

Assessment of Performance Report 2009/10

ADULT SOCIAL SERVICES ASSESSMENT OF PERFORMANCE 2009/10 : Harrow



| Contact Name | Job Title |
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The report will produce a summary of the performance of how the council promotes adult social care outcomes for people in the council area.

The overall grade for performance is combined from the grades given for the individual outcomes. There is a brief description below – see Grading for Adult Social Care Outcomes 2009/10 in the Performance Assessment Guide web address below, for more detail.

Performing Poorly - not delivering the minimum requirements for people.

Performing Adequately - only delivering the minimum requirements for people.

Performing Well - consistently delivering above the minimum requirements for people.

Performing Excellently - overall delivering well above the minimum requirements for people.

We also make a written assessment about

Leadership and

Commissioning and use of resources

Information on these additional areas can be found in the outcomes framework

To see the outcomes framework please go to our web site: [Outcomes framework](#)

You will also find an explanation of terms used in the report in the glossary on the web site.

2009/10 Council APA Performance

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| Delivering outcomes assessment Overall council is: | Well |
| Outcome 1: Improved health and well-being | Well |
| Outcome 2: Improved quality of life | Adequate |
| Outcome 3: Making a positive contribution | Excellent |
| Outcome 4: Increased choice and control | Well |
| Outcome 5: Freedom from discrimination and harassment | Excellent |
| Outcome 6: Economic well-being | Well |
| Outcome 7: Maintaining personal dignity and respect | Well |

Council overall summary of 2009/10 performance

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

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

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

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

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

Leadership

"People from all communities are engaged in planning with councillors and senior managers. Councillors and senior managers have a clear vision for social care. They lead people in transforming services to achieve better outcomes for people. They agree priorities with their partners, secure resources, and develop the capabilities of people in the workforce".

Conclusion of 2009/10 performance

There is good political and corporate support for adult social care. Leadership is strong and there is a clear strategic direction, which is developed with engagement from partners and local communities. There has continued to be good partnership working, with some joint service provision. The council were runners up for the LGC most improved council of the year award this year and have been nominated for a variety of other awards.

A lot of progress has been made on the Transformation Programme, with evidence of positive outcomes for users and carers. It is well supported by partners and there are clear priorities for further progress. The council have invested in strengthening and training the workforce in order to support the Transformation Programme and staff are fully engaged. They have already met the "Putting People First" milestone to develop a user led organisation and are on track to meet all of the others.

The council have lower than average staff turnover, vacancies and sickness absence.

The council's quality assurance framework is fully embedded. It involves a wide range of activity, including surveys, audits, contract monitoring and independent challenge. The council are able to use this evidence to demonstrate improved outcomes for service users and carers.

Key strengths

- There is good political and corporate support for adult social care and strong leadership.
- Good progress has been made on the Transformation Programme, with evidence of positive outcomes.
- The council's quality assurance framework is fully embedded and the range of activity is evidencing positive outcomes.

Areas for improvement

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

Commissioning and use of resources

"People who use services and their carers are able to commission the support they need. Commissioners engage with people who use services, carers, partners and service providers, and shape the market to improve outcomes and good value".

Conclusion of 2009/10 performance

Information from the Joint Strategic Needs Assessment is used to inform service developments and strategic planning. Services have been developed in response to expected changes in demography, for example, increased services for older people in response to a projected increase in the number of older people living with long term limiting illness and the commissioning of 10 units in an Extra Care scheme for people with learning disabilities in response to a projected 20 percent increase in adults over 60 with learning disabilities. Feedback from clients, carers and stakeholders is routinely collected and used to inform commissioning.

The council and PCT have an Integrated Commissioning Strategy and an agreed delivery plan. A number of services are delivered in partnership.

The council have carried out a variety of work with providers to ensure that they are aware of future needs, particularly around personalisation, and to help them to develop appropriate services. As a result of partnership working, voluntary and community sector organisations have started to produce outcome focussed monitoring returns. The council routinely monitor contracted services and take robust action when necessary to ensure improvements, for example, working with their two major domiciliary care providers to improve their ratings from Poor to Good. There has been an increase in the percentage of people receiving care from providers rated Good or Excellent.

