based approach, maximising the benefits of technology, delivering efficiencies in “back office” functions, providing real time intelligence and forging external commercial partnerships to develop the products.

## **PERFORMANCE AND OUTCOMES**

### **Safeguarding**

Harrow underwent a safeguarding peer review in November 2013, the outcomes of which were very positive, with a small number of recommendations to improve safeguarding further. These recommendations have been incorporated in the business plan for the Safeguarding Adults Board, and there is clear evidence of the recommendations being actioned. The new requirements for safeguarding following implementation of the 2014 Care Act have also been incorporated in the business plan. In common with the majority of Councils, Harrow has experienced an increase in safeguarding concerns raised since April 2015 (estimated to be 35%), but the specialist safeguarding team appear to be in control of managing this increase, with the help of the appointment of an additional member of staff initially on a temporary basis.

Making Safeguarding Personal (MSP) has been operational since the peer review in 2013, with the impact assured through regular independent file audits. Feedback from the most recent audits confirmed a high degree of engagement with MSP, which was further supported through the interviews with practitioners and managers during the assurance visit. Evidence was also demonstrated in the interviews with service users undertaken by the independent social worker who follows up at the end of the safeguarding episode, as a further level of quality assurance.

Performance on the Mental Capacity Act and Deprivation of Liberty Safeguards (DOLs) is impressive, with statutory timescales being met, which is by no means universally the case. The mixed economy approach to creating a pool of best interests’ assessors, together with strong leadership by the safeguarding service manager has resulted in continuing excellent performance despite the 200% increase in assessments between 2014/15 and the present. This has resulted in budgetary impact which is not fully covered by the Department of Health MCA/DOLs grant. However the commitment to ensure the priority of this most vulnerable user group is to be commended.

Adults and Children's safeguarding are managed separately, reporting to the respective senior managers, which is appropriate and ensures continued high performance in each area. Both already worked closely together prior to the establishment of the People Directorate and this remains the case. The "Think Family" approach is clearly embedded as articulated by a number of interviewees, and there is evidence of joint training and development approaches across children and adult services.

Some concerns were raised about the changes which will need to be made to Framework-i in order to comply with the recently launched pan London safeguarding guidelines and the resources needed to update local guidance and service user information. These concerns will need to be addressed now that the extent of the changes required is understood.

There may be scope for some efficiency in the delivery arrangements for support functions as the People Directorate continues to develop, together with the continued joint working of the partnership protocol between the HWBB, the two safeguarding boards and Safer Harrow.

The Safeguarding Adults Board is currently chaired by the DASS. Although an independent chair is not a requirement of the Care Act, there is a national trend towards this which the Board may wish to consider as part of their ongoing development.

### **Performance**

Harrow has a comprehensive performance management system with monthly meetings to review the scorecard which then feeds into the overall corporate improvement board. Overall Harrow demonstrates strong performance with comparators but there are some areas which would benefit from more in depth consideration.

Based on Q3 2015/16 data, including real time monitoring where applicable, strong areas of performance include the following:-

- 83% of service users receiving self-directed support, with 44% taking up direct cash payment.
- 100% carers receiving self-directed support, all of which is via a direct payment
- 81% of reviews undertaken within 12 months. Although this a reduction on previous performance, management action was being taken to meet the end year target of 90%
- The development of local targets on waiting times for assessments and completions to ensure a timely response to needs
- 14% of people with learning disabilities in paid employment, the second highest in London in 14/15
- Similarly 6.4% of people with mental health needs in paid employment, a shared target with Harrow's mental health Trust provider
- Maintaining statutory timescales for Mental Capacity Act/Deprivation of Liberty Safeguards assessments

There are a small number of areas where changes in performance merit further consideration:-

- Performance on delayed transfers of care is currently reducing from being the best in London to mid-range on the most recent figures. The reason given for this was pressure on purchasing budgets and the need to prioritise people more at risk in community settings. It is recognised however that addressing these pressures will require whole system solutions, and the 16/17 Better Care Fund metrics includes agreement on a local target for reducing delayed transfers from hospital.
- Long term admissions to residential or nursing care for people under 65 is higher than comparators, and contrasts with good performance for people over 65. The 14/15 figures included a closure of a health facility which added to the pressure. The proposals to develop supported living as an alternative to care home provision should help with this, in the medium to longer term.
- Performance on reablement, in terms of outcomes achieved, may need further exploration, as the percentage of people needing no or lower support after reablement is significantly lower than comparators. This appears to be as the result of the universal offer which Harrow provides for everyone leaving hospital. However further joint analysis with health commissioners may assist in determining whether more targeted approaches could deliver better outcomes within resources available.

