Commission for Social Care Inspection
Making Social Care Better for People

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Dear Mun Thong Phung

Performance Summary Report of 2007-08
Annual Performance Assessment of Social Care Services for Adults Services
London Borough of Haringey

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 and 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	**Good**
Improved health and emotional well–being	Good
Improved quality of life	Good
Making a positive contribution	Good
Increased choice and control	Good
Freedom from discrimination and harassment	Good
Economic well-being	Good
Maintaining personal dignity and respect	Good
Capacity to Improve (Combined judgment)	**Promising**
Leadership	Promising
Commissioning and use of resources	Promising
Performance Rating	**Two stars**

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	
• The Directorate of Adults, Culture and Community Services was well established by 2007/08. • Senior management and political leadership were strong. • The LAA was used constructively. • The relationship between the Council and Haringey PCT was reciprocal and increasingly effective. • Haringey's partnership working was commended in the Municipal Journal awards, and shortlisted in the Health Services Journal. • Ethnic monitoring of staff improved. • A stable budget enabled investment in services and change capacity. • A clear modernised model of service was developing. • Self-directed care including self-assessment was relatively well-developed. • The workforce was stable, with low rates of vacancies and sickness. • Joint commissioning and the Joint Strategic Needs Assessment were well developed. • The Council and PCT had agreed in principle to move towards integrated commissioning. • Efficiencies for long-term care were recycled to re-abling and prevention. • CSCI noted improvements in the regulated service market in Haringey. • The Council had a clear procurement policy relating to CSCI quality ratings. • Work with the Charedi Jewish community was cited as innovative practice by IdeA. • The in-house home care service was short-term and re-abling, reducing most care packages after 8 weeks. • People using drug services were increasingly well served. Drug	• Consider management integration with the PCT, as agreed in principle. • Improve the one remaining Adequate in-house residential home. • While more people received a review, ensure reviews are holistic and well-focused. • Ensure the future availability of extra-care housing capacity. • Continue to develop the prevention framework. • Fewer people were provided with intensive home care, and the use of direct payments to purchase intensive home care should be increased further. • Continue existing employment related developments for everyone using adults social care services. • Continue to increase provision of statements of need. • Address the need for investment in advocacy services for people with learning disabilities and mental health needs. • Progress project plans for self-directed care. • Fewer people declined to state their ethnicity when assessed or receiving services. • Further progress and validation on the Equality Standards of Local Government. • Finalise the Joint Visiting Team with the DWP. • Staff training regarding vulnerable adults increased, although this should be increased for the independent sector. • Implement the audit of quality assurance by service providers and partner agencies.

partnerships were rated Excellent by the Healthcare Commission. • The balance of care shifted towards community support. More people were helped at home. • Increased telecare and telehealth support helped to reduce emergency calls. • The Council was short-listed for a Beacon Award for Transforming Services through Citizen Empowerment and Engagement • Eligibility criteria were stable and those not meeting them were offered information and advice. • People were more promptly assessed. • All elements of the Single Assessment Process were implemented. • Increasing numbers of people, particularly older people, accessed services via direct payments. • Two positive individual budget pilots were in place. • People were offered basic care plans (outside formal assessment) via four drop-in centres, as part of the prevention strategy. • Compliance with ethnic monitoring of assessment and service receipt increased. • The Council self-assessed at Level 4 of the Equality Standards. • Operational safeguarding arrangements were consolidated and reviewed. • A multi-agency Safeguarding Board and subgroups were established. • A safeguarding quality assurance project was completed. • CSCI regulation feedback indicated that day-to-day safeguarding work and its management were sound.	
Older people	
• More people were provided with intermediate care, and a Joint Rehabilitation and Intermediate Care Strategy was in place. • 73% of older people questioned stated that health and wellbeing had	• Further reduce the level of delayed transfers of care. • Attend to placements in some Poor residential homes, including out of the borough.

improved after receiving services. • The Older People's Forum encouraged involvement in service developments.	
People with learning disabilities	
• People using services were involved in the selection of staff. • Fewer people were admitted to residential or nursing care, including people with learning disabilities. • Increasing numbers of people with learning disabilities were helped into paid work.	
People with mental health problems	
• People using 684 and Clarendon day services had good access to employment options. • CSCI engagement confirmed that services at the Clarendon Centre were user-focussed.	
People with physical and sensory disabilities	
• People were increasingly able to access equipment and adaptations in a timely manner.	
Carers	
• Support to carers increased (though remaining below the average level) including through a range of service developments. • Involvement of carers included participation as Regulation 26 lay assessors for in-house residential services. • The Carers Emergency Alert Card scheme was expanded.	• Increase the number of breaks, especially to those caring for people with learning disabilities, and other supports to carers.

