



Making Social Care
Better for People

CSCI
3rd Floor
Finlaison House
15-17 Furnival Street
London
EC4A 1AB

Tel: 020 7979 8051
Fax: 020 7979 8010
Email: enquiries.london@csci.gsi.gov.uk
www.csci.org.uk

Paul Najsarek
Director of Adult Services
London Borough of Harrow
Civic Centre
PO Box 57
Station Road
Harrow
HA1 2XF

Date: 21st October 2007

Ref: SB/LF

Dear Mr. Najsarek,

SUMMARY REPORT of 2006-07 ANNUAL PERFORMANCE ASSESSMENT OF SOCIAL CARE SERVICES FOR ADULTS SERVICES FOR HARROW

Introduction

This report summarises the findings of the 2007 annual performance assessment (APA) process for your council. Thank you for the information you provided to support this process, and for the time made available by yourself and your colleagues to discuss relevant issues.

Attached is a revised copy of the performance assessment notebook which provides a record of the process of consideration by CSCI, leading to an overall performance rating. You will have had a previous opportunity to comment on the factual accuracy of the evidence notebook following the Annual Review Meeting.

The judgements outlined in this report support the performance rating notified in the performance rating letter. *The judgements are*

- *Delivering outcomes (formerly Serving People Well) using the LSIF rating scale*

And

- *Capacity for Improvement (a combined judgement from the Leadership and the commissioning & use of resources evidence domains)*

The judgement on Delivering Outcomes will contribute to the Audit Commission's CPA rating for the council.

The council is expected to take this report to a meeting of the council within two months of the publication of the ratings (i.e. by 31st January 2008) and to make available to the public, preferably with an easy read format available.

ADULT SOCIAL CARE PERFORMANCE JUDGEMENTS FOR 2006/07

Areas for judgement	Grade awarded
Delivering Outcomes	Adequate
Improved health and emotional well-being	Good
Improved quality of life	Adequate
Making a positive contribution	Adequate
Increased choice and control	Adequate
Freedom from discrimination or harassment	Adequate
Economic well-being	Adequate
Maintaining personal dignity and respect	Adequate
Capacity to Improve (Combined judgement)	Uncertain
Leadership	
Commissioning and use of resources	
Star Rating	One Star

The report sets out the high level messages about areas of good performance, areas of improvement over the last year, areas which are priorities for improvement and where appropriate identifies any follow up action CSCI will take.

KEY STRENGTHS AND AREAS FOR IMPROVEMENT BY PEOPLE USING SERVICES

Key strengths	Key areas for improvement
All people using services	
<ul style="list-style-type: none"> • Proportionate services to BME communities • Pro-active health awareness • Timely hospital discharges • Levels of people receiving a review • Low recourse to residential care and majority have single rooms • Interpreter services always available • People who use services attend all partnership boards • Welfare benefit advice integral to assessments 	<ul style="list-style-type: none"> • Percentage receiving a statement of their needs and how they will be met • Increase direct payments • Consider themes arising from complaints and any actions which may reduce levels of complaints • Reduce continuing care disputes • Develop more preventative services • Develop more extra care housing schemes
Older people	
<ul style="list-style-type: none"> • Prevention of hospital admissions • Falls service established • Low admissions to residential or nursing care for both adults and older people 	<ul style="list-style-type: none"> • Establish community mental health team for older people • Increase intensive homecare, including via direct payments • Numbers in receipt of telecare • Waiting times for assessments and timeliness of services post assessment • Support more people to live at home • Continue to develop intermediate care
People with learning disabilities	
<ul style="list-style-type: none"> • Systems to smooth young people in transition • Good Adult Placement Scheme 	<ul style="list-style-type: none"> • Support more people to live at home • Increase spend on advocacy • Consolidate modernisation of services • Reduce numbers in residential care • Increase work opportunities • Explore with partners how outcomes of LDDF projects can be achieved
People with mental health problems	
<ul style="list-style-type: none"> • People helped to live at home • Drug misusers sustained in treatment 	<ul style="list-style-type: none"> • Better recording of data • Explore if numbers of problem drug misusers accessing treatment services can be further developed • Continue planned developments for work opportunities
People with physical and sensory disabilities	
<ul style="list-style-type: none"> • Continued improvement in waiting times for minor adaptations 	<ul style="list-style-type: none"> • Support more people to live at home • Timeliness of equipment and adaptations

