

Meeting:	Cabinet
Date:	18 December 2008
Subject:	Adults Star-rating
Key Decision:	No
Responsible Officer:	Paul Najsarek Corporate Director Adults and Housing
Portfolio Holder:	Cllr Barry McLeod-Cullinane, Portfolio Holder for Adults and Housing
Exempt:	No
Enclosures:	Appendix 1 – Adult Social Care Judgement 07/08 Appendix 2 - Letter from CSCI

Section 1 – Summary and Recommendations

Recommendations:

Cabinet to note the outcome of the 2008 star-rating for Adults Services and the developments in the assessment process for 2009.

Reason: (For recommendation)

To inform Cabinet of progress in a key service area and to respond to the Commission for Social Care Inspection request that the star-rating should be reported to Cabinet within two months of publication.

Section 2 – Report

2.1 Introduction

Since 2001 Inspectors (currently the Commission for Social Care Inspection – CSCI) have produced annual star-rating and assessments of Adult Social Care. These ratings assess Council performance for the year in question and the prospects for future improvement. Harrow have not previously changed its rating since the rating system began (1* uncertain prospects)

The rating system has undergone a number of changes over the years. The current system is based on seven outcome areas and a capacity to improve judgement which looks at Leadership, Commissioning and use of resources. The judgement relies primarily on data and evidence from the preceding financial year but does allow the inclusion of some in year evidence.

3. 2008 Star-Rating

- 3.1 Harrow's adult social care rating has improved this year to 1* with promising capacity to improve. This is the first improvement in rating for the service in the 7 years they have existed.
- 3.2 Appendix 1 shows a summary comparison of our progress over the last year. Members will note that CSCI have assessed us as having moved up a grade in two outcomes areas and in the leadership category.
- 3.3 Appendices 2 and 3 contain CSCI's summary reports which show more detail on our strengths and areas for development.
- 3.4 If the current rating system continued to exist we would need to move one more area outcome to good to achieve 2* status (3 out of 4 in CPA terms)
- 3.5 Even if the current system persisted this would still be challenging as there are significant number of areas we are still developing and improving – Notable themes included:
 - The Learning Disability Service
 - Our Quality Assurance and User feedback mechanisms
 - The quality of some of our external provision
 - Volume of people supported to live at home and receiving intensive homecare
 - Ensuring a whole council response to adult well-being

4. Next Years Rating

- 4.1 There is still a lack of clarity on how adult services will be rated in Autumn 2009. The final handbook which sets this out will be published in December. There are a number of expected changes.
 - The Adult Services Transformation agenda will be reflected for the first time (this is based on the governments Putting People First document which focuses on personalisation of services)
 - The new National indicators will be used for the first time.
 - Some of the old Performance Assessment Framework (PAF) indicators are likely to be dropped.
 - There will be more emphasis on local evidence of qualitative improvement in services
 - It is likely there will be no single 'star rating' for the services next year. Instead it is likely that the adult services will receive a rating for each of the service outcome areas. This assessment will then feed into the overall CAA assessment

5. Moving Forward

- 5.1 CSCI has confirmed that they believe the Adults and Housing Transformation Programme is comprehensive and is the right path for the future of the service. Much of the feedback on areas for development is already covered by the programme. Officers will continue to make adjustments to the programme as the new framework is clarified for next year. Irrespective of the framework we will continue to focus on transformation, personalisation and improving the experiences of services users.

6. Financial Implications

CSCI continue to report that the Council is a low spender on Learning Disability and Older People;s Services We have invested in the LD service during 2008/09 This is a relevant consideration for Members as the new MTFS is finalised over the next few weeks.

Risk Management Implications

Risk included on Directorate risk register? Yes/~~No~~ (Delete as appropriate)

Separate risk register in place? Yes/~~No~~ (Delete as appropriate)

Section 3 - Statutory Officer Clearance

Name: Myfanwy Barrett	<input checked="" type="checkbox"/>	Chief Financial Officer
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Date: 19 November 2008

Name: Hugh Peart	<input checked="" type="checkbox"/>	Monitoring Officer
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Date: 19 November 2008

Section 4 – Performance Officer Clearance

Name: Tom Whiting	<input checked="" type="checkbox"/>	on behalf of the* Divisional Director (Strategy and Improvement)
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Date: 19 November 2008

Section 5 - Contact Details and Background Papers

Contact: Paul Najsarek, Corporate Director of Adults and Housing, tel:020 8424 1361

Background Papers: None

Adult Social Care Judgement 07/08

Areas for judgement	2006/7 Grade	2007-8 Grade
Delivering Outcomes	Adequate	Adequate
Improved health and emotional well-being	Good	Good
Improved quality of life	Adequate	Adequate
Making a positive contribution	Adequate	Good
Increased choice and control	Adequate	Adequate
Freedom from discrimination or harassment	Adequate	Good
Economic well-being	Adequate	Adequate
Maintaining personal dignity and respect	Adequate	Adequate
Capacity to Improve (Combined judgement)	Uncertain	Promising
Leadership	Uncertain	<i>Promising</i>
Commissioning and use of resources	Uncertain	<i>Uncertain</i>
Star Rating	One Star	One star



