Report for:	Adults and Health Scrutiny Panel – 1st October 2026
Item number:	**9**
Title:	Update on Delivery of the Adult Social Care Improvement Plan
Report authorised by:	Sara Sutton, Corporate Director Adults, Housing and Health
Lead Officer:	Jo Baty, Director of Adult Social Care (DASS)
Ward(s) affected:	All

Report for Key/

Non-Key Decision: Non-Key Decision

1. Describe the issue under consideration

1.1. This report provides an update to the Adults and Health Scrutiny Panel on implementation of the Adult Social Care Improvement Plan developed following the Care Quality Commission (CQC) assessment of Adult Social Care published in February 2025.

1.2. The report outlines progress made against the areas identified by CQC, evidence of impact achieved to date, and the next steps required to sustain and build upon improvements. The report demonstrates how Adult Social Care has responded to inspection findings through service redesign, workforce investment, strengthened governance, enhanced co-production and a focus on prevention, independence, and improved resident outcomes.

2. Cabinet Member Introduction

2.1. N/A

3. Recommendations

3.1. The Adults and Health Scrutiny Panel is asked to:

3.2. Note the progress made in implementing the Adult Social Care Improvement Plan including the improvements achieved across assessments, carers, safeguarding, financial assessments, and workforce development.

3.3. Endorse the work that is underway with a continued focus on prevention, co-production, workforce sustainability, and reducing inequalities.

3.4. Consider developing a forward programme that maintains oversight of priority improvement areas, particularly those where performance remains variable, improvement activity is at an early stage, or there is a need to strengthen the evidence base demonstrating impact on residents, carers and system outcomes.

4. Reasons for decision

4.1. No decision. Report for Adults and Health Scrutiny Panel review.

5. Alternative options considered

5.1. N/A

6. Background information

6.1. In February 2025, the Care Quality Commission (CQC) assessed Adult Social Care in Haringey and awarded an overall rating of **Requires Improvement**. The assessment recognised a number of strengths including leadership, safeguarding, prevention, integrated working, and emerging co-production arrangements. However, CQC identified areas requiring further improvement including:

- Timeliness of assessments and reviews.
- Access to Adult Social Care services.
- Support for unpaid carers.
- Occupational Therapy waiting times.
- Financial assessment backlogs.
- Advocacy and information provision.
- Consistency of co-production.
- Workforce stability.
- Access to management information and performance data.

6.2. In response, Haringey established a comprehensive Adult Social Care Improvement Programme overseen by an Adult Social Care Improvement Board, chaired by the Chief Executive. The Improvement Board includes cross-party Member representation and reports through Scrutiny, the Health and Wellbeing Board, the Haringey Borough Partnership, Joint Partnership Board, Commissioning Co-production Board and Carers Partnership Board.

7. Overview of Improvement Activity During 2025/26

7.1. The Improvement Programme has sought not only to address specific issues identified by CQC but also to support wider improvement and transformation across Adult Social Care and strengthen the sustainability of services in the face of increasing demand, demographic change, and financial pressures. Over the last eighteen months Adult Social Care has undertaken significant improvement and transformation activity.

7.2. A key focus has been improving access to services, reducing waiting times, and strengthening performance management. The Council commissioned an independent review of its Locality Model and used this alongside feedback from residents, carers, staff, and partners to redesign the Adult Social Care Front Door. This work has improved accessibility, strengthened triage arrangements and supports a more responsive and preventative approach to Adult Social Care.

7.3. Recognising the concerns raised by CQC regarding unpaid carers, the Council co-produced a new Adult Carers Strategy 2025-2028 involving over 100 carers and

established a Carers Partnership Board to oversee implementation and evaluation of improvements. Adult Social Care has strengthened carers engagement, information, advice, and assessment pathways and improved the visibility of carers within service planning and delivery. The Independence and Early Intervention (IEI) Team has played a particular role in identifying and supporting carers, including through targeted outreach and early intervention.