### **Pressures on the front line**

Following the deletion of the national measure, Harrow is currently setting benchmarks for local assessment completion times for both social workers and occupational therapists, based on the number of days 75% of people wait from referral to completion of assessment. This will enable ongoing tracking of how people experience the process of self-directed support.

The customer journey in Harrow is spread across a number of teams from the initial point of contact through supported assessment and review. Both front line staff and managers demonstrated that they work well across the customer journey; they feel they are working to address “needs not wants” and are allowed to be creative and not service led. My Care Place was seen as a real asset in finding out what was available locally to develop tailored support plans with people, combined with being able to share knowledge with colleagues. The recently established 0 -25 service for children and adults with disabilities was already seen to be bearing fruit in terms of increased joint working and valuing the respective contributions of staff. Staff did not feel that budget reductions were impacting on their ability to deliver good quality services to people, although they were very mindful of costs and described a robust approval process with Assistant Director leadership to ensure tight control of budgets.

## COMMISSIONING AND QUALITY

Adults and Children's commissioners are now managed jointly by the Assistant Director, Strategic Commissioning and Provider Services. Responsibility for service quality in adults including liaison and joint work with the Care Quality Commission, rests with the Assistant Director, Safeguarding Assurance and Quality.

Information in the risk awareness pack and documentation provided demonstrated the commitment to working with providers to drive up quality. This work is undertaken by the safeguarding assurance and quality services team with the involvement of people who use services. It was reported that relationships with CQC are excellent.

There is concern about market sustainability with 4 recent examples of providers exiting the market. Commissioners were also concerned about the fact that lower fee levels in Harrow were impacting on providers' willingness to deliver services in the Borough. An uplift in fees will be offered in 2016/17 using the 2% adult social care precept.

Market gaps in services to meet the needs of Asian people with dementia and mental health step down beds have been identified. A plan is in place to convert an existing in-house property to create additional capacity. The most recent market position statement we saw was published in 2013. Given the increasing pressures in the market, we would suggest that the statement is refreshed to reflect the changed position.

We were not made aware of any commissioning strategies that have been completed over the past twelve months, although three are now being developed, namely accommodation, learning disabilities and carers strategies. We consider that there could be more opportunities for the development of joint commissioning plans, particularly with health partners.

It may also be helpful to revisit the West London Alliance approach to market management and procurement to address differences in provider pricing / costs compared to other local Boroughs which could represent a risk to maintaining sufficient supply in Harrow. There was a view expressed that it may be necessary to move a little away from total spot purchasing through personalisation to some framework provider agreements to ensure a sufficient range of services in the Borough. We were unable to explore these issues more fully in the time we had available, however you may discuss this further as a Directorate leadership team.

The Commissioning for Better Outcomes tool<sup>3</sup> which was developed by the Department of Health, ADASS, Local Government Association and Think Local Act Personal could be very useful in helping determine the future

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<sup>3</sup> Commissioning for Better Outcomes: A Route Map University of Birmingham 2013

direction for commissioning. It can be used either as a self-assessment tool or undertaken as a peer review.

## **NATIONAL PRIORITIES AND PARTNERSHIPS**

Significant improvements have been made in relationships with health colleagues over the last 2 years and this is a very positive shift. A concrete example given was that the funding for protection of adult social care within the Better Care Fund had been fully agreed for 16/17, which had not been the case in the previous year. There was also recognition of the opportunities for the Health and Wellbeing Board to bring partners together to work to a shared, whole system agenda.

Harrow has been well placed to deliver the new requirements under the Care Act 2014, with a report to Scrutiny in February 2016 identifying the progress which has been made since April 2015 together with ongoing work programmes in relation to carers services, information and advice, and changes to ordinary residence. There is a further national stocktake due in late spring/early summer 2016 which will enable further benchmarking of progress.

The financial pressures being experienced by both the CCG and the Council create challenges in achieving whole system transformation, and discussions about the model of integration envisaged were still at an early stage. However a greater focus on integration and development of more specific plans could bring forward options for addressing budget deficits in both health and social care as well as improving outcomes for people.

Front line staff are very keen to develop closer working with health colleagues and better understanding of each other's agendas. They gave an example of an event with GPs and adult social care staff which was positive in improving working relationships. Opportunities for colocation for health and social care delivery would support integration and improve relationships. Harrow is part of the North West London Integrated Care Pioneer programme, but it did not appear to have much visibility with operational staff. The improved opportunities for joint working under the Better Care Fund should be a vehicle for raising the profile of integration at all levels.