Paul Najsarek
Director of Adult Services
London Borough of Harrow
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27 October 2008

Dear Mr Najsarek

Performance Summary Report of 2007-08

Annual Performance Assessment of Social Care Services for Adults Services London Borough of Harrow

Introduction

This performance summary report summarises the findings of the 2008 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 the final copy of the performance assessment notebook (PAN), which provides a record of the process of consideration by CSCI and from which this summary report is derived. You will have had a previous opportunity to comment on the factual accuracy of the PAN following the Annual Review Meeting.

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

- Delivering outcomes using the LSIF rating scale

And

- Capacity for Improvement (a combined judgement from the Leadership and the Commissioning & Use of Resources evidence domains)

The judgment 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 2009) and to make available to the public, preferably with an easy read format available.

Adult Social Care Performance Judgments for 2007/08

Areas for Judgment	Grade awarded
Delivering Outcomes	Adequate
Improved health and emotional well-being	Good
Improved quality of life	Adequate
Making a positive contribution	Good
Increased choice and control	Adequate
Freedom from discrimination and harassment	Good
Economic well-being	Adequate
Maintaining personal dignity and respect	Adequate
Capacity to Improve (Combined judgment)	Promising
Leadership	Promising
Commissioning and use of resources	Uncertain
Performance 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"> • Pro-active in promoting health awareness, with a range of activity regarding active lifestyles • Number of service users receiving a review • Stronger engagement with people who use services • People using services involvement in the Transformation Programme Plan • People using services are integral to all partnership boards • People using services involved in staff recruitment • People using services receive a statement of their needs and how they will be met • Low admissions to residential care for both adults and older people • Dedicated team for self directed support • People from BME communities receiving direct payments • Assessment and service provision is proportionate to BME populations • All major projects have an equality impact assessment • Beacon status for race equality • Improved recording of ethnicity of adults in receipt of services • Level 4 of the local government equality standards • Resolution of local continuing care disputes • Sound safeguarding policies and procedures • Better partner representation on the Safeguarding Board • Virtually all people admitted to residential care have their own rooms • Contracts with providers include safeguarding arrangements 	<ul style="list-style-type: none"> • Continue to develop preventative services and systems to capture its effectiveness, including in assessment and care management • Fully embed quality assurance framework to capture people's feedback, including via assessment and care management • Consider how to reconcile apparent dissonance between homecare survey results and inspection findings from the re-provided domiciliary homecare agencies • Continue to increase direct payments • Develop support for and review safeguarding referrals for self funders • Continue to improve recording ethnicity of adults assessed • Ensure documents in relation to individual service users are accessible in terms of disability and language needs • Continue work to better protect people on self directed support • Continue work to address safeguarding allegations about paid carers and possible under reporting of alerts concerning people from BME communities • Increase safeguarding adults training, particularly for independent sector staff • Embed safeguarding QA framework • Replicate the accelerated delivery of some improvements across all areas

<ul style="list-style-type: none"> • Stronger political and corporate support • Comprehensive transformation plan • Engagement of change agents and embarked on a series of peer reviews • Strategic partnership boards have been further developed • Improved relationships between the council and PCT • Plans for formal partnerships- learning disabilities & mental health • More robust performance management systems • Low staff turnover, vacancies and sickness absence • Good investment in training directly employed staff • Financial and performance management systems are aligned • Increased investment and financial stability • Council reserves are increasing 	<ul style="list-style-type: none"> • Translate the strong commitment for user and carer involvement into demonstrably improved outcomes • Ensure collaborative working includes integral quality indicators to evidence improved outcomes • Continue to work with partners to improve data capture to track service provision • Continue to develop robust quality assurance systems to underpin processes from strategic planning, commissioning to review, with outcome based qualitative measures that capture service user experience • Continue to increase investment in practice learning • Improve recording of staff ethnicity • Increase cashable efficiency gains • Work with partners to translate the JSNA and strategic partnership plan into robust plans for joint commissioning strategies with tangible improvements for people • Increase the balance of intensive homecare compared to residential care • Reduce cost of intensive social care • Reduce unit cost of homecare • Work with service providers to improve the quality of homecare • Ensure balance of contracting arrangements enhances choice, best value, with demonstrably positive outcomes for people using services
<p>Older people</p>	
<ul style="list-style-type: none"> • Number of delayed transfers of care • Waiting times for services for older people • People in receipt of direct payments 	<ul style="list-style-type: none"> • Continue to increase intermediate care • Helping people to live at home • Continue to increase telecare • Review reablement provision including intensive homecare • Ongoing extra care housing