7.4. The Council has also strengthened its approach to co-production through expansion of the Adult Social Care Commissioning Co-production Board, review of the Joint Partnership Board, appointment of an independent Chair and closer working with Disability Action Haringey (DAH), Haringey Deaf and Disabled People's Organisation (DDPO). Residents are now routinely involved in service redesign, commissioning reviews, website development, direct payment improvements, and procurement exercises.

7.5. Significant investment has been made in workforce capacity and leadership. This includes recruitment of a permanent Deputy Director, appointment of a permanent Principal Social Worker and investment of £3.6 million in additional frontline staffing across Locality Teams, Occupational Therapy, Safeguarding and Commissioning services.

7.6. Alongside this, Adult Social Care has continued to strengthen prevention and independence through enhanced reablement services, assistive technology, neighbourhood working with health partners, expansion of community-based support and redesign of information and advice services.

8. Impact of the Improvement Programme

8.1. The improvement programme has delivered measurable improvements across a number of key service areas. Since June 2024:

- Care Act Assessment waiting lists have reduced by 57%, with waiting numbers reducing to 326 and median waiting times reducing to 39 days.
- Carers Assessment waiting lists have reduced to 23 people and maximum waiting times reduced by 59%.
- Financial Assessment backlogs have reduced by 80%, with waiting numbers reducing to 217 cases and significant improvement in the timeliness with which new financial assessments are completed.
- Statutory Care Act Review backlogs have reduced by 36% and are on track to be at target by March 27
- Safeguarding performance oversight and management arrangements have also been strengthened.
- From Budget perspective, Adult Social Care has stabilised, moving from £15.8m overspend position in 24/25 to a £1.6 million underspend in 25/28, whilst delivering significant service improvements and achieving 86% of planned savings.
- Performance against outcomes demonstrates encouraging progress and provides early evidence that the Council's improvement programme is beginning to have a positive impact on residents' lives. Resident satisfaction

with care and support increased from 57% to 61%, the proportion of residents reporting a good quality of life increased from 50% to 61%, and the adjusted social care-related quality of life measure improved from 0.369 to 0.401, indicating a stronger contribution from Adult Social Care services to residents' wellbeing. The Council also continues to perform strongly in supporting people to remain living independently at home, maintaining positive safeguarding outcomes and delivering effective reablement support.

- The early indicators are therefore encouraging and should provide confidence that the improvements being implemented are beginning to translate into better experiences and outcomes for residents and carers and is hoped that of the improvements delivered in 25/26 will translate into better outcomes more fully over future reporting cycles as improvements become embedded and sustained into impact.
- In addition, more complex outcome measures relating to health, wellbeing and social connectedness will take longer to improve and are also influenced by wider system factors.
- While these improvements demonstrate measurable progress, the Council recognises that improvement is not complete. Waiting times remain too long in some areas, particularly in Occupational Therapy and further work is required to demonstrate consistently the quality and impact of support on residents and carers. The next phase of the programme will therefore focus on sustaining reductions in waiting times, implementing the redesigned Front Door and continuing to improve the timeliness of services.

9. **Progress Against Key Improvement Priorities**

Improvement Priority 1: Access to Assessments and Reviews

CQC Finding

9.1. Residents experienced delays accessing assessments and reviews and reported difficulties contacting Adult Social Care.

<u>Front Door Redesign</u>

9.2. The Front Door Redesign, scheduled for phased implementation from December 2026, is a significant element of the Adult Social Care (ASC) Improvement Programme. It brings together multiple locality-based access arrangements into a single, integrated Front Door model, providing residents with a more consistent, responsive and preventative service from their first contact with ASC. The redesign has been informed by resident feedback, independent assurance reviews and learning from the CQC assessment process.

9.3. The new model introduces a clear two-tier approach. Tier 1 will focus on information, advice, prevention, early intervention, safeguarding identification and community signposting, enabling more residents to receive support at the earliest opportunity. Tier 2 will provide professional oversight, Care Act decision-making, safeguarding triage and escalation into specialist services where required. This approach aims to ensure that professional expertise is focused on those with the most complex and high-risk needs while maintaining timely access to support for all residents.