Improved Health and Emotional Well–Being

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

Within its overall Health and Wellbeing strategy, Haringey's Joint Rehabilitation and Intermediate Care Strategy was central to modernising adult social and health care. It reflected close agreement between the Council and PCT that services should be routinely enabling and strong partnership working to achieve this.

The Council's home care service was entirely re-abling and short-term, and was rated Good by CSCI regulation. Half of those it supported were fully independent within the normal eight weeks of re-abling support, and another quarter had their care package significantly reduced. This service was about to be part of a Care Services Efficiency Delivery (CSED) longitudinal study of re-ablement outcomes.

Delayed transfers of care, which had historically been at high levels, reduced by 40%. Although remaining above the London average, and a continuing joint priority, this improvement suggested the effectiveness of joint approaches such as the Rapid Response Team, close working between the Re-ablement Service and district nurses, the establishment of step-down units in supported housing and an increased level of reviewing. Nonetheless, further reductions in delays should be a continuing priority.

Further evidence of re-abling effectiveness was provided by the clear shift in the overall balance of care between help at home and residential solutions, while most older people questioned within the Council's pilot satisfaction survey said their overall health and wellbeing had improved as a result of receiving services.

Key Strengths

- Health promotion work with the Charedi Jewish community was cited as innovative practice by IDeA.
- The Joint Rehabilitation and Intermediate Care Strategy was central to good progress in expanding and mainstreaming re-ablement.
- The in-house home care service was wholly short-term and re-abling. 78% of care packages reduced after its eight week interventions.
- 73% of older people questioned stated that their overall health and wellbeing had improved as a result of receiving services.
- People using drug services were increasingly well served, and drug partnerships were rated Excellent by the Healthcare Commission.

Key areas for improvement

- Although more people received a review, undertake further work to ensure that reviews are holistic, well-focused and maximise re-abling and diversion.
- Continue the significant reduction of delayed transfers of care.

Improved Quality of Life

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

The balance of care clearly shifted towards support in the community. Numbers of people helped at home increased, including that for older people which had reduced in 2006/07 but was now above the London average. The rate of community-based support for younger adults with physical disabilities was also above average while those for people with learning disabilities and mental health needs were now close to the average. Nonetheless the level of intensive home care decreased, and should be explored.

At the same time the need for residential solutions for older people and those with learning disabilities reduced significantly. Use by older people was now at the London average and use by other groups was close to the average.

The Health and Wellbeing Strategy emphasised prevention, as well as re-ablement and diversion from residential care. Four drop-in centres provided meals, coordinated preventive inputs and arranged simple care plans without formal assessment. The Libraries for Health scheme offered Choose and Book health service access and wider health promotion resources, and numbers accessing these services increased very significantly.

Other preventive services were provided by the third sector, which was prominent in their development including chairing partnership sub-groups. At the next stage the partners should examine models for further maximising the potential of these developments, such as by simplifying their coordination.

Telecare developed rapidly. Numbers of applications were very high indeed within London, and increasingly involved individualised solutions. These included telehealth developments linked to the work of Community Matrons, such as the Doc@home units for long-term self-monitoring. Telecare and telehealth contributed to the consolidation of re-ablement and prevention within Haringey.

The potential of developments in extra-care sheltered, supported by flexible, re-abling care teams and telecare, was recognised but planned developments were not achieved in 2007/08 or anticipated in 2008/09. To ensure sustained shifts in the balance of care in future years, plans for this area of supported housing should be given high priority. New models of extra-care also offered scope to expand preventive health and well-being services through access to their facilities from the community.