	<p>programme</p> <ul style="list-style-type: none"> • Continue to improve waiting times for assessments • Increase percentage of assessments of older people that are completed within 2 weeks • Increase per capita spend for older people
People with learning disabilities	
<ul style="list-style-type: none"> • Capacity within the learning disability service has been increased 	<ul style="list-style-type: none"> • Embed action plan to ensure reviews of people with learning disabilities are more needs led, person centred and undertaken by suitably qualified assessment staff • Helping people to live at home, increase numbers of people receiving community based council funded services • Quality assure implementation plans for people in transition, to evidence improved outcomes • People to have increased access to advocacy services • Reduce numbers of people with learning disabilities in residential care, maximising independence/supported living options • Continue to accelerate modernisation of services for people with learning disabilities via the Learning Disability Services Improvement Plan • Improve the number of people helped into paid or voluntary work • Increase training opportunities • Continue to increase per capita spend for people with learning disabilities
People with mental health problems	
<ul style="list-style-type: none"> • Drug misusers sustained in treatment • Higher than average per capita spend for people with mental health problems 	<ul style="list-style-type: none"> • Numbers of problem drug users accessing treatment • Helping people to live at home • Continue to work with partners for more robust mental health data capture • Increase direct payments • Continue to develop work opportunities
People with physical and sensory disabilities	

<ul style="list-style-type: none"> • Length of time waiting for minor adaptations • Higher than average per capita spend for people with physical disabilities 	<ul style="list-style-type: none"> • Helping people to live at home • Equipment delivered within 7 working days • Length of time waiting for major adaptations
<p>Carers</p>	
<ul style="list-style-type: none"> • Provision of breaks for carers, including take up from BME communities • More carers outreach work • Annual survey for carers • Number of carers of people aged 18-64 with learning disabilities receiving an assessment or review 	<ul style="list-style-type: none"> • Continue to increase care managed services for carers • Number of carers of older people with learning disabilities receiving an assessment or review • Increase direct payments • Further develop support for working carers

Improved Health and Emotional Well-Being

The contribution that the council makes to this outcome is **good**.

The council, with its partners is pro-active in promoting health awareness, with a range of activity regarding active lifestyles.

In response to the area for improvement last year, the council are streamlining care pathways for older people with mental ill health, via the development of an integrated co-located Community Mental Health Team. However, it is too early to yet assess impact.

While there has been increased investment in intermediate care, this still remains significantly below the London average, and needs further development, particularly in the context of ensuring sufficient capacity for re-ablement of older people. Numbers of people delayed in hospital that are fit for discharge continues to improve and with performance significantly better than the London average. Likewise, there is good performance regarding delays that are attributable to adult social care.

Harrow need to work with partners to increase numbers of drug users accessing treatment services, as performance in this area is lower than comparators; this was also an area for improvement last year. Once in treatment however, high numbers were sustained in treatment services.

The council, together with the PCT have plans to review those people with learning disabilities in NHS accommodation, with a view to re-provision of services. Access to advocacy will be integral to this process.

There is continued good performance on numbers of people using services receiving a review; aligned with the London average. However, the Service Inspection noted the need for reviews of people with learning disabilities to be more needs led, person centred and undertaken by suitably qualified assessment staff. The council have commenced training programmes for all staff within learning disabilities services to address this and are quality assuring practice, including via case file audits. This needs to be fully embedded to ensure demonstrably improved outcomes for people with learning disabilities and their carers, as a fundamental part of the service improvements.

Harrow's registered services (both those owned exclusively by the council, and those registered in partnership with other agencies) promote people's health needs, with mainly positive outcomes achieved, although 2 services need further development.

KEY STRENGTHS

- Pro-active in promoting health awareness, with a range of activity regarding active lifestyles
- Number of delayed transfers of care
- Drug misusers sustained in treatment
- Number of service users receiving a review

Key areas for improvement

- Continue to increase intermediate care
- Numbers of problem drug users accessing treatment
- Embed action plan to ensure reviews of people with learning disabilities are more needs led, person centred and undertaken by suitably qualified assessment staff

Improved Quality of Life

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

Although the council have slightly improved performance in supporting older people to live at home, this is still significantly below the London average. However, in relation to assisting people with learning disabilities and those with physical disabilities to live in the community, performance has fallen.

While the council report they are confident that increased investment in adult social care will enhance community support, they need to take robust and accelerated action in order to address this and to realise their strategic vision. Supporting people to live independently is also a corporate priority via the council's Local Area Agreement.

The council assert that the dramatic fall in performance in helping people with mental health problems to live at home is attributable to continued data problems with partners. To improve data capture in this arena was also an area for improvement last year. The council have worked with partners regarding this issue and are confident of much improved performance in 2008, but this still remains an area for improvement, until plans have impacted. The council need to ensure that work begun in this area ensures rigorous systems for data capture and also evidences the extent and impact of the role of the voluntary sector in the provision of community support.

There have been some developments in preventative services, with further investment in telecare, which has helped to prevent hospital admissions and with some positive user feedback. None the less, this needs increased development, to align with comparators.