Contribution to CQC Improvement

9.4. The redesign directly supports improvement in several areas identified through the 2025 CQC assessment.

Improving people's experience of Adult Social Care

9.5. The current model can result in duplication, delays and inconsistent resident experiences. The redesigned Front Door provides a single point of access, reducing the number of handovers between teams and supporting the principle that residents should only need to tell their story once. This will improve responsiveness, communication and consistency of service across the borough.

Strengthening prevention and early intervention

9.6. The redesign places prevention and early intervention at the centre of the operating model. Residents will have earlier access to information, advice, community support and preventative services, helping to reduce the escalation of needs and supporting people to remain independent for longer. This aligns with both Care Act duties and CQC expectations around supporting people to live healthier and more independent lives.

Improving assessment and decision-making

9.7. Independent reviews identified variation in triage processes and thresholds across the existing service. The redesigned model introduces standardised processes, clearer pathways and strengthened professional oversight, supporting more consistent and timely Care Act decisions and improving the quality and consistency of practice.

Enhancing safeguarding assurance

9.8. Safeguarding arrangements will be strengthened through earlier identification of risk, dedicated safeguarding triage, improved screening tools and clearer escalation routes. Greater management oversight and quality assurance will support more consistent safeguarding decision-making and improved assurance regarding the management of risk.

Strengthening leadership, governance and performance oversight

9.9. The redesign introduces a single management structure, enhanced quality assurance arrangements, real-time performance reporting and clearer accountability. This will improve leaders' ability to monitor performance, respond to emerging risks and provide assurance regarding the quality and effectiveness of services.

Supporting workforce stability and sustainability

9.10. The new model reduces duplication across services, clarifies roles and responsibilities and creates greater operational resilience. By reducing reliance on agency staffing and improving management oversight, the redesign will support a more stable and sustainable workforce, contributing to improved outcomes for residents.

Timeline

9.11. The Front Door Redesign is being delivered through a phased implementation programme designed to maintain operational stability while embedding new ways of working. Following approval of the business case and engagement with staff and Trade Unions, formal consultation commenced in September 2026. Recruitment and assimilation into the new structure will take place during autumn 2026, with implementation of the new operating model commencing in December 2026. A post-implementation review and stabilisation period is planned for spring 2027 to ensure that the anticipated improvements in resident experience, safeguarding, performance and workforce resilience are being realised. The phased approach reflects the importance of maintaining service continuity whilst delivering a significant transformation of Adult Social Care access arrangements.

10. Improvement Priority 2: Support for Carers

CQC Finding

CQC identified concerns regarding the timeliness, quality, and impact of support available for unpaid carers.

Progress.

Governance

10.1. A key improvement following the 2025 CQC assessment has been the establishment of a formal governance framework to oversee delivery of the Carers Strategy and ensure carers' experiences directly shape service improvement. The Adult Carers Strategy 2025–2028 was co-produced with more than 100 unpaid carers, alongside community organisations and system partners. Its priorities reflect what carers told us mattered most, including access to information, respite, wellbeing, employment and financial resilience. The new Carers Partnership Board has been established as the strategic oversight body for carers in Haringey, bringing together carers, Adult Social Care, NHS partners and the voluntary sector to drive improvement and monitor progress. The Board is co-chaired by the Director of Adult Social Services and the Chair of the Joint Partnership Board Carers Reference Group, embedding shared leadership between the Council and carers.

10.2. The Board has introduced:

- Strategic oversight of delivery of the Carers Strategy.
- Joint leadership through co-chairing arrangements between carers and Adult Social Care.

- Three dedicated delivery subgroups covering:
    - Information, Advice and Communication
    - Carers Hub
    - Respite and Wellbeing.
- Strengthened accountability through the development of performance measures, monitoring arrangements and delivery plans.
- Broader system leadership through the involvement of health, housing, primary care and voluntary sector partners.

