
Adult Social Care CQC Inspection Outcome Adults and Health Scrutiny Panel

March 31st 2025

Overall score

London Borough of Haringey

Requires improvement 



Quality statement scores

Quality statement scores

Assessing needs

Score: 2 ●

Supporting people to lead healthier lives

Score: 2 ●

Equity in experience and outcomes

Score: 2 ●

Care provision, integration and continuity

Score: 2 ●

Partnerships and communities

Score: 3 ●

Safe pathways, systems and transitions

Score: 2 ●

Safeguarding

Score: 3 ●

Governance, management and sustainability

Score: 2 ●

Learning, improvement and innovation

Score: 2 ●

Overall score

Overall Summary

Local Authority rating and quality statement scores

Requires Improvement: Evidence shows some shortfalls

Summary

1. Experience of care and support was mixed.
2. Most feedback from unpaid carers was negative and related to the availability, quality and outcomes of assessments.
3. Carers with access to support gave feedback that staff were responsive and supported them.
4. Assessments were broadly person-centred, strength-based and reviewed people's needs but.
5. Timeliness of assessments and reviews were a barrier for people.
6. Contacting the local authority was also a barrier, with information not always being accessible.
7. People had positive experiences of being supported by multi-agency integrated teams which enabled people to access services and stay independent.
8. There were mixed experiences of transitions between services such as Children's to Adult services.
9. Most people who used services felt safe but contact with people and partners following safeguarding referrals was not always consistent.
10. People were receiving increased engagement through co-production activities such as carers and co-production groups.

Theme 1. How the Local Authority works with people

Assessing Needs

Strengths

- People who already had an allocated worker told us their workers were contactable and responsive to them.
- The local authority had adopted their own model of strengths-based practice to support person-centred assessments and deliver outcome focused support for people and staff teams told CQC they used a person-centred and strength-based approach.
- Referral pathway arrangements supported co-ordinated approaches across different agencies and services. For example, the learning disability service had multi-disciplinary pathways to support co-ordination, including a complex physical health needs pathway and a dementia pathway.
- As part of their new localities model, the local authority's front-door for social care was also being transformed. Leaders and staff felt this would improve the local authority's responsiveness to those requiring support from adult social care services.
- The local authority had systems to mitigate risk across their waiting lists. Referrals were being screened and prioritised to ensure people with the most urgent needs were contacted more quickly.
- Senior leaders told us they had acted to make improvements to their unpaid carers offer, which included an improvement plan. This included improved systems to support staff with completing carers' assessments; drop-in services for carers to access assessments and support; a further commissioned partner who supported with information and advice, and the creation of a carers coproduction group.
- A team consistently referred to by other staff teams was the Connected Communities team. This team provided bespoke support for people until they had access to the services they needed.
- Other services within the borough which supported people with non-eligible needs included the autism hub, which supported over 500 autistic people.
- A further example was the Haynes dementia hub, which was a local authority run service providing dementia support and awareness to the wider community.
- Frontline staff gave examples of when advocacy was used to support people and accessed support from the commissioned advocacy provider to develop understanding and support referral decision making.

Theme 1. How the Local Authority works with people

Assessing Needs

Areas of development

- Access to assessments and reviews was limited due to challenges contacting the local authority.
- People and partners told us contacting the local authority over the phone to request assessments or support was time consuming as it was difficult to get through to speak with staff.
- Assessments and care planning arrangements were not always completed in a timely manner
- Some relatives felt their loved one's needs had not been holistically assessed, and long-term goals and support for independence had not been considered. A person-centred approach was not always consistent.
- Care providers gave mixed feedback about their involvement in reviews. Some providers told us they were consulted when reviews were taking place, but others felt they were not involved with the process
- Some carers told us support for their wellbeing could be improved. These carers reflected support had not had a positive impact on their lives and their health and wellbeing was declining.
- Accessibility of information, assessments, reviews and services were a barrier for some carers
- Some carers told us they were waiting prolonged periods to access assessments, reviews and decisions on commissioned support.
- The local authority had a significant backlog of financial assessments
- People did not always have timely access to advocacy. Some frontline teams told us delays in accessing advocacy could lead to delays in processes such as assessments and reviews.