Despite being an area for improvement last year, the provision of intensive homecare has significantly fallen and with low levels of take up via direct payments. The council affirm that increased uptake of direct payments for older people has affected this performance to some extent. Adult social care need to undertake a strategic review of re-ablement for older people, including intensive homecare provision, to satisfy themselves that they are supporting those with the highest level of need and in the light of plans to enhance and ensure the effectiveness of preventative services. The council is currently reviewing provision of preventative services within the voluntary sector, to assess impact and inform strategic planning and future development of more outcomes based commissioning practices. The council report plans with partners for increased investment to support independence and re-ablement.

While there has been no development of extra care provision in the last two years, there is now agreement for a 46 bedded scheme for completion by 2010. The council need to ensure a programme of continued development to facilitate more choice, enhance independence and to catch up with comparators.

The council need to secure appropriate provision and support for people with learning disabilities receiving community support, numbers of whom have dropped.

There has been a slight drop in the timeliness of equipment provision, which renders performance significantly below the London average; this was also an area for improvement last year. The council state that this is partially attributable to premises problems. Plans for the future provision of this service need to ensure the sustainability of more recent improved performance. There is good performance on waiting times for minor adaptations, which is significantly lower than comparators. Despite the council being confident last year that streamlining processes would have a positive impact upon waiting times for major adaptations, this has not been realised and the council need to take robust action to ensure accelerated and sustained improvement in this area.

Care managed services to carers have very significantly increased, although still needs further consolidation to align with the London average. The provision of breaks to carers is above the London average, with good take up from Black and Minority Ethnic communities.

The council are reaching more carers via the carers register and developing services for more flexible provision in emergencies. They are also prioritising support for carers over 60, in response to findings of the Service Inspection. They are working with the voluntary sector to develop systems to better assess effectiveness and quality of their provision to carers. Carers are a corporate priority via the council's Local Area Agreement.

Key Strengths

- Length of time waiting for minor adaptations
- Provision of breaks for carers, including take up from BME communities
- More carers outreach work

Key areas for improvement

- Number of people helped to live at home for all client groups
- Number of people with learning disabilities receiving community based council funded services
- Continue to work with partners for more robust mental health data capture
- Undertake a strategic review of re-ablement for older people, including intensive homecare provision
- Continue to increase telecare provision
- Develop programme of continued extra care housing provision
- Equipment delivered within 7 working days
- Length of time waiting for major adaptations
- Continue to increase care managed services for carers
- Continue to develop preventative services and systems to capture effectiveness

Making a Positive Contribution

The outcomes in this area are **good**.

A project board is overseeing the development of self- assessment.

The council acknowledges the need to develop meaningful engagement with partners and service users and to improve assessment of its effectiveness. There is a strong commitment to an enhanced service user focus. The council have developed a Community Engagement Strategy, underpinning work with stakeholders in this area.

The council have appointed a designated post to improve user engagement, particularly in relation to the development of the Transformation Programme Plan, which is driving Harrow's improvement programme. Following consultation with service users, the plan was renamed "Your Future, Our Future."

People who use services and carers are integral to all partnership boards, and service users involved in the necessary review of the Learning Disabilities Partnership Board.

Carers have been involved in the evolving Carers Strategy. The council have developed an annual survey for carers to capture qualitative feedback from service developments; it is too early to fully assess impact.

In response to service user feedback, the council have developed a newsletter for users and carers, both to disseminate information and support engagement.

People who use services are increasingly being used on interview panels for the recruitment of staff within adult social care.

The council are beginning to develop a quality assurance framework to capture feedback from people, with initial results looking positive. This needs to be robust, comprehensive and fully embedded to ensure this is intrinsic to strategic planning, commissioning and review, with demonstrable evidence of impact, particularly in the light of Harrow's improvement agenda. The council need to consider how to reconcile the apparent dissonance between the results of their homecare survey with inspection findings from the re-provided domiciliary homecare agencies.

There are a number of volunteer schemes, and this is a council corporate focus via the Local Area Agreement.

Key Strengths

- Stronger focus on user engagement
- Service users involvement in the Transformation Programme Plan
- People who use services integral to all partnership boards
- Annual survey for carers
- People who use services involvement in staff recruitment

Key areas for improvement

- Fully embed quality assurance framework to capture people's feedback
- Consider how to reconcile apparent dissonance between homecare survey results and inspection findings from the re-provided domiciliary homecare agencies

Increased Choice and Control

The outcomes in this area are **adequate**.

The council has taken action to improve performance in waiting times for assessments for older people, although this needs consolidation to bring it in line with, as it is just below the London average. Assessments for older people completed within 2 weeks have fallen and needs considerable development to align with comparators; this remains an area for development from last year.

The council have improved the timeliness of provision of services for older people post-assessment and performance is now in line with comparators.