10.3. This provides a much stronger framework for oversight, partnership working and continuous improvement, directly supporting the CQC expectations around leadership, governance and quality assurance.

Joint Partnership Board (JPB) and Co-production

10.4. Alongside strengthening governance, Haringey has significantly enhanced its approach to co-production through the Haringey Joint Partnership Board (JPB), the Carers Reference Group and the longstanding LD Carer Forum.

10.5. The JPB acts as the borough's formal mechanism for ensuring lived experience influences strategic decision-making, service design and improvement activity. The Carers Reference Group has played a particularly important role in:

- Bringing carers lived experience directly into decision-making.
- Co-producing the borough's Carers Strategy and associated action plans.
- Identifying priorities and improvement opportunities from carers' experiences.
- Monitoring delivery of improvement activity and challenging progress where required.
- Ensuring communications, services and commissioning decisions are shaped by carers themselves.

10.6. The development of the Carers Partnership Board itself is a direct result of collaborative working between the Carers Reference Group, Adult Social Care and wider partners to strengthen carers' influence across the system.

10.7. This approach demonstrates a significant shift towards genuine co-production and addresses CQC's focus on listening to people, involving residents in decisions and ensuring that services are shaped by those who use them. It moves carers' involvement beyond consultation by giving carers an ongoing role in governance, commissioning, delivery and evaluation.

Carers Information Booklet

10.8. A further significant achievement has been the development of a co-produced Carers information pack, providing carers with accessible information, advice and guidance. The booklet was developed in response to feedback from carers that

information could be difficult to find and navigate and has been endorsed through the new governance arrangements. The booklet:

- Helps people recognise and identify themselves as carers.
- Explains carers' rights and entitlements under the Care Act.
- Provides clear guidance on Carers Assessments, support planning and reviews.
- Signposts carers to local support, including Carers First, Mobilise, community groups and health services.
- Includes information on respite, direct payments, adaptations, wellbeing support and financial assistance.
- Promotes a strengths-based approach and encourages carers to seek support before reaching crisis point.

10.9. The booklet is due for borough-wide circulation and will provide a consistent source of information for carers, helping improve awareness, access to support and self-identification as a carer. Consideration is also being given to translated versions to improve accessibility for diverse communities.

Improving Information, Advice and Communication (Digital)

10.10. Recognising that carers often found it difficult to navigate Adult Social Care and access support, we undertook extensive engagement with carers to redesign our digital offer. Improvements include:

- Development of a new Adult Social Care website with clearer routes to support for carers.
- Introduction of step-by-step guidance that explains how care and support works and what carers can expect.
- Improved promotion of Carers Assessments and support available to carers.
- New information on hospital discharge, safeguarding and accessing local services.
- Simplified content written in plain English and shaped through co-production with carers.
- Ongoing plans to redesign the carers section, improve information on respite, financial support, emergency planning and support for working carers.

10.11. Impact: Carers are able to identify themselves earlier, access support more easily, understand their options and seek help before reaching crisis point.

Strengthening Strategic Commissioning for Carers

10.12. Commissioning has focused on building sustainable support for carers and ensuring carers' voices shape future services. Key improvements include:

- Establishing carers as a key focus within the Independence and Early Intervention model to support earlier identification and intervention.
- Extending the Mobilise contract to maintain access to digital support, peer networks and information resources.
- Developing proposals for a borough-wide Carers Drop-In Hub model to provide a coordinated front door for information, advice and support.
- Advancing work with hospitals to improve support for carers within discharge pathways.
- Reviewing and strengthening Haringey's respite offer through alignment with the Day Opportunities Transformation Programme.
- Exploring innovative respite opportunities through partnership with Carefree.
- Beginning discussions with Carers Card UK to improve recognition and benefits for unpaid carers.
- Co-producing the future Carers Support Service specification with carers and stakeholders through the Commissioning Co-production Board.

10.13. Impact: These actions are creating a more integrated, preventative and responsive support offer for carers, whilst ensuring future services are co-designed with carers themselves.