	<ul style="list-style-type: none"> • Reduce waiting times for major adaptations
Carers	
<ul style="list-style-type: none"> • Number of breaks for carers 	<ul style="list-style-type: none"> • Increase services for carers • Assessments and reviews for carers of those with learning disabilities • Increase direct payments to carers • Capture of non-care managed services

KEY STRENGTHS AND AREAS FOR IMPROVEMENT BY OUTCOME

Improved health and emotional well-being

The council makes a good contribution to improving people's health and sense of well-being.

The council, with its partners is pro-active in promoting health awareness and a range of activity regarding active lifestyles. Harrow's Local Area Agreement incorporates joint targets, including a Healthy Ageing programme, action for people with chronic conditions and smoking cessation.

Although the council, together with its partners, has furthered plans to develop an integrated community mental health service for older people, this is yet to be established and therefore this remains an area for development.

A specialist team provides intermediate care to prevent both hospital admission and support timely hospital discharge. Collaborative working with health partners facilitates critical domiciliary care packages to prevent hospital admission.

While the council has significantly increased investment in intermediate care, and directed resources in shifting focus away from residential to community provision, overall intermediate care remains below the London average, which needs further development, particularly given Harrow's demographic profile. The council have taken robust action to significantly reduce the numbers of people delayed in hospital who are fit for discharge; this was an area for improvement last year.

The council need to explore whether the number of problem drug users accessing treatment can be further developed. There is increasing choice and retention in residential placements for those with drug related problems. There has been good improvement in the percentage of clients receiving a review, which is now above the London average. The council have more sophisticated management systems for review outcomes to inform strategic planning, commissioning and quality assurance mechanisms.

Key strengths

- Proactive health awareness schemes and information about healthier lifestyles and wellbeing
- Domiciliary and intermediate care schemes prevent hospital admission and assist timely hospital discharge
- The number of delayed transfers of care has significantly fallen
- Percentage of clients receiving a review
- Drug misusers sustained in treatment

Key areas for improvement

- Continue to increase intermediate care
- Establish an integrated Community Mental Health Team for Older People
- Explore whether numbers of problem drug users accessing treatment can be further developed

Improved quality of life

The council makes an adequate contribution to improving people's quality of life.

The council has continued to face budgetary constraints, which have negatively impacted on a number of key areas for promoting the independence of service users. This has included assisting older people, those with learning disabilities and people with physical disabilities to live at home. The performance measure for numbers of people with mental health needs who are supported to live at home has significantly increased, due to the inclusion of NHS mental health data.

The use of intensive homecare fell last year, as the council reviewed and strictly applied its eligibility criteria due to its severe financial constraints. Numbers receiving intensive homecare purchased via direct payments also reduced. Although there was no associated increase in residential care admissions, the council need to increase intensive homecare provision to support people in the community.

The council need to consolidate the improvement in the use of telecare to support older people, as this still remains below the London average.

Plans for new neighbourhood resource centres are being developed.

A falls service has been developed, with a range of community and hospital based schemes. This was an area for improvement last year. There were no extra care housing schemes developed last year, which the council need to address.

Due to the council's financial situation, there is little investment in preventative work. The council have a number of corporate projects in the wider wellbeing arena, and plan to enhance capacity in the voluntary sector. This needs development, together with demonstrable evidence of its effectiveness in preventing escalation of need.

The total number of breaks provided for carers has more than doubled.

However, services for carers still needs considerable development, as Harrow's performance is the lowest in London. This remains an area for improvement from last year, even taking into account the inclusion of mental health data, which the council assert significantly affected their performance. The council need to work within improved partnerships, to ensure the ongoing work continues to secure more robust data capture and performance management in this area. Given the risks to carers identified in the council's impact assessments, as part of the proposal to raise eligibility thresholds, the council would benefit from developing systems to further capture support to carers via non care managed services.