All people who use services receive a statement of their needs and how they will be met; this was an area for improvement last year. The council are developing systems to audit assessment and care planning processes. This needs fully embedding as part of a wider quality assurance framework, to ensure that qualitative outcomes for people who use services are intrinsic to Harrow's improvement agenda and inform strategic planning, service development and review.

The council has taken robust action to significantly increase numbers of carers of younger people with learning disabilities receiving an assessment or review. However, in relation to carers of older people who have learning disabilities, this needs further improvement.

The Service Inspection found the need for transparent and robust transition pathways for young people with learning disabilities and for improved planning and support for their carers. The council have drafted a multi-agency transition strategy, practitioner guidance and commissioning plan to support a range of services for young people in transition. Adult social care needs to embed and quality assure the implementation of this, in order to evidence demonstrably improved outcomes for people with learning disabilities and their carers. As part of the overall learning disability service improvements, person centred planning is developing further.

The PCT withdrawal of the Learning Disability Development Fund has impeded service developments for people with learning disabilities within the last 2 years. Although the council have worked with partners to mitigate some risks, the funding being under council control will assist with the considerable development still required. Advocacy spend has fallen slightly, rendering performance significantly below the London average; this was also an area for improvement last year. While this was compounded by the LDDF funding situation, the council do need to ensure there are robust advocacy arrangements, particularly in the context of the needed improvement to learning disabilities services. The council are undertaking a review of advocacy commissioning arrangements, with a view to improving qualitative outcomes.

A dedicated team devoted to self directed support has resulted in very significant improvement in the take up of direct payments. However, this still remains below comparators, although the council plans for considerable improvements again in 2008/09. While there is good take up from older people and increasingly from Black and Minority Ethnic communities, performance needs further consolidation, particularly in relation to carers and people with mental health problems. Self-directed support is a corporate priority for the council via its Local Area Agreement.

Admissions to residential care have fallen in relation to younger adults, and with levels significantly below the London average. However, the numbers of those with learning disabilities in residential care has increased. The council need to ensure the development of supported and independent living options for people with learning disabilities is robust and timely and reduces numbers living in residential care.

Although levels remain below the London average, residential admissions for older people have slightly increased. While the council are confident this does not represent the beginnings of a trend, they need to ensure that there is sufficient community re-ablement capacity to prevent any escalation.

The Service Inspection found that personalised services for people with learning disabilities were poor; the council have incorporated areas to address within their overarching improvement plan. Capacity within the learning disabilities services has been strengthened. The council need to ensure that this leads to accelerated improvement and modernisation of this service, and with demonstrably improved outcomes for service users.

There has been a significant reduction in the number of complaints received. Service users within Harrow's registered provision were aware of how to complain and complaints made were in the main appropriately investigated. However, one service needs to improve practice at the interface between complaints and safeguarding.

Key Strengths

- Waiting times for services for older people
- Number of carers of people aged 18-64 with learning disabilities receiving an assessment or review
- People using services receiving a statement of their needs and how they will be met
- Low admissions to residential care for both adults and older people
- Dedicated team for self directed support
- Good take up of direct payments from older people and from BME communities

Key areas for improvement

- Consolidate improvements in waiting times for assessments for older people
- Increase percentage of assessments of older people that are completed within 2 weeks
- Number of carers of older people with learning disabilities receiving an assessment or review
- Embed quality assurance systems in assessment & care management, with clear evidence of impact
- Embed and quality assure implementation plans for people in transition, to evidence improved outcomes
- Advocacy services for people with learning disabilities
- Continue to increase direct payments, particularly for carers and people with mental health problems
- Reduce numbers of people with learning disabilities in residential care and maximise independence/supported living options
- Continue to accelerate modernisation of services for people with learning disabilities via the Learning Disability Services Improvement Plan

Freedom from Discrimination and Harassment

The outcomes in this area are **good**.

Following the legal challenge to council plans to raise eligibility criteria, Harrow have now decided to retain thresholds at substantial and critical.

Self-funders have access to information and assessment, if requested. The council acknowledge the need to develop support to self-funders.

Promoting and sustaining a cohesive community is a corporate priority for the council via the Local Area Agreement. Assessments and service provision is responsive to Harrow's increasingly diverse communities and with good take up of services from people with learning disabilities from Black and Minority Ethnic communities.

Every major project in Harrow is subject to an equality impact assessment. The council has Beacon status for race equality and the IDeA peer review judged that consideration of diversity was embedded within service delivery.

Recording of ethnicity of those in receipt of services has significantly improved and is in line with the London average. However, recording in relation to assessments still needs further development; this was also an area for improvement last year.

The council have made further progress in completing level 4 of the local government equality standards and with plans to progress to level 5 in 2008/09.

The Service Inspection found that the need for documents in relation to individual service users should be accessible in terms of their disability and language needs.

Key Strengths

- Assessment and service provision is proportionate to BME populations
- All major projects have an equality impact assessment
- Beacon status for race equality
- Improved recording of ethnicity of adults in receipt of services
- Level 4 of the local government equality standards

Key areas for improvement

- Further develop support for self-funders
- Continue to improve recording ethnicity of adults assessed
- Ensure documents in relation to individual service users are accessible in terms of disability and language needs

Economic Well-being

The outcomes in this area are **adequate**.