## **RESOURCE AND WORKFORCE MANAGEMENT**

Harrow's spending power is ranked as 26<sup>th</sup> out of 32 London Boroughs, and has seen a steady reduction in business rates over recent years. Over the past 6 years adult social care has delivered savings of £21.4m with a further £13m to deliver over the next 3 years. This together with a financially challenged health environment means that more easily deliverable efficiencies have already been made and innovation and creativity is required to manage demand and deliver services at a lower cost base.

We agree that the desire to look at whole system resources and solutions is helpful with a focus on the "Harrow £" so that health and social care funding is

viewed as one pot from which to deliver transformed services. To date the Better Care Fund has focused on the minimum required contributions to be included in the pooled fund. Including other expenditure lines, for example continuing health care or non-elective admissions, may help to foster a more whole system approach to determining the best use of resources to meet health and care needs.

There is significant potential for Project Infinity to generate income through commercialisation and expansion of the Harrow designed Community ePurse system to wider applications. Both senior managers and the portfolio holder were aware of the risks to be mitigated through strong programme management and the choice of commercial partner.

Although staff were very aware of cost pressures in support planning we felt it would be helpful to continue sharing the future financial position with staff in order to ensure they have the appropriate context for their work in a supported way –tapping into the strong practitioner approach to personalisation.

We also felt it would be helpful to use the TEASC “Making best use of reducing resources in adult social care” tool<sup>4</sup> to look at whether there are further opportunities to reduce or change spending patterns to deliver best possible outcomes.

Workforce management in Harrow appears to be a key strength. Sickness absence rates in adults have been on a downward trend during 2015/16 and are at 8.5 days, Completion of appraisals remains high and the use of agency spend is reducing. Qualitatively staff spoke very positively about working in Harrow, resulting in low turnover rates and a number of people returning to work in the Borough having moved elsewhere.

The creation of the People Directorate had given adult social care staff the opportunity to access training and development courses previously confined to children’s services. One area for consideration was the extent to which non-social work qualified but experienced adult social care staff could be supported to access professional training. Although workforce recruitment and retention are strong in Harrow, it could be beneficial to support some staff to become qualified and have the opportunity for career progression within the Borough.

The recently revised Care and Support statutory guidance<sup>5</sup> has strengthened the responsibilities of the Principal Social Worker for adults. The guidance states that local authorities should have a qualified and registered social work professional practice lead in place to lead and oversee excellent social work practice, to support the DASS and/or the wider Council in complex cases; and lead on ensuring the quality and consistency of social work practice in fulfilling its safeguarding responsibilities, including extensive knowledge of the legal and social work response options.

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<sup>4</sup> Making best use of reducing resources in adult social care: TEASC 2014

<sup>5</sup> Statutory guidance to support local authorities implement the Care Act 2014: Department of Health 26 March 2016



One suggestion that was made during our visit was whether the Principal Social Worker roles in Children and Adult services could be combined in the People Directorate. The revised guidance is not prescriptive about local arrangements. However it does state that the PSW should be visible across the organisation at all levels, given sufficient time to carry out the role and maintain close contact with the DASS. It also envisages the PSW “bridging the gap” between professional and managerial responsibility in integrated health and care settings. These factors, together with the need for the person to have extensive and ongoing knowledge and skills in adult social care, would need to be carefully considered in reaching a conclusion about the most appropriate arrangements for the role in Harrow.

## **CULTURE AND CHALLENGE**

One of the major strengths we identified during our visit was the open and transparent culture, which reflects very positively on the leadership and management across the Directorate. Staff were extremely positive regarding management style, approach, visibility and availability. They described themselves as being very well communicated with and informed. They feel that their managers know them, listen to them and support them and know about their clients and their workloads. This was demonstrated at all levels including front line staff.

Managers and staff were positive about the merging of directorates and closer working across all ages. They felt that this builds on already close working relationships between colleagues across the directorates and provides opportunities to access both training and support from colleagues. There was no suggestion that staff view the merger as a takeover, rather they saw it as a continuation of already close working relationships and continued development of the personalisation approach. They saw the benefit of taking to be more joined up across adults and children’s and across the local authority and health.

Our brief in this review did not include direct engagement with people who use services and their carers. However we did see excellent examples through the development of the Local Account and the Quality Assurance Charters of co-production embedded throughout service delivery.

The most recent published Local Account was 2013/14. It was explained that over the past two years that, rather than a publication, the local account process has become a dynamic user led group involved in a wide range of improvement activity. A mechanism for capturing this best practice would be very beneficial.

Harrow has demonstrated its positive approach to sector led improvement through engagement in regional activities and bespoke quality assurance. There are a number of other tools on offer in relation to commissioning and use of resources which have been referred to earlier which may be helpful in supporting the design of the future model for adult social care.