Although the percentage of equipment and adaptations delivered within 7 working days has increased, it needs significant further development, to bring it in line with comparators. Robust action has been taken to effectively reduce waiting times for minor adaptations. The council need to address the significant increase in waiting times for major adaptations. As this was primarily attributable to the duration for completion of the most complex cases and remedial action has been effected to streamline processes and increase resources, the council are confident of improved performance in this area.

Key strengths

- Length of time waiting for minor adaptations
- Plans are in place for 3 new Neighbourhood Resource Centres for those with learning disabilities
- The number of people with mental health problems helped to live at home
- Doubling of breaks for carers
- Falls service established, with care pathway and a single point of access

Key areas for improvement

- The number of older people helped to live at home
- Intensive homecare, including that purchased via direct payments
- Telecare provision
- The number of adults with learning disabilities helped to live at home
- Further improvement to equipment and adaptations delivered within 7 working days
- Length of time waiting for major adaptations
- The number of younger physically disabled people helped to live at home
- Services for carers
- Work with partners for more robust data capture
- Consider benefits of capturing non-care managed support to carers
- Develop more preventative work and systems to capture its effectiveness
- Extra care housing provision

Making a positive contribution

The contribution that the council makes to this outcome is adequate.

The council engages with service users, they are represented on all partnership boards and in reviewing strategies. The Learning Disability Partnership Board is co-chaired by a person with learning disabilities.

Care services commissioned by the council are required to have service user committees. Service users were actively involved in the domiciliary care re-tendering process and satisfaction surveys are undertaken by the voluntary sector on behalf of the council.

There are service user committees in all day and residential services and service users views influence both service design and delivery of day services. A self-assessment pilot has been developed within the physical disabilities team, with several tools designed for service users to express their preferences.

While the council has varied ways in which it engages with its increasingly diverse communities, it needs to ensure that this is both maintained and consider how this is effectively enhanced in order to ensure that given the council plans to raise eligibility criteria, the voice of service users and diverse groups continue to be represented at all levels.

Harrow is currently considering how they can facilitate users who have had such direct experience to have an input to the Safeguarding Adults plan.

Key strengths

- Self-assessment projects being in Physical Disabilities service
- Service users involvement in the selection process of domiciliary care contracts
- Satisfaction survey on behalf of the council on domiciliary care
- Service user committees in day and residential services
- People who use services attend every Partnership Board

Key areas for improvement

- Consider how to enhance engagement of people who use services, given the plans to raise eligibility criteria

Increased choice and control

The contribution that the council makes to this outcome is adequate.

Generally, assessment and care management is more timely, although still needs to improve further. This includes waiting times for assessments and services for older people provided within 4 weeks of assessment. The latter is particularly critical, given the council's plans to raise eligibility thresholds, to ensure a timely response to those with the highest level of need.

The number of carers caring for people with learning disabilities who received an assessment or review during the year has increased, but was significantly below that planned. The council need to ensure that training to raise awareness of the need for carers assessments in their own right is realised.

The council have developed protocols to smooth the transition process for young people with learning disabilities and Person Centred Planning has facilitated their engagement.

The numbers of those in receipt of direct payments increased slightly last year, but with relatively low take up across all client groups and from Black and Minority Ethnic communities. The council maintain the latter is a recording issue. There were no direct payments made to carers. The council need to take robust action to reverse this, particularly to support the strategic vision for adult social care, as one that increasingly promotes self-directed care.

More robust management, recording and awareness training has influenced the significant rise in the level of complaints. However, as these also relate to actions taken in response to budgetary constraints, the council need to consider themes arising from complaints and any actions, which may reduce levels. Despite the significant increase in complaints, relatively few escalate beyond stage one.

Whilst the council have made some plans for modernisation of services for people with learning disabilities, the rate of progress in some areas is slow. For instance, the planned resource centres for people with learning disabilities will not become operational until 2009. Some key developments in the arena of support for those with learning disabilities have been adversely effected by the withdrawal of the Learning Disability Development Fund. The council with their partners need to consider what mitigating action is needed to address this.

The consultant joint-funded by the Department of Health to enhance the building of collaborative relationships should assist in this respect. There is a good Adult Placement Scheme. The council increased advocacy for people with learning disabilities; this was an area for improvement last year. This is still below the London average and would benefit from further development.