Reducing the number of continuing care disputes was an area for development last year. The council have worked within improving relationships with the PCT to resolve all long standing continuing care disputes; there are currently no local disputes. However, they have yet to resolve all such disputes with a neighbouring PCT.

Although the council have assisted some people with learning disabilities into paid or voluntary work, this needs further development, as performance is still significantly below the London average. This was also an area for development last year. Enhancing training opportunities also needs further development. This forms part of the council's agenda to significantly improve the learning disability service and a corporate priority via the council Local Area Agreement.

The council have developed a flexible appointment system to facilitate the needs of working carers. Training is provided to facilitate carers returning to employment. However, as the Service Inspection found service users and carers reported day centre opening hours to be short, the council should consider developments that further accommodate working carers as part of its modernisation and improvement programme.

The council are developing employment and vocational strategies in response to last years area for improvement; to enhance skills and work opportunities for those with mental health problems. They need to ensure that these deliver demonstrable improvement in such opportunities.

KEY STRENGTHS

- Resolution of local continuing care disputes

Key areas for improvement

- Improve the number of learning disabled people helped into paid or voluntary work
- Further develop training opportunities for people with learning disabilities
- Further develop support for working carers
- Continue to develop work opportunities for people with mental health problems

Maintaining Personal Dignity and Respect

The outcomes in this area are **adequate**.

The Service Inspection judged the council's safeguarding of adults to be adequate. It found sound safeguarding policies and procedures and practice generally satisfactory.

The Local Safeguarding Adults Board is chaired by the Director of Adults Services and has more recent better partner representation; this was an area for improvement last year. The board is developing a more strategic role in safeguarding adults in Harrow.

The council need to undertake a strategic review of the high numbers of safeguarding referrals in relation to self-funders and consider any necessary actions to enhance protection. The Service Inspection found that the council should take steps to better protect people on self-directed support. It also recommended that the council addressed the high numbers of safeguarding allegations about paid carers and possible under reporting of alerts concerning people from Black and Minority Ethnic communities. The council have developed action plans to address these issues, although these are still being implemented, so it is not possible to yet assess impact.

Numbers of staff within adult social care who are trained in safeguarding is just below the London average. However, training for staff within the independent sector needs considerable development to bring it in line with comparators and in order to address the findings of the Service Inspection. Training levels may also be impacting upon the levels of safeguarding referrals, which fell slightly last year and are below average. Inspection of Harrow in-house services evidenced staff had received safeguarding training and were mostly aware of their responsibilities in this arena, although one service needs further development.

The council are developing a quality assurance framework in response to the Service Inspection to analyse both safeguarding practice and to influence future improvements. Safeguarding considerations are intrinsic to contracting arrangements.

People's personal, family and sexual relationships are appropriately promoted within Harrow's regulated residential services. Virtually all people admitted to residential or nursing care have their own individual rooms.

Key Strengths

- Sound safeguarding policies and procedures
- Better partner representation on the Safeguarding Board
- Virtually all people admitted to residential or nursing care have their own rooms
- Contracts with providers include safeguarding arrangements

Key areas for improvement

- Undertake a strategic review of safeguarding referrals for self-funders
- Continue work to better protect people on self directed support
- Continue work to address safeguarding allegations about paid carers and possible under reporting of alerts concerning people from BME communities

- Significantly increase safeguarding adults training for independent sector staff
- Embed developing safeguarding quality assurance framework, with evidence of improved outcomes

Capacity to Improve

The council's capacity to improve services further is **promising**.

There is much stronger political and corporate support, with a higher profile for adult social care, which also features more strongly within the councils Local Area Agreement.

The Service Inspection judged the safeguarding of adults to be adequate and personalised services for people with learning disabilities to be poor. The council was deemed to have uncertain capacity to improve. While the Service Inspection acknowledged some improvement, this was at an embryonic stage. The council have since developed a Learning Disability Service Improvement Plan, and incorporated this into its wider strategic improvement framework. Management capacity within the learning disabilities services has been strengthened, with a staff-training programme initiated to underpin the necessary change in culture. The council need to ensure that these improvement plans for learning disabilities services lead to accelerated improvement and modernisation of this service, with demonstrably improved outcomes for people who use services and carers. The council have also, together with partners, developed a comprehensive transformation plan to drive the necessary extensive change, with dedicated resources and governance arrangements to support its delivery. This was an area for development last year.

There is more clarity of strategic vision and planning, with improved governance arrangements and investment in Harrow Strategic Partnership. Strategic partnership boards have been developed further, with planned annual reviews to ensure they are effective in driving the necessary change. The Service Inspection found the Learning Disabilities Partnership Board lacked strategic focus and leadership to drive the required service modernisation. Membership has been reviewed and the council and partners are developing work plans and revising governance arrangements. The council and partners need to translate the strong commitment for user and carer involvement in strategic planning, evaluation and decision-making processes into demonstrably improved outcomes.