Theme 1. How the Local Authority works with people

Supporting people to live healthier lives

Strengths

- Adult social care was embedded into wider local authority plans and strategies to support prevention.
- The current housing strategy, a coproduced Rough Sleeping Strategy (2023-2027), and plans for a new coproduced homelessness strategy, were targeting prevention of homelessness and supported people to reduce risks to their health and wellbeing.
- The local authority worked with partners to fund prevention activity, such as the mental health wellbeing network.
- The Multi-Agency Care and Co-ordination Team (MACCT) was an integrated service which supported adults living with frailty and/or multi-morbidity concerns to maintain or improve their health, independence and well-being.
- The Connected Communities team also supported a prevent, reduce, delay approach.
- The local authority's website had a range of resources which supported prevention. For example, information was available for ageing well, including an ageing well guide for people which was produced with partners.
- There had been an ongoing transformation of reablement services - reablement pathways had become more efficient, with the service completing 99.2% assessments within 28 days
- The local authority had expanded staffing within the OT team through recruitment. The team used screening and prioritisation to triage referrals based on risk. OTs on duty review referrals and where there was urgent need, assessments were completed within 48 hours. Frontline teams were trusted assessors which supported people to access low-level aids and equipment in a timelier manner and reduced workload on OTs.
- The local authority also had an assistive technology offer to support people to remain independent and frontline staff teams were passionate about supporting people with their independence using aids and equipment

Theme 1. How the Local Authority works with people

Supporting people to live healthier lives

Strengths continued

- The local authority incorporated adaptations and equipment into their future planning
- The Connected Communities team supported access to information and advice - a positive example of proactively supporting people to access information.
- A dementia co-ordinator supported people with dementia and their relatives with accessing information. A partner told us this role had a positive impact for the community as the role supported knowledge of services and they also held events to promote understanding and dementia awareness across the borough.
- There was no waiting list for direct payments and carers who did access direct payments were positive about their experience. They told us the direct payment was manageable and allowed them to take their relatives into the community and take part in activities.
- The local authority understood barriers to accessing direct payments and was taking steps to remove them

Areas of development

- There was a significant waiting list for people accessing occupational therapy (OT) assessments and this impacted on people getting timely access to equipment
- People could not always easily access information and advice on their rights under the Care Act and ways to meet their care and support needs
- A key issue highlighted was people not being able to get through to speak with the local authority and some partners told us the local authority website was difficult to navigate and understand for people which prevented them accessing information easily.
- Some carers felt it was difficult to get information and advice directly from the local authority and unpaid carers were not consistently signposted to commissioned information services and would have to source information themselves.

Theme 1 – How the Local Authority works with people

Equity in experience and outcomes

Strengths

- Senior leaders understood the impact of inequalities across the borough, with identifying and listening to seldom-heard groups a priority for the local authority and worked closely with key partners to better understand and reduce local health inequalities.
- Example; 'Community Voices' used researchers who represented their own community groups to speak with a range of people from different ethnic backgrounds to understand their experiences of the cost-of-living crisis.
- Haringey commissioned a range of health inequalities projects, with 17 projects overseen by a Neighbourhoods & Inequalities Board.
- local authority had also supported the introduction of community health champions and proactively approached to engage communities such as the Gypsy, Roma and Traveller community.
- People and staff gave examples of staff having a good understanding of cultural diversity
- Frontline teams told us how they received training to support communication with people with learning disabilities, autism, neurodivergence and hearing impairments. This supported staff to make conversations more accessible for people.
- The local authority had a rehabilitation officer who supported people with sensory needs, such as those who had a sight and/or hearing loss

Weaknesses

- Support for unpaid carers from ethnic minority communities was an area for development.
- Partners told us there was a lack of information available in other accessible formats and said the local authority's website did not include information in different languages