There is relatively little recourse to residential care. However, the numbers of people with learning disabilities, who were in residential or nursing care on a permanent basis, has significantly increased since the previous year. The council report this is a recording issue associated with an improved database and that there were fewer admissions than in the previous year. There is good access to interpreter services; these are always available to meet the needs of Harrow's increasingly diverse community.

The council assert that the drop in the percentage of people receiving a statement of their needs and how they will be assessed is attributable to the inclusion of mental health data at the end of the year. Progress is being made on implementation of the Single Assessment Process, although further work is needed, particularly with partners to achieve an electronic version.

Key strengths

- Smooth transition for young people into adulthood
- Interpreter services are always available
- Low admissions to residential or nursing care for both adults and older people
- Good Adult Placement Scheme

Key areas for improvement

- Further improvement needed for waiting times for assessments
- Increase percentage of assessments of older people that are completed within 2 weeks
- Improve percentage of services for older people provided within 4 weeks of assessment
- Increase number of carers of people with learning disabilities receiving an assessment or review
- Direct payments need to increase, more robust recording of those made to BME communities
- Consider themes arising from complaints and any actions which may reduce levels
- Further develop Single Assessment Process, with partners
- Continue to increase spend on advocacy services for those with learning disabilities
- Consolidate modernisation of services for people with learning disabilities
- Work with partners to consider mitigating actions to address LDDF withdrawal
- Improve percentage of people receiving a statement of their needs and how they will be met

Freedom from discrimination or harassment

The contribution that the council makes to this outcome is adequate.

The council's plans to increase eligibility criteria to critical level have been subject to legal challenge and so its impact is unknown. Given the assessed risk and impact assessments undertaken, the council need to build on these to continue to closely monitor both the current impasse and consequences of raised thresholds once applied, particularly in relation to those groups deemed at more risk, such as older people and carers.

Assessments and service provision for older people and those with learning disabilities from Black and Minority Ethnic communities are proportionate and responsive to the increasingly diverse population of Harrow.

The council need to improve the recording of ethnicity of both service users being assessed and those in receipt of services. While performance of the latter has improved, it remains above the London average.

Although the council assert this has been affected by the inclusion of mental health data, they need to ensure that work with partners addresses appropriate recording.

The council has achieved three out of the five local government equality standards, with plans to achieve the remaining two within the next two years.

Key strengths

- Ethnicity of people receiving an assessment or service
- Proportionate service provision to those with learning disabilities from Black and Minority Ethnic communities

Key areas for improvement

- Improve recording ethnicity of adults assessed
- Improve recording ethnicity of adults in receipt of services
- Complete the remaining two local government equality standards
- Monitor the impact of eligibility threshold impasse
- Monitor the impact of the planned raised eligibility thresholds, if implemented

Economic well-being

The council makes an adequate contribution to improving people's economic well-being.

The council have a protocol with the PCT regarding continuing care, although there has been a fourfold increase in the number of disputes. The council need to continue to work with partners to further develop systems to reduce the increased levels of disputes about continuing care, to ensure positive outcomes for service users. The new guidance, appointment of PCT senior executives and the consultant commissioned to enhance partnership and collaborative working arrangements should all assist in this matter.

Welfare benefit advice is integral to assessments undertaken.

There are a number of schemes to facilitate employment opportunities for people who use services, including the Expert Patient Programme in partnership with the PCT, for those with physical disabilities.

The council commissions a voluntary sector organisation to conduct a work preparation programme for those with learning disabilities, with opportunities to undertake work placements and National Vocational Qualifications. Although the Learning Disabilities Partnership Board have undertaken an initial scoping exercise regarding issues to consider in developing a strategic employment framework, this needs to be translated into a robust plan, with clear objectives that will secure more employment opportunities for those with learning disabilities.

Following consultation and service user representation, planned service developments to enhance skill and employment opportunities for those with mental health needs are pending, subject to further evaluation.

Key strengths

- Welfare benefit advice is integral to assessments

Key areas for improvement

- Work with partners to reduce the number of continuing care disputes
- Improve the number of learning disabled people helped into work
- Continue planned developments to enhance skills and work opportunities for those with mental health problems

Maintaining personal dignity and respect

The council makes an adequate contribution to maintaining people's personal dignity and respect.