Partnerships have been underdeveloped in the past. There are much improved relationships between the council and PCT, with debt resolution and more financial stability of both parties. There is strong commitment from both partners to forge closer collaborative working, facilitated by work from the consultant commissioned through match funding from the Department of Health. There are plans in place for an s75 agreement for integrated learning disability services in 2009, which was a recommendation of the Service Inspection. There are also plans for integrated mental health services the following year. The council, with partners need to ensure that such developments have integral quality indicators to evidence improved outcomes. Plans are in place for the joint appointment of a Director of Public Health.

The Service Inspection noted some positive stakeholder feedback regarding improved leadership in adult social care.

Performance management systems are more robust, with increased scrutiny and accountability. The council need to ensure that work with partners to improve mental health data capture does secure this improvement; this was also an area for development last year.

Adult social care is developing a culture which is increasingly service user focussed. The council is building upon some existing methods of capturing people's feedback to develop a quality assurance framework. This was an area for development last year. Initial feedback from service users is largely positive. Given the council's ambitious and extensive change agenda, it needs to ensure the development of a comprehensive and robust quality assurance system, at both strategic and operational levels, with intrinsic service user input. This needs outcome based, qualitative measures that capture service user experience, to underpin processes from strategic planning and commissioning to review.

Robust action has been taken to address the significant human resource issues identified as areas for improvement last year. Thus, staff turnover, vacancy levels and staff sickness absence have all reduced and are all now below the London average. There are no reported recruitment difficulties for any groups of staff within adult social care. While the council assert they are confident that they possess sufficient skill and experience to drive the change, it needs to ensure that the planned workforce re-configuration does not compromise its ability to deliver the extensive change.

There is increased investment in staff training and particularly in practice learning. However, the latter still needs further development to align with the London average and in order to realise the council's improvement agenda.

A competency framework for managers and frontline staff is being developed.

The council need to take robust action to effect improvement in recording ethnicity of staff; this remains an area for improvement outstanding from last year.

The council are more outward looking and have engaged change agents in its direction of travel, as well as embarking on a series of peer reviews. The Peer Review undertaken on the council in December 2007 acknowledged that there were improvements made within the council. Recommendations made regarding reviewing strategic partnership arrangements and relationships with the voluntary sector have been acted upon.

Adult social care is developing stronger foundations upon which to base the necessary improvements. However, there is still much to achieve, particularly to ensure robust and comprehensive change, and in the realisation of the targets within the challenging transformation improvement plan. It is important that the accelerated delivery of some improvements is now replicated across all sectors of adult social care, to enshrine the changing culture and effect widespread and sustainable change for better outcomes for the people of Harrow.

While most of the council's registered provision has been judged as excellent or good, the council need to take action to improve the other 2 services.

Adult Social Care has operated within challenging financial constraints within recent years, which has impacted upon its ability to drive improvements in some key areas. The council have now aligned financial and performance management systems, with increased scrutiny and with financial management training for all managers. Budgets are less exposed to risks.

There is increased investment in Adult Social Care, which was delivered within budget in 2007/08. Council reserves are incrementally increasing.

Additional capacity has been added to the commissioning team. The council are beginning to use the CRILL tool to analyse the market and potentially to enhance the quality of commissioned services.

The council have, with the PCT produced a draft Joint Strategic Needs Assessment, with analyses of demographic and health data, and in relation to Harrow's diverse community. This should give a sound foundation for the development of future commissioning strategies. The joint strategic partnership plan for adults sets the vision and direction of travel and, with commitment for practice based and outcome based joint commissioning, market management and place shaping. The council and partners need to translate the JSNA and strategic partnership plan into robust plans for joint commissioning strategies with tangible improvements for people who use services.

Cashable efficiency gains are below average and need to be enhanced further; the council are planning significant further gains in 2008/09.

Per capita spend for learning disabilities has significantly increased, although this still needs to increase further to align with the London average and particularly in order to realise the improvements identified within the Service Inspection. This was also an area for improvement last year. The council are planning another significant increase in 2008/09. Likewise per capita spend for older people needs development. Per capita spend for people with mental health needs and for people with physical disabilities is above the outer London average.

The council need to take action to ensure accelerated improvement to address the imbalance in intensive homecare and residential care, as the latter has increased. Intensive homecare costs also need to reduce. The council need to ensure that the re-provided homecare services not only leads to reduced unit costs but also improved quality. In particular, it needs to work with those service providers to improve their quality ratings and secure better outcomes for service users.

The council need to ensure that the balance of contracting arrangements enhances choice, best value and the demonstrably positive outcomes for service users.