<u>Expanding Prevention and Early Intervention through the IEI Team</u>

10.14. A major improvement following the CQC assessment has been the creation of the Independence & Early Intervention Team (IEI), which strengthens Haringey's prevention offer and provides practical support before needs escalate. Unpaid carers are a particular focus for the team, including carers from seldom-heard communities who may not identify themselves as carers or engage with formal services. The team uses locality-based and community-led approaches to connect carers with information, practical assistance and community resources. Key developments include:

- Dedicated support for unpaid carers, including carers of people with learning disabilities and carers with learning disabilities.
- Provision of information, advice, guidance, financial support, wellbeing support and community connections.
- Development of locality-based Carers Hubs to provide face-to-face support and easy access to advice.
- Regular drop-in provision from the Northumberland Park Neighbourhood Resource Centre.

- Partnership working with North Middlesex Hospital through the Community Advice Hub.
- Increased focus on ensuring carers' voices are heard throughout the hospital discharge process.
- Outreach to carers through forums, GP practices, community groups, voluntary sector organisations and partner agencies.
- Practical support which has helped carers manage financial issues, improve wellbeing, reduce social isolation and avoid crisis situations.

10.15. Impact: The IEI Team is providing an additional route through which carers can be identified earlier, offered preventative support and connected with community resources. The Council will strengthen its monitoring of how many carers are reached, the support provided and the outcomes achieved.

Alongside these strategic and service developments, performance in completing Carers Assessments has improved. At August 2026, the waiting list had reduced to 23 people, with a median wait of 39 days and a maximum wait of 94 days, representing a 59% reduction in the maximum waiting time since June 2024. While this demonstrates progress, further work is required to improve timeliness and evidence the impact of assessments and support on carers' wellbeing and ability to sustain their caring role.

11. Improvement Priority 3: Prevention, Early Intervention, and Independence

CQC Finding

11.1. CQC recognised strong foundations around prevention, reablement and integrated working and encouraged the Council to build upon these strengths.

Progress

Strengthening Early Intervention

11.2. A major achievement has been the establishment of the Independence and Early Intervention Team (IEI), providing dedicated preventative support to residents and carers before needs escalate. The team offers information and advice, benefits support, wellbeing interventions, housing guidance and community connections, helping residents remain independent and reducing reliance on more intensive services. Alongside this, Adult Social Care has launched the Adult Social Care Information Directory, redesigned information and advice pathways and commenced development of a new Front Door model to provide earlier access to support and create a simpler resident journey.

Haringey as a Neighbourhood Integrator

11.3. As a recognised neighbourhood integrator, Haringey has strengthened partnership working across health, social care and the voluntary sector. Multi-agency care coordination arrangements have expanded, strategic partnerships with NHS providers have been strengthened, and integrated neighbourhood working has

been developed to ensure support is coordinated around residents rather than organisational boundaries. This approach is helping residents access the right support at the right time and reducing fragmentation across the system.

Strengthening Integration with Health Partners

11.4. Adult Social Care has worked closely with Whittington Health, community health services and wider system partners to improve integration and support prevention. Joint workshops in October 2025 and June 2026 led to the development of a formal Joint Offer between Adult Social Care and Community Health Services, clearer referral pathways, stronger multidisciplinary working arrangements and improved operational relationships between services. These initiatives have improved coordination around residents and strengthened the interface between health and social care.

Supporting Admission Avoidance and Intermediate Care

11.5. A multi-agency Admission Avoidance Workshop and participation in the North Central London Intermediate Care Workshop have supported work to reduce avoidable hospital admissions and strengthen community-based alternatives. This has resulted in agreed workstreams focused on admission avoidance, Home First principles, reablement, rehabilitation, urgent community response and discharge support. By improving pathways and collaboration across organisations, Haringey is helping more residents remain independent and recover closer to home.