The Local Safeguarding Adults Board (LSAB) has been established for a number of years, with multi-agency representation; it is chaired by the Corporate Director of Adults and Housing. However, attendance by partners has been patchy. The council have reviewed the functioning of the LSAB and while resultant plans are in place, it is too early to assess the impact and how this contributes to better outcomes for vulnerable adults. The council receive a higher than average rate of adult protection referrals, although it needs to increase the rate of completion. There is continued good performance in the percentage of council staff receiving training on the protection of vulnerable adults, although this would benefit from matching the previous very good performance. The council need to invest in safeguarding adults training directed at the private and voluntary sector, as the take up is particularly low. The council recognise that there are capacity issues regarding safeguarding and are planning to develop a dedicated team to streamline processes and to enhance a more robust overview of the safeguarding arena. Expectations regarding the safeguarding of adults is incorporated within the councils service level agreements and contracting processes. Virtually all service users who are admitted to residential or nursing care have their own individual rooms.

Key strengths

- Established Safeguarding Board, and dedicated post of Safeguarding Adults Co-ordinator
- Planned development of a dedicated safeguarding team
- High proportion of council staff had Adult Protection training
- Safeguarding expectations incorporated within service level agreements and contracting processes
- Good performance on availability of single rooms for those admitted to residential care

Key areas for improvement

- Work with partners to increase attendance at the Local Safeguarding Adults Board
- Increase the numbers of completed adult protection referrals
- Improve safeguarding adults training to independent sector staff

Capacity to improve

The council's capacity to improve services further is uncertain.

The council's new Chief Executive is setting the agenda to transform the culture of the council, to drive the necessary change and has introduced leadership training programmes for both members and managers. The council are becoming more outward looking, commissioning a rolling programme of Peer Reviews. Although there are very tight financial constraints within which the council operate, none the less adult social care is the only department receiving future budgetary growth. Adult Social Care now has a stronger political and corporate profile in Harrow; the corporate plan has been updated, with more clarity regarding priorities. The council has re-organised to produce a slimmer structure with fewer corporate directorates, in order to achieve further savings and deliver its strategic objectives and clarity of accountability. The council are planning to develop further quality assurance systems. Partnerships need considerable development and the council need to progress work begun in this area via the consultant commissioned through match funding from the Department of Health.

The council have produced an Improvement Plan for Adult Social Care. While the council has identified areas for further development, these need to be translated into the more detailed service plans that are intended, with objectives that are specific, measurable, achievable, realistic and timely (SMART). Adult Social Care operates within challenging financial constraints, which has impacted upon its ability to drive improvements in some key areas. There is a variable response to the areas for development from last year; the trajectory across some performance indicators is improving, while for others it is not. Although overall the council has made improvements when compared to its performance 2 years ago, they need to increase the pace of change in order to narrow the gap with comparators. Adult Social Care has introduced a comprehensive database, which is increasingly informing strategic planning.

However, the council assert that some indicators have been adversely affected by the inclusion of mental health data. They therefore need to ensure that they work closely with partners in order to effect accurate data capture that is able to influence and track service provision. There is a corporate risk management system to track and review areas deemed to be high risk- this will assist within the current financial climate and plans to increase eligibility thresholds.

The council's strategic vision for Adult Social Care is for a significant cultural shift towards self directed care, with increased direct payments and individual budgets. Harrow plan to introduce the In Control Total model, by being part of the national pilots in early 2008. The council have undertaken a detailed needs assessment and projections as part of their workforce strategy, outlining areas to be addressed in order to ensure council staff is fit for purpose to realise its strategic vision.

Despite this however, there are significant human resource issues that need addressing, in particular, to reduce staff turnover, vacancy and sickness levels, which have all increased. While practice learning has increased, it remains the third lowest in London. Training and development also needs enhancing to ensure the council is able to realise its strategic vision and can be reconciled with the workforce strategy. Staff in Adult Social Care are broadly representative of the local communities in terms of Black and Minority Ethnic representation, although the recording of staff ethnicity needs to improve.