Support to carers developed through a range of innovations including a new emergency alert card for accessing urgent respite care, carers' forums across all services, discounts for leisure services and an Expert Patient Programme for carers run by the PCT.
The overall numbers of carers assessed and supported rose, although the latter was still well below the London average. The Council and partners recognised this and had given the carers support agenda priority by including it within its Local Area Agreement, establishing a new Carers Partnership Board chaired by an elected member carers champion and starting to revise its Carers Strategy.

Key Strengths

- The balance of care shifted towards community support. More people were helped to live at home and further development was a Local Area Agreement target.
- A range of positive developments in carers support included involving carers directly in Regulation 26 visits to in-house residential homes.
- A significant number of people were provided with telecare and telehealth, leading to a decrease in emergency calls.
- People were increasingly able to access equipment and adaptations promptly.

Key areas for improvement

- Increase the number of carers supported through breaks and other relevant services.
- Ensure the availability of adequate extra-care housing capacity in future years.
- Continue to develop the prevention framework, including co-ordination mechanisms.

Making a Positive Contribution

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

A wide range of activities ensured participation and influence by people using services. Partnership Boards involved user and carer representation. A specific Making a Positive Contribution Subgroup was established, chaired by a third sector representative. An early task of this group was to develop a policy for paying people who use services for their contributions.

Key examples of participation included a home care user forum chaired by a service user and increased numbers at learning disability user forums. Close involvement by carers, especially in developments within learning disability services, included discussion about the future of day opportunities and participation as lay assessors in Section 26 visiting of residential services.

The Council's progress in this area was reflected in its short-listing for a Beacon Award for Transforming Services through Citizen Empowerment and Engagement. CSCI engagement confirmed that mental health service users were centrally involved in initiatives based at Clarendon day service.

Key Strengths

- Self assessment was taken forward through individual budget pilots.
- A range of positive participation included the older people's forum and developments in mental health such as at Clarendon day service.
- Carers were increasingly involved in service development, including as Section 26 lay assessors.
- The Council was short-listed for a Beacon Award for Transforming Services through Citizen Empowerment and Engagement.

Key areas for improvement

- None, except continuing existing developments for all people using social care services.

Increased Choice and Control

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

The assessment system performed efficiently in relation to those using services. Waiting time reductions led to above average performance for London. The subsequent provision of statements of need also improved significantly, though the Council recognised the need for continuous progress. Despite an increase in numbers, carers were rather less well served by the assessment system, and further attention had been prioritised.

The Single Assessment Process was fully implemented by the end of 2007/08 and the electronic summary was already available across the Council.

Although spending on advocacy for people with learning disability increased it was still relatively low, while a review of mental health advocacy in 2007 also indicated the need for further investment.

Direct payments activity increased across almost all user groups, and was above the Council's plan and the London average. New recipients of direct payments were prominent. Although informal feedback was positive, systematic evidence about outcomes was more limited. Developments in this area were planned in relation to the Council's strategy for personalisation.

Personalisation and self-directed care project planning and capacity were in place. Self assessment had begun, and early individual budget pilots involved people with learning disabilities interested in employment and people with physical disabilities. Further pilots were about to be implemented during 2008, leading to a first report early in 2009. The Council planned to provide 1,000 individual budgets by 2011/12.

Significant changes to mental health services included restructuring to a front-line team (START) and three longer-term Support and Recovery Teams. As intended, very few referrals progressed to the latter teams, partly as a result of joint developments with primary care and also a range of improved opportunities for support within day services. These increasingly emphasised employment outcomes and were working towards service user management and self-directed support. Further strategic objectives included a more preventative and citizenship based approach with less reliance on secondary services.

Key Strengths

- People were more promptly assessed.
- All elements of the Single Assessment Process including the electronic summary were in place.
- Across all service user groups, fewer people were admitted to residential or nursing care.
- The Carers Emergency Alert Card scheme was expanded.
- Increasing numbers of people, particularly older people, were accessing services via direct payments.
- Two individual pilots were progressing positively, including an innovative pilot involving people with learning disabilities seeking employment.

Key areas for improvement

- Continue to increase the provision of statements of need.

- Address the recognised need for investment in advocacy for people with learning disabilities and mental health needs.
- Progress project plans for self-directed care including further pilots, continued expansion of numbers of people involved and evidence of outcomes.