## **CONCLUSIONS**

You have demonstrated a high degree of self-awareness in the use of the TEASC risk assessment tool and a positive commitment by everyone involved in the assurance visit to improve the health and wellbeing of Harrow residents. We would like to thank all staff involved for their open and constructive responses during our visit and the excellent organisation of the interviews.

The opportunities presented by the People Directorate in terms of a whole family and community approach are being implemented in a considered way, and staff at all levels articulate the vision clearly. Numerous examples were given of how working relationships and conversations between children and adult services had continued to develop over the past year, whilst still ensuring a strong focus on personalised support for adults. The benefits for the People Directorate in having one voice in engaging corporately are also being realised, for example in addressing housing and supported living needs as part of the Council's regeneration and housing strategies.

Adult social care will continue to face significant financial and leadership challenges over the coming years in delivering the vision and aspirations of the Care Act, integrating care and health, and commissioning a range of personalised services for people to have choice and control about how support is provided. This will require determination, creativity and a willingness to look beyond traditional organisational boundaries. Harrow is well placed to meet these challenges through the culture and leadership style demonstrated in the People Directorate. The following recommendations are offered to support your continuing improvement and development journey.

## **RECOMMENDATIONS/AREAS FOR FURTHER EXPLORATION**

1. The Portfolio holder's experience in both health and social care in her role as Chair of the Health and Wellbeing Board is a strength. Continued focus on developing the role and approach of the Board further is important in terms of the integration agenda and managing financial pressures. Support to the Board's development from external facilitation, for example via the LGA, could be considered to assist this.
2. The focus on adult social care should remain high within the new Directorate in order to ensure continued progress on the wellbeing and prevention agendas and whole systems working across health and social care.
3. Safeguarding adults, including the implementation of the Mental Capacity Act, is a strength in Harrow. There may be further opportunities for efficiencies in managing infrastructure arrangements across the two Safeguarding Boards whilst still ensuring high quality in both. A further development could be consideration of the appointment of an Independent Chair for the

SAB. The newly revised pan London safeguarding guidelines will require some additional resources to update local systems.

4. Developing a stronger joint strategic commissioning approach with health commissioners will enable opportunities to deliver new models of care and support for Harrow residents to be maximised. This could also include revisiting the relationship with the West London Alliance and the approach to market management. Self-assessment using the Commissioning for Better Outcomes tool<sup>6</sup> could be beneficial in determining next steps for the commissioning function.
5. Against a background of strong performance there are a small number of whole system performance indicators which warrant further consideration; i.e. admissions to residential or nursing care for people under 65, reablement outcomes, and delayed transfers of care.
6. A greater focus on integration and the development of specific joint transformation plans should be strengthened in order to address budget deficits in both health and social care as well as improving outcomes for people. The Better Care Fund for 16/17 and beyond, with a focus on whole system resources and solutions - the “Harrow £”, should be used to raise the profile of integration at all levels.
7. The TEASC “Making best use of reducing resources in adult social care” tool<sup>7</sup> could also be used to look at whether there are further opportunities to reduce or change spending patterns to deliver best possible outcomes.
8. Opportunities, such as the virtual ward developments under the Integrated Care Programme and colocation should be maximised to support integration, enabling front line staff to develop closer working with health colleagues and better understanding of each other’s agendas.
9. Consideration could be given to whether non-social work qualified but experienced adult social care staff could be supported to access professional training.
10. All aspects of recently published guidance regarding the Principal Social Worker role for both adults and children need to be carefully considered in reaching a conclusion about the most appropriate arrangements for Harrow.

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<sup>6</sup> Commissioning for Better Outcomes: A Route Map University of Birmingham 2013

<sup>7</sup> Making best use of reducing resources in adult social care: TEASC 2014

**Harrow TEASC Review Interviewees**

Cllr Anne Whitehead	Portfolio Holder, Adults and Older People
Chris Spencer	Corporate Director, People Services
Visva Sathasivam	Assistant Director, Adult & Children Social Care
Chris Greenway	Assistant Director, Safeguarding Assurance and Quality Services
Jonathan Price	Assistant director, Strategic Commissioning and Provider Services
Jon Manzoni	Interim cover for Assistant Director, Strategic Commissioning and Provider Services
Lois Elliott	Senior Professional, Commissioning
Sue Spurlock	Service manager, Safeguarding Adults and DoLS services
Donna Edwards	Finance business partner
Anne Mosley	Service manager, personalisation review team
Seth Mills	Service manager, long term social care team
Shaun Riley	Service manager, Personalisation and hospital teams
Barbara Huggan	Service Manager, Reablement
Peter Singh	Service Manager, Complaints & Information Requests (Children's & Families & Adult social care)
Practitioners	Social Workers / Care Managers focus group
Mario Casiero	Project Manager, adult social care