The council have carried out work to develop the market to support their transformation agenda and are continuing to do so. They are aligning voluntary sector funding to support prevention, reablement and self directed support.

The department has delivered in budget for 2009/10 and made efficiencies of £1.7m. Efficiencies have been created via the redesign and expansion of services, for example, the reablement service and the retail model for community equipment. Value for money is monitored via monthly reports, quarterly improvement boards and through benchmarking groups. The council are

working with partners and are part of the West London Alliance to ensure increased value for money.

There has been significant investment in community services in 2009/10 and over half of the council's community budget is allocated to personal budgets.

Key strengths

- Engagement with clients and carers, as well as information from the JSNA has informed commissioning decisions.
- The council have invested in community services.
- Extensive work with providers has led to improvements in the quality of commissioned services.

Areas for improvement

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

Outcome 1: Improving health and emotional well-being

“People in the council area have good physical and mental health. Healthier and safer lifestyles help them lower their risk of illness, accidents, and long-term conditions. Fewer people need care or treatment in hospitals and care homes. People who have long-term needs and their carers are supported to live as independently as they choose, and have well timed, well-coordinated treatment and support”.

Conclusion of 2009/10 performance

The Care Quality Commission has agreed to accept the judgement awarded for Outcome One from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform well in 2009/10 for this outcome. CQC will continue to monitor any indicators of change to this performance.

Outcome 2: Improved quality of life

“People who use services and their carers enjoy the best possible quality of life. Support is given at an early stage, and helps people to stay independent. Families are supported so that children do not have to take on inappropriate caring roles. Carers are able to balance caring with a life of their own. People feel safe when they are supported at home, in care homes, and in the neighborhood. They are able to have a social life and to use leisure, learning and other local services.”

Conclusion of 2009/10 performance

There has been an increase in the number of people supported to live independently in Harrow and admissions to residential and nursing care were low in 2009/10. Results of the home care survey showed that people were generally happy with the service they received. The council have continued their work to address the historical over reliance on residential care for people with learning disabilities and there are examples of positive outcomes for service users. They have developed an accommodation strategy for vulnerable people and are working with partners to develop more supported accommodation. The council have implemented the actions from their reablement review. They have two reablement centres and have appointed two providers for homecare reablement. A new reablement care model has been developed with health, along with input from users and carers. It is yet to be mainstreamed, but initial analysis suggests positive outcomes. While the council have made progress in clearing the backlog of cases of people waiting for major adaptations, the length of waiting time is still high. The council have implemented the Retail Model and anticipate improvements over the next year. People do not have to wait long for minor adaptations and a similar to average percentage of recipients felt they had positively affected the quality of their life. Telecare provision has increased, bringing the council more in line with comparators. A further increase is planned and a Telehealth project is currently being piloted. Work is progressing on the provision of extra care housing, with a unit due to open in the autumn. The council needs to ensure that their future planning allows sufficient places to meet requirements. The transport service has recently been redesigned with input from service users and there are a wide variety of options available to enable people to access local services. Services for carers have continued to increase and the carer’s survey shows positive outcomes. There is evidence that carers are able to access leisure, learning and social opportunities. Evidence from inspections shows that almost all commissioned care encourages social inclusion and participation in activities.

Key strengths

- Increased support for carers, with evidence of positive outcomes.
- Transport service redesigned with input from service users.

Areas for improvement

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

Outcome 3: Making a positive contribution

“People who use services and carers are supported to take part in community life. They contribute their views on services and this helps to shape improvements. Voluntary organisations are thriving and accessible. Organisations for people who use services and carers are well supported”.