The council operates within a very tight financial context and with comparatively little reserves, although there are plans to incrementally increase reserves. Adult Social Care had to make budget reductions last year and had £0.5 million overspend. There is a modest net budget growth next year. Per capita spend is broadly in line with comparators for most service users groups, apart from those with learning disabilities. Given the current financial context this may be at some risk. To contain the budget the council plan to increase eligibility criteria to the highest level- critical. However, as this has been subject to judicial review, the council need to continue to monitor the impact of the impasse on the budgets, risks and develop plans to enhance capacity within the voluntary sector to mitigate risks. There are more robust financial managements systems facilitated by a comprehensive database.

There are ongoing financial disputes between the council and the PCT. While working groups have been set up to agree the principles for cost sharing, the commissioned consultant to help facilitate good collaborative working should facilitate progress.

Strategic planning and joint commissioning needs considerable development, the latter has been subject to external review. This identified that there was a lack of clarity of governance of partnership boards and overarching decision-making processes and a need for more focused and longer-term strategic vision and associated plans to ensure their delivery. Progress in this area has to some degree been delayed by changes in personnel in the PCT.

The council need to consolidate their preparatory work on joint strategic needs assessments, to inform joint commissioning and work with partners to accelerate progress in this arena.

Harrow provides a good proportion of intensive home care compared to residential care. The council needs to reduce unit costs of homecare and intensive homecare, which remain comparatively high. The council are confident that the planned re-tendering of domiciliary care contracts will impact on this in the coming year. The council has a Medium Term Budget Strategy, which requires further savings for the next two years. Although the council effected efficiency gains, which in some instances were above average, they need to maximise efficiencies overall, particularly given the current tight financial context. In particular, cashable gains were significantly below the London average.

There are a number of systems to monitor quality within commissioned services and the council plans to consolidate this further via the introduction of outcomes based qualitative measures. A review will be undertaken to align quality assurance procedures, contract monitoring and commissioning practices across the newly configured Adults and Housing Services. The severe financial constraints within which the council operates remains a significant threat to the council's ability to increase the pace of change. Overall, the council has made some progress, but the financial climate within which it operates has impeded both the extent and rate of improvement.

Key strengths

Leadership

- Slimmer structure to affect further savings, deliver strategic objectives and clarity of accountability
- Enhanced corporate and political profile for adult social care
- Leadership Programme for cabinet members and senior managers
- Plans for rolling programme of peer reviews
- Database allows more robust data capture, performance management and strategic planning
- Strategic vision for Adult Social Care is for a significant cultural shift towards self directed care
- The council has developed a workforce strategy for 2007-2010
- Increased gross current expenditure on training directly employed staff

Commissioning and use of resources

- Modest net growth for adult social care
- Framework 1 finance model will assist with more robust management of costs
- Good proportion of intensive homecare compared to residential care
- Above average non-cashable gains
- Higher than average per capita spend for older people and people with mental health problems

Key areas for improvement

Leadership

- Increase pace of change
- Develop more detailed service improvement plans with SMART objectives
- Develop partnerships
- Develop quality assurance systems as planned
- Work with partners to improve data capture to track service provision
- Improve recording of staff ethnicity
- Reduce :
 - Staff turnover
 - Vacancy levels
 - Sickness absence
- Consolidate further investment in practice learning, staff training and development

Commissioning and use of resources

- Improve governance arrangements of partnership boards and ensure partner representation
- Improve clarity of relationships between partnership boards and overarching decision-making processes
- Sharper, longer term joint strategic vision and planning for commissioning
- Develop strategic planning and further joint strategic needs assessments
- Reduce cost of intensive social care
- Reduce unit cost for home care
- Increase cashable efficiency gains
- Increase council reserves, as planned
- Increase per capita spend for people with learning disabilities
- Monitor the impact of eligibility impasse on the budgets, risks and develop plans to enhance capacity within the voluntary sector to mitigate risks

Follow up action in 2007-08

Harrow are having a Learning Disabilities Service Inspection in January 2008.

Yours sincerely,



REGIONAL DIRECTOR

Regional Director
Commission for Social Care Inspection