Theme 2 – Providing Support

Care provision, integration and continuity

Strengths

- Haringey had launched a commissioning coproduction board and there was some evidence the board had begun to influence processes such as quality assurance of services
- partners were positive about the provision of the local Autism Hub, which was coproduced and described as an exemplar service
- People told us they were supported to access homecare support, which was flexible, person centred and of good quality.
- The local authority worked closely with the NCL system to retain oversight of residential and nursing care provision across the system.
- A partner told us a specialist provision which offered high quality services and advice was the Dementia Hub
- The local authority had clear arrangements to monitor the quality and impact of the care and support services being commissioned for people and it supported improvements where needed
- Care providers told us quality assurance processes supported them to improve their systems and practices
- The local authority was focused on improving people's voice in improving quality of services. For example, the Commissioning Coproduction Board had developed a methodology to support people's voice in contract management and quality reviews of services
- The local authority had identified the need to increase personal care services for people using direct payments and commissioned a partner to promote the role of becoming a personal assistant to support people's choice in services

Theme 2 – Providing Support

Care provision, integration and continuity

Areas of development

- People's access to a diverse range of local support options which were effective, affordable, and high-quality was inconsistent
- partners told us about gaps in service provision in the area. This included care homes, dementia-friendly services, specialist accommodation for autistic people, complex placements and mental health provision
- People and partners were not always included in market shaping activity
- Capacity for care and support within the borough was limited and as a result, a large proportion of care and support was commissioned out of the borough.
- There was not a clear process for reviewing the quality of people's placements outside of the NCL system – and the backlog and delays of people's statutory Care Act annual reviews highlighted a potential risk of concerns about people's care services not being known to the local authority

Theme 2 – Providing Support

Partnerships and communities

Strengths

- The local authority was developing strong partnerships and worked collaboratively with partners to agree and align strategic priorities, plans and responsibilities for people in the area
- The Haringey Borough Partnership helped strengthen internal and external relationships with Children’s services, Public Health, Housing and senior health partners.
- the Integrated Reablement team were undergoing a transformation and had seen improvements in its performance, working closely with a health Rapid Response team
- a positive working example of a multiagency drugs and alcohol team who supported people to achieve better outcomes
- Staff told us they had received support and training to take part in joint funding discussions with health colleagues
- The local authority used pooled resources, such as the Better Care Fund, to deliver positive outcomes for people through integrated services. This included the reablement pathway and the MACCT.
- People told us adult social care and housing had worked closely together to support them to get support.
- A commissioned VCSE partner was also part of the carer’s coproduction group, and a staff member told us links with this partner were strong. The partner told us they were hopeful their membership of the group would support outreach to new carers
- The local authority also worked with the ICB to fund VCSE-led projects. For example, a senior leader told us about ‘Tottenham Talking’

Theme 2 – Providing Support

Partnerships and communities

Areas for development

- Partnership working to facilitate agreement of funding splits was an area for development. Data showed the local authority had a disproportionate level of health funding for complex care packages as compared to other areas and this impacted on the local authority financially.
- JPB - there was mixed feedback from partners on whether they felt listened to or had opportunities to inform strategies and projects
- Still scope for improvement of integration of adult social care and health services
- Where Section 75 agreements were not in place, such as with the Mental Health Trust, teams worked with health partners to support people, but approaches could be inconsistent. There was mixed feedback from staff on how well these processes worked.

Theme 3 – How the Local Authority ensures safety within the system

Safe pathways, systems and transitions

Strengths

- Staff spoke about cohesive partnerships within the local authority which supported safe, secure, and timely sharing of information to enable people to move safely between services.
- The local authority understood the importance of safety and the risks people faced across their care journey. They identified and mitigated risks to safely manage peoples' care.
- There were clear, person-centred pathways and protocols to help prevent risk to people's continuity of care
- Pathways for identifying, assessing, and allocating complex and non-complex cases for people moving between children and adult services were well-understood by the local authority

Areas of development

- some inconsistencies with how care and support was planned and organised with people, together with partners and communities to support safe transitions.
- the local authority could improve communication and timeliness of hospital discharges.
- Leaders, staff, and people identified safe, effective transitions from Children's to Adult services was an area for development and people's and carers' experiences of transitions between Children's and Adult services were mixed
- However, details around how they planned with carers to minimise risk when they could not fulfil their caring duties were vague