Conclusion of 2009/10 performance

The council has a User Engagement Strategy and there is a wide range of groups to engage, seek and utilise the views of people using services, carers and the voluntary sector in Harrow. Following work with service users, carers, voluntary groups and other parties, the partnership governance arrangements for health and social care have been strengthened and the representation and participation of service users and carers has been improved. Service users and carers are represented on all relevant boards and working groups and have represented the council at national award events. The council routinely consults with users and carers via a range of methods and there is extensive evidence that this information directly contributes to the development of services, for example, the new Neighbourhood Resource Centres were designed, with input from users and carers, to enable people to take part in community life. There is also evidence that services have been improved as a result of feedback from service users and carers, for example, more social opportunities for carers, changes to day centre menus and increased access to computers. An internal survey showed that 89% of service users felt they had received the support they needed to access the community. The council have also set up a mentoring scheme for personal budget holders. This group have included Gujarati speakers to help present culturally specific examples of personal budget use and has led to five new personal budget referrals. People who use services have worked with the council on transition plans, have been employed to support Health Days and an Open day event and influenced the planning and development of and commissioning of transport services.

The Local Involvement Network (LINK) has continued to grow and the council are working closely with them to ensure they influence the development and improvement of services. The LINK have been part of the renegotiation of the Section 75 agreement between the council and Central and North West London Hospital Trust. The council also have a user led organisation that has been involved in the development of services, for example, the expansion of the personal assistant market.

There are a range of voluntary groups in Harrow and the council works actively with them, for example via monthly meetings, workshops and outcome based monitoring to drive improvements and ensure that a range of services are developed to meet the

needs of all service users and carers. The council has recently won a national award for its work to improve local partnership with the third sector. The divisional director holds monthly meetings with voluntary sector organisations and this has contributed to improvements in sharing information and development work such as the personal assistants agency.

Service users take part in a range of paid and voluntary work within the community, for example, with the council and with the local police. Some service users have been trained as peer consultants and/or in recruitment and selection and actively participate in the council's recruitment processes for some posts. Service users have also been able to play a role in evaluating tenders for management of the National Resource Centre cafes.

The council have taken action to address the need to demonstrate that carers of people with learning disabilities in transition are fully engaged and influential to plans to meet their needs. This has included employing a transitions champion and holding an event for carers. There is evidence of a big increase in satisfaction.

Key strengths

- Users and carers are actively encouraged to take part in community life.
- There is a framework for systematically engaging with service users and carers and feedback is routinely used to develop and improve services.
- The council works closely with the voluntary sector to develop services, with positive outcomes for users and carers.
- Use of a mentoring scheme to promote personal budgets.

Areas for improvement

None.

Outcome 4: Increased choice and control

“People who use services and their carers are supported in exercising control of personal support. People can choose from a wide range of local support”.

Conclusion of 2009/10 performance

The council provides a wide range of information and advice, which it has continued to expand and develop in 2009/10. Information is available in a variety of different formats and includes signposting to services available. The commissioned web based support service, providing information, including quality, on independent and voluntary sector organisations, has been expanded and support is provided to enable people to access it. Information and advice is available for self funders, with evidence of take up. The percentage of service users saying they had the right information and advice has increased from 44 percent to 70 percent. There is also a variety of information and advice available specifically to carers, including a new information pack and a Carers Directory. Information is available via a range of different routes.

Advocacy services have been reviewed as part of the information, advice and advocacy strategy. The council commissions a range of voluntary sector partners to provide advocacy services. The council monitors take up of these services and there is evidence that it is good, for example with the learning disability advocacy services.

Almost all assessments were completed on time and the majority of people surveyed felt they were listened to and part of the decision making process. The timeliness of care provided following assessment has not improved as planned, which the council attribute to the slowness of equipment provision. Staff have been trained in personalised support planning for people with learning disabilities and this is being rolled out to all teams. Case files are routinely audited to inform improvements and ensure that care plans are person centred. As a result of audits, refresher training is provided and best practice examples are highlighted and shared.

The council have a specialist Self Directed Support team and have involved users and carers in the development of systems. They have continued to increase the numbers of people receiving self directed support across all client groups, with good up take from BME communities. 29 people with mental health needs had personal budgets. However, despite an increase, the number of

people with mental health needs receiving direct payments remains lower than average. The use of personal budgets has enabled service users to have greater flexibility in the services they use, for example reducing attendance at day centres in favour of other community activities such as swimming and BME service users and carers to purchase culturally appropriate services and personal assistants. They are on target to meet the “Putting People First milestone”.

All new service users are offered a personal budget and existing users are being offered them as part of their reviews. A survey report has shown that around two thirds of personal budget holders felt that they gained more control over their money, found it easier to plan the support they wanted and get the support they wanted.