Promoting Independence Through Direct Payments

11.6. Adult Social Care has continued to strengthen its Direct Payments offer, promoting greater choice, control and independence for residents. Through co-production with residents and carers, the service has reviewed how Direct Payments can better support personalised outcomes and enable people to arrange support that reflects their individual circumstances and aspirations. This supports Care Act principles by enabling residents to exercise greater control over how their needs are met and reducing dependence on traditional service models. Since January 2025, the number of clients receiving a Direct Payment has increased steadily from 710 to 818, representing a 15% increase.

Supporting Carers and Communities

11.7. Significant progress has been made in supporting unpaid carers through implementation of the Carers Strategy, expansion of carers reviews, development of locality-based Carers Hubs, extension of the Mobilise contract and establishment of the Carers Partnership Board. These initiatives have improved early identification of carers, increased access to support and strengthened carers' wellbeing, helping to prevent crisis and sustain caring relationships.

12. **Improvement Priority 4: Occupational Therapy, Equipment and Adaptations**

CQC Finding

12.1. CQC identified significant Occupational Therapy waiting lists impacting timely access to equipment and adaptations.

Progress

12.2. Occupational Therapy, equipment and adaptations remain a key priority within the Adult Social Care Improvement Programme. While the service continues to face significant challenges relating to waiting times and demand for major adaptations, there has been substantial progress in strengthening governance, improving oversight and maintaining high-quality professional practice.

Service Performance

12.3. Despite increased demand, Occupational Therapy performance remains strong once residents are allocated to an Occupational Therapist. During 2025/26:

- 580 Occupational Therapy assessments were completed.
- 96% of assessments were completed within 28 days of allocation.
- 560 support plans were completed.
- 92% of support plans were completed within target timescales.

12.4. This demonstrates the quality, responsiveness and commitment of the Occupational Therapy workforce in supporting residents to maximise independence and remain safely within their own homes.

Governance and Leadership

12.5. To strengthen oversight and drive improvement, the Council established the Haringey Aids and Adaptations Steering Programme Group in April 2026. The programme board brings together Housing, Adult Social Care, Occupational Therapy, Finance, Commissioning and Procurement, creating a more integrated approach to managing the adaptations pathway.

12.6. This has improved governance, accountability and whole-system ownership of performance and delivery whilst strengthening collaboration between Housing and Adult Social Care.

Managing Risk and Supporting Residents

12.7. Recognising the impact of waiting times, a number of measures have been implemented to manage risk and support residents while they await assessment or adaptation works. These include:

- Welfare calls every six to eight weeks for residents awaiting services.
- A dedicated Occupational Therapy Duty Team providing urgent responses within 48 hours.
- Risk-based prioritisation processes to ensure those with the greatest need are supported first.

- Enhanced performance monitoring and operational oversight.

12.8. These arrangements provide additional assurance that residents remain safe and supported while longer-term improvements are delivered.

Continuous Improvement

12.9. The service has developed a clear understanding of the factors contributing to delays and has introduced stronger performance management arrangements, daily operational oversight, benchmarking activity and service redesign work. This has improved visibility of demand, performance and risks and supports evidence-based decision making.

Improvement Programme

12.10. The Council is open that waiting times for Occupational Therapy assessments and major adaptations remain the most significant challenge in this area. Demand continues to exceed available capacity and reducing delays remains a key priority.

The improvement programme includes:

- Increasing workforce capacity through recruitment.
- Utilising external Occupational Therapy assessment capacity to reduce waiting lists.
- Recruiting additional surveyor capacity.
- Procuring six new adaptations contracts to increase delivery capacity.
- Strengthening contractor performance management and accountability.
- Improving data quality, performance reporting and oversight.
- Streamlining the end-to-end adaptations pathway.
- Further strengthening joint working between Housing and Adult Social Care.
- Benchmarking performance against comparator authorities.
- Reviewing policies and operating models to support future service sustainability.

13. Improvement Priority 5: Safeguarding

CQC Finding

13.1. Whilst safeguarding was recognised as a strength overall, CQC identified opportunities to