Key Strengths

➤ Leadership

- Stronger political and corporate support
- Comprehensive transformation plan
- Engaged change agents and peer reviews
- Strategic partnership boards have been further developed
- Improved relationships between the council and PCT
- Plans for formal partnerships- learning disabilities, mental health
- More robust performance management systems
- Low staff turnover, vacancies and sickness absence
- Good investment in training directly employed staff

➤ **Commissioning and use of resources**

- Financial and performance management systems are aligned
- Increased investment and financial stability
- Council reserves are increasing
- Above average per capita spend for people with physical disabilities
- Above average per capita spend for people with mental health problems

Key areas for improvement

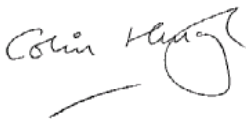
➤ **Leadership**

- Ensure that the improvement plan for learning disabilities services leads to accelerated improvement and modernisation
- Ensure accelerated improvements across all areas of adult social care
- Translate the strong commitment for user/carer involvement into demonstrably improved outcomes
- Continue to work with partners to improve data capture to track service provision
- Continue to develop robust, outcome based quality assurance system to underpin strategic planning, commissioning and review
- Continue to increase investment in practice learning
- Improve recording of staff ethnicity

➤ **Commissioning and use of resources**

- Increase cashable efficiency gains
- Work with partners to translate JSNA and strategic partnership plan into robust joint commissioning plans, to evidence tangible improvements for people
- Continue to increase per capita spend for people with learning disabilities
- Increase per capita spend for older people
- Increase the balance of intensive homecare compared to residential care
- Reduce cost of intensive social care
- Reduce unit cost of home care
- Work with service providers to improve the quality of home care
- Ensure balance of contracting arrangements enhances choice and best value, with positive outcomes

Yours sincerely,



Colin Hough, Regional Director
COMMISSION FOR SOCIAL CARE INSPECTION



Making Social Care
Better for People

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CONFIDENTIAL: EMBARGOED UNTIL 27 NOVEMBER 2008

Paul Najsarek
Director of Adult Social Care
London Borough of Harrow
Civic Centre
PO Box 57
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Harrow
HA1 2XF

27th October 2008

Dear Mr Najsarek,

Performance Ratings for Adult Social Care Services

I am writing to inform you of the 2008 performance rating and judgments for your council's adult social care services. The delivering outcomes judgment contributes to the Comprehensive Performance Assessment (CPA) for all local government services. The council's overall CPA rating will be announced by the Audit Commission in February 2009.

The performance judgments for your Council are as follows:

- Delivering outcomes: **Adequate**
- Capacity for improvement: **Promising**
- Your adult social care services performance rating is **1 Star**

If your council has been rated zero stars the Chief Inspector will write to you separately to explain the next steps.

Performance Summary Report and Quality Assurance and Moderation Summary (attached)

The final performance summary report that will be published on the CSCI website on 27th November, the final Performance Assessment Notebook and a summary of the Quality Assurance and Moderation form for your council are attached to this letter.

Priority for Improvement Councils

In November 2008, CSCI will provide an account to the Minister on all councils' performance in adult social care for 2007/8. This report will also update the Minister on the progress of any council currently identified as a Priority for Improvement Council and any councils newly rated as zero stars.

Written Representations

A Chief Inspectors letter informed you on 25th September 2008 of the revised timetable for notification of performance ratings. Guidance on the written representation process is available at <http://www.csci.org.uk/> as Annex 9 of the Performance Assessment handbook. The process provides for an opportunity at this stage to make a formal written representation.

All notifications of intent to make representation, and actual written representations should be sent to CSCI for the attention of Louise Guss Head of Legal Services, copied to the relevant CSCI Regional Director. Please use the e-mail address of Louise Guss's Personal Assistant, Jenny Wright using one of the following methods:

- Email: jenny.wright@csci.gsi.gov.uk
- Faxination: 01484 770 421

The revised timetable for written representations is as follows:

- Council intention to make written representations to be received by Representations Office no later than Tues 28th October at 4.00pm.
- Council confirmed written representations received by Representations office no later than Sunday 2nd November at 9.00am.

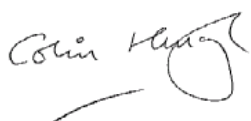
Further Information and Publication

The new performance ratings and underlying judgments will be published on 27th November 2008. The summary report for your council and your performance ratings will also be available on our website at www.csci.org.uk on 27th November 2008.

We will send you a letter via email from our Chief Inspector confirming your performance ratings and information to access the WebPages containing the embargoed star ratings for all councils and the Performance Indicators report on 25th November 2008 at 08.00am. Both this letter and the e-mail setting out the star ratings for all councils are sent to give you time to prepare local briefings - for example, to handle press enquiries. If you require help or advice on dealing with the media, CSCI press officers, Andy Keast-Marriot, Ray Veasey and Chris Salter are available to assist. Their contact numbers are 0207 979 2093/2094/2089.

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

Yours sincerely



**Regional Director
COMMISSION FOR SOCIAL CARE INSPECTION**

cc: Michael Lockwood, Chief Executive