The range of services available has increased, for example via the Neighbourhood Resource Centres, and more work is being carried out to continue this, enabling more people to live independently, for example, more supported accommodation and an increase of personal assistants.

The complaints service has a raising awareness plan that includes a plan for outreach, information on the internet, surgeries with staff and a wide training portfolio. They also monitor that leaflets and posters are available at main service points and evidence shows that more service users and carers are now aware of the service. There is a good level of resolution of complaints at an early stage and evidence that mediation has been effective. There is evidence that the council learns from complaints and that systems and services are improved as a result.

Key strengths

- Information and advice is widely available and the council’s on line catalogue and market place have been further developed.
- There is a high take up of personal budgets.
- The majority of complaints are resolved at an early stage and there is evidence of improvements to services as a result of feedback.

Areas for improvement

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

Outcome 5: Freedom from discrimination and harassment

“People who use services and their carers have fair access to services. Their entitlements to health and care services are upheld. They are free from discrimination or harassment in their living environments and neighborhoods”.

Conclusion of 2009/10 performance

The council's eligibility criteria remains at substantial. All staff are trained and able to give advice on eligibility at the first point of contact. This is supported by an information booklet and discussions with care managers and there is a process of monitoring decisions via team managers and panels, to ensure consistency. Information, including eligibility, is easily accessible and available in a variety of different formats, as is information on services, via the council's online catalogue. People who do not meet the eligibility criteria are signposted to other help in the community. The council has a process for following up these people in order to ensure they got the help they needed. When following up self funding service users who had been signposted to other services, the Council found that 95 percent were satisfied with the outcome. Where necessary during follow up, arrangements have been made for community care assessments to be undertaken if an issue remains.

The council overall is judged as Achieving under the new Equalities Framework for Local Government, a performance improvement and benchmarking tool. Within this, Adults Services is recognised as an area of best practice. The majority of service users have their ethnicity recorded enabling the council to monitor the equitable provision of services, for example approximately 1.8 assessments were carried out with clients from a BME group compared to assessments for the white population and a MORI survey showed that the BME community members are equally satisfied with service provision compared to service users overall. Equalities training courses are mandatory for all Council staff and each Directorate has a Departmental Equalities Task Group that feeds into the Corporate Equalities Group. Customer care is routinely monitored against council wide standards and a wide variety of work is carried out to reduce discrimination and promote equality. This has included the 'Our Harrow, Our Community Campaign' carried out in partnership with the police, primary care trust and other partners to promote a sense of pride and ownership in the community. All contracts include requirements to meet standards to prevent discrimination and harassment and appropriate action is taken by the council when necessary. Compliance is checked at contract monitoring visits.

The council have a rolling 3 year programme of equality impact assessments in place. The council's policy is to ensure that all

policy, procedures, strategies and major projects have an equality impact assessment in place.

Personal budgets are provided to a good level of people from BME communities and there are a range of culturally specific services provided to meet people's needs, including personal assistants from the same cultural background and a BME specific carers group. There is evidence of positive outcomes for people. Safeguarding information on the council's website has been expanded to include 15 community languages. Specific work has been undertaken to raise awareness of safeguarding amongst BME groups.

Key strengths

- Action is taken to ensure that eligibility criteria are fairly and consistently applied.
- The profile of service users is reflective of the council's community.
- Increasing take up of self directed support amongst BME communities.
- A range of information and services are provided for people who do not meet eligibility criteria, with evidence of positive outcomes.
- A range of specialist services are provided to meet the specific needs of communities.

Areas for improvement

None.

Outcome 6: Economic well-being

“People who use services and their carers have income to meet living and support costs. They are supported in finding or maintaining employment”.

Conclusion of 2009/10 performance

Advice and information regarding income is available via a number of teams commissioned by Harrow and there is evidence of good take up. Debt advice is available on the council’s website. There is a range of advice and support available for people receiving personal budgets and a variety of brokerage services (six independent brokers and three commissioned voluntary sector providers), which have been used by a number of people. Information from the brokerage pilots has been used to further develop services. There has been an increase in the use of the Independent Mental Capacity Advocate (IMCA) service and support is provided for service users throughout the process.