Freedom from Discrimination and Harassment

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

Eligibility criteria of critical and substantial remained unchanged. The Council saw improvements to access as important to both the prevention and self-directed care agendas, and was investing in an Access Pathways Project within the transformation change programme.

Performance indicators showed that the ethnic representativeness of assessment and service provision was close to the London average, while deficits in ethnically monitoring of service receipt were at one of the lowest levels in London.

The Council assessed itself as achieving level 4 of the 5 equality standards for local government. This was to be peer-assessed in October 2008.

Key Strengths

- People with substantial or critical needs remained eligible for services. People who did not meet the criteria were offered information and advice, including via libraries and recreation centres.
- People were offered basic care plans outside formal assessment via four drop-in centres as part of the prevention strategy.
- Compliance with ethnic monitoring of people assessed or receiving services increased.
- The Council self-assessed as achieving Level 4 of the 5 equality standards for local government, and was to be peer-assessed in October 2008.

Key areas for improvement

- Further progress and validation on the Equality Standards for Local Government.

Economic Well-being

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

Above average numbers of people with learning disabilities were assisted into employment, or were in training or voluntary work. The Learning Disability Service was working with the Care Services Improvement Partnership to increase this trend.

An individual budget pilot involved people with learning disabilities seeking employment.

Progress was also being made in mental health services. The Clarendon Centre was now strongly oriented towards employment outcomes, worked closely with the Richmond Fellowship and was developing a relevant social enterprise.

The "Haringey Guarantee" of help to citizens towards employment reflected its role of community leader and major employer and was achieving employment outcomes for people with social care needs as well as the wider population.

There were no disputes over responsibility for continuing care in 2007/08.

Key Strengths

- Increasing numbers of people with learning disabilities were helped into paid work. An individual budget pilot involved this group.
- The "Haringey Guarantee" reflected the Council's role as major employer as well as its responsibility to promote well-being through employment outcomes.
- CSCI engagement confirmed that people with mental health needs had good access to employment support at 684 Clarendon day services and an emerging social enterprise scheme.

Key areas for improvement

- Finalise the creation of a Joint Visiting Team with the DWP to provide income maximisation and thus prevention.

Maintaining Personal Dignity and Respect

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

Safeguarding in Haringey was consolidated in 2007/08. Central team staffing was enhanced and three subgroups including one for quality assurance. The PCT was a key contributor to safeguarding machinery.

The number both of alerts and completed cases increased significantly and included work with self-funders. No serious cases were reported.

Staff training activity also increased significantly overall although that provided to the independent sector was less than the Council had planned, and the London average. This should be developed at the next stage.

Feedback from CSCI regulation was positive. Individual safeguarding investigations and strategy meetings were well organised and effective. The Safeguarding Board and its subgroups quickly became established and were well attended.

An Equality Impact Assessment identified scope for development with black and ethnic minority communities led to developments on specific public information and outreach.

Key Strengths

- A safeguarding manager was recruited and operational safeguarding arrangements were consolidated and reviewed.
- The multi-agency Safeguarding Board and subgroups were established, including senior representatives of all key organisations.
- A safeguarding quality assurance project was completed.
- CSCI regulation feedback indicated that day-to-day safeguarding work and its management were sound.
- The availability of single rooms remained at 100%.

Key areas for improvement

- While staff training increased overall, access from the independent sector should be expanded.
- Implement the quality assurance audit by service providers and partner agencies.

Capacity to Improve

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

The Directorate of Adult, Culture and Community Services, Haringey Strategic Partnership and Wellbeing Strategic Framework were all well established by the end of 2007/08. They received strong leadership from elected members including the lead member for Social Care and a Dignity Champion, and from senior managers. The Local Area Agreement included key social care targets: vulnerable people achieving independent living, achieving independence for older people through intermediate care and carers receiving assessment or review were particularly relevant to the current improvement agenda.

The organisational proximity of adult social care to leisure and library services was clearly productive, especially for the prevention agenda. The Council and partners were demonstrably moving towards a modernised model of services emphasising prevention, re-abling and self-directed services, not only for older people and those with learning disabilities but also through an ambitious programme of strategic change in mental health services.