Theme 3 – How the Local Authority ensures safety within the system

Safeguarding

Strengths

- Staff also told us the safeguarding systems and processes were person-centred and reflected peoples' wishes to support them to remain safe.
- there was a clear procedure for triaging urgent police referrals and the actions leading to a protection measure being implemented
- Safeguarding concerns which did not meet the statutory referral criteria were processed in appropriate ways which informed internal colleagues and community health partners of the risks to people
- SAB chair told us there had been successes in transitional safeguarding
- Local authority staff were supported to access training and learning from SARs and partners were supported to improve practices to keep people safe
- Effective processes were in place to respond to Deprivation of Liberty Safeguards (DoLS)
- There was no waiting list for concerns or s.42 enquiries
- There was clarity on what constituted a s.42 safeguarding concern and when s.42 safeguarding enquiries were required, and this was applied consistently
- Staff we spoke with demonstrated a strong understanding of a personalised approach to safeguarding and this was reflected in examples they gave

Theme 3 – How the Local Authority ensures safety within the system

Safeguarding

Areas of development

- While there were processes to support staff to raise safeguarding concerns, these were not always followed.
- Care providers were not always supported to learn from safeguarding investigations
- Partners told us they did not always receive updates, outcomes and responses when making safeguarding referrals
- However, staff told us statutory advocacy was not always readily accessible, and it took up to 6 weeks to get an advocate for people

Governance, Management and Sustainability

Strengths

- There was a stable adult social care leadership team with clear roles, responsibilities and accountabilities
- Leaders were visible, capable and compassionate
- Governance structures supported internal working relationships
- Senior leaders told us they undertook, along with managers and senior practitioners, a range of audits and supervisions including monthly case file audits and thematic audits

Areas of development

- There was not an up-to-date Carers Strategy, with the previous strategy running between 2020-2023
- Use of agency/locum staff was significant, making up 26% of the adult social care workforce (full time equivalents) as of July 2024 and turnover of staff also impacted people receiving services
- Systems to support leaders accessing data were not always consistent.

Learning improvement and innovation

Strengths

- The local authority had committed to improving relationships with communities and to work with people to support them to have a say in decision making. This approach was beginning to embed, with new strategies taking a coproduced approach
- The local authority had introduced carers and commissioning coproduction groups. These processes were still being developed but a partner told us people felt more listened to with this approach, and it was more representative of communities
- The local authority worked closely with peers to support and improve their practice (e.g. LGA Peer Review)
- ‘Technology for our Ageing Population: Panel for Innovation’ (TAPPI) project
- Staff told us of a positive working culture which supported continuous learning and improvement
- Good progression opportunities, PSW, DASS, ASYE, Locality Team opportunities as examples
- Establishment and collaboration with Disability Action Haringey
- 7 Min Briefings

Areas of development

- Partners told us coproduction was not well embedded, and this was recognised by the local authority
- Other concerns included the local authority not investing in supporting people to take part in coproduction which created barriers for people
- Taking forward recommendations of review of Joint Partnership Board

Communications and engagement



Assurance is also about keeping our colleagues, partners and importantly carers, people in receipt of care and support are engaged through existing governance and co-production opportunities such as the commissioning co-production group, JPB and carers co-production group.

To date this has included:

- Staff briefing Sessions
- Communications sent to Haringey Borough Partnership Executive, Safeguarding Adults Board and Joint Partnership Board (JPB)
- All Member briefing
- Meetings held with Healthwatch Advisory Board, LD Carers Forum, Carers Reference Group and JPB
- Health and Wellbeing Board
- Adults & Health Scrutiny agenda item

Assurance and oversight



- Adults Improvement Board (AIB) established, chaired by Chief Executive, Andy Donald and with cross-party member representation on the Board
- First meeting of the AIB was held on 10th March 2025 and future meetings will be held every 8/9 weeks
- Draft Adult Social Care Improvement Plan is currently in development
- Co-production of improvements will be facilitated through Commissioning and Carers Co-production Groups and the Joint Partnership Board
- Improvement plan will be monitored at the AIB
- Regular updates will be presented to Adults and Health Scrutiny Panel

Questions from Adults and Health Scrutiny Panel?