The council have appointed an Employment Champion and carried out extensive work to increase training and employment opportunities for people with social care needs. There has been a big increase in both the numbers of people with learning disabilities and those people with mental health needs in employment and a high number of people have carried out training. The increase for learning disabled service users has been from 7.7 percent last year to 13.6 percent this year and places them above comparators. The Employment Champion provides support for service users and evaluates their progress. The council employs people with disabilities and has recruited a number of service users to work on specific projects, for example, on recruitment panels and in the Neighbourhood Resource Centres where people with learning disabilities are offered work and training in each of the cafes and in the reception area. A Vocational Strategy has been developed, in partnership with users and carers, for people with mental health problems. The aim is to significantly increase the percentage of clients of the community mental health service in employment, which is currently lower than average.

The council provides support to sustain carers in employment, including via the use of personal budgets. They have worked with a local employment agency to develop flexible work opportunities, enabling carers to work as personal assistants. The council supports employees that are carers by offering a range of flexible and part-time working opportunities, organising events and lobbying on behalf of staff members who are also carers.

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| Key strengths |
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| <ul style="list-style-type: none">• Income management advice is widely available, including for hard to reach groups.• Specific initiatives have enabled increased numbers of service users and carers to access training and employment. |
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| Areas for improvement |
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| <ul style="list-style-type: none">• Build on work to expand the range of employment opportunities for carers. |
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Outcome 7: Maintaining personal dignity and respect

“People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life”.

Conclusion of 2009/10 performance

Safeguarding Vulnerable Adults remains a key priority for the council and there has been additional investment, including the recruitment of a new service manager and two new advisors. Staff within the Safeguarding Adults Team link directly with fieldwork teams to offer support and track progress, which has resulted in improvements. One member of staff works specifically with the Self Directed Support team.

There is good representation from all key partners on the Safeguarding Board, a Business Plan has been developed and sub groups are progressing work. Safeguarding has a high profile with partners and there is a lead officer for safeguarding within all partner organisations.

Safeguarding information is widely available, in a range of community languages, including on the council’s website. A variety of work has been carried out to increase awareness of safeguarding, including with harder to reach groups. Examples of this include articles in magazines, events at World Elder Abuse Awareness Day and during Carer’s Week and specific work attending the Mosque and Asian Voluntary Groups. This work, along with strengthened partnership working, has led to an increase in referrals. The percentage of referrals from BME groups has also increased and is becoming more in line with the population profile. Completion rates are good for all client groups.

There has been a big increase in the percentage of staff trained, both within adult’s social care and the independent sector, bringing the council above comparators. Free training has been offered to the third sector, which has resulted in increased take up. A range of training and support is provided for carers, including around recognising abuse. A Multi-Agency Training Strategy has been agreed and will be implemented in 2010/11.

The council routinely carry out internal and external audits and have developed a peer review scheme for day centres. Findings are communicated to staff and improvements are made to practice, for example, better recording of alerts to identify trends and

facilitate improvements, standardised care plans for all users and care workers phoning clients directly if they are running late. Overall the council report that both internal and external audits have provided evidence that all clients had been protected and were safe. Extensive surveys are carried out by the council, which show that the majority of respondents feel safe and that they have been treated with dignity and respect. The internal quality assurance group scrutinises cases on a monthly basis and produces an agreed action plan. External partners provide a 'critical friend' role. Remedial action has been taken where needed as a result of this quality assurance process.

The council carry out regular contract monitoring and there is evidence that action is taken when necessary. They work with providers to ensure improvements. The council's Dignity in Care Coordinator works to raise the profile of dignity issues with providers.

Harrow have a well established process in place to respond to Deprivation of Liberty Safeguards. Staff have been trained and worked is being carried out to raise awareness. Training sessions have also been provided for local residential and home care providers. Demand to date has been lower than expected, but the council have investigated and are confident that they are carrying out all the assessments that they should be.

Key strengths

- There has been additional investment and increased capacity in the Safeguarding team.
- Almost all relevant adult social care staff have had training.
- Quality Assurance systems are embedded and information is used to facilitate improvements.

Areas for improvement

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