Joint working with Haringey PCT was increasingly strong. The PCT was closely identified with the adult social care agenda, including co-production of the carers and self-directed care agendas as well as prevention and re-abling through initiatives such as situating Choose and Book access in local libraries and the work of the Joint Director of Public Health. The Council was similarly involved in developing the Primary Care Strategy. It would be important to ensure the sustainability of this joint momentum by moving to formal management integration when structural changes in the London NHS become clearer.

The Council was progressing the personalisation agenda. A programme board was established in February 2008, whose lead officer coordinated two established individual budget pilots (learning and physical disabilities), additional forthcoming pilots and their links with the prevention agenda, Access Pathways project and future work on cultural change and workforce issues.

Performance management was well established. Quality, satisfaction and outcome monitoring were being developed. The pilot quality assurance survey undertaken with older people in February 2008 evaluated most of the outcomes and was being extended to other groups of people using services.

The workforce was stable, with decreasing and relatively low levels of vacancies, turnover and sickness absence that brought the Council roughly into line or below London averages.

Joint commissioning was in place in relation to learning disability and mental health services. There was agreement about the key commissioning objectives for older people and those with physical and sensory disabilities, which included expanding the range of preventive and re-abling services, particularly through intermediate care and telecare. The Council and PCT had agreed in principle to move towards integrated commissioning.

The Joint Strategic Needs Assessment was led by the Joint Director of Public Health and was well advanced. The first version of the JSNA report was already on the

Council's website and was being consulted upon. The JSNA was to be used to influence new commissioning plans for April 2009.

The unit cost of home care decreased, although initial estimates suggested relatively high costs for intensive social care. However, the Audit Commission Corporate Performance Assessment evaluated the Council as "performing well" (3) in its overall use of resources and value for money.
The regulated service market in Haringey was improving and generally of good quality. This was especially true of domiciliary care agencies. Attention was needed in relation to some residential homes for older people, especially out of borough placements in Poor homes. The Council and PCT jointly commissioned and provided a new registered nursing home at Osbourne Grove. CSCI regulation feedback showed that two in-house homes had improved, but one was still Adequate. Liaison forums with providers were regular and positive. The Council had a clear procurement policy making use of CSCI ratings.

Key Strengths

- **Leadership**
  - The Directorate of Adults, Culture and Community Services was well established by 2007/08.
  - Senior management and political leadership were strong.
  - The Council and partners had agreed key social care targets within Haringey's Local Area Agreement.
  - The relationship between the Council and Haringey PCT was reciprocal and effective.
  - Haringey's partnership working was commended in the Municipal Journal awards, and short listed in the Health Services Journal.
  - The Council was developing a clear modernised model of service involving prevention, re-abling and diversion, self-directed care, participation by service users and carers and partnership working.
  - Initial pilots and project arrangements for self-directed care were relatively well-developed.
  - The workforce was stable with low rates of turnover, vacancies and sickness absence.

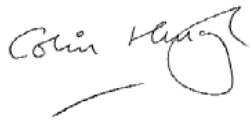
- **Commissioning and use of resources**
  - Joint commissioning was in place for learning disability and mental health services.
  - The Joint Strategic Needs Assessment was well-developed and likely to assist further strategic change.
  - The Council and PCT had agreed in principle to move towards integrated commissioning.
  - A stable budget position and corporate support for adult social care allowed significant investment both in service development and in change capacity including self-directed care projects.
  - Efficiencies from reduced reliance on long-term care were being recycled into re-abling and preventive services.
  - CSCI noted improvements in the regulated service market in Haringey, particularly in relation to domiciliary care agencies.
  - The Council had a clear procurement policy relating to CSCI quality ratings.

Key areas for improvement

- **Leadership**
  - Increase the sustainability of partnership working with Haringey PCT by considering formal management integration, as agreed in principle.

- **Commissioning and use of resources**
  - Ensure improvements to the one remaining Adequate rated in-house residential home.
  - Attend to Council funded placements in some residential homes for older people, especially out of borough placements in Poor homes.

Yours sincerely,



Colin Hough, Regional Director
Commission for Social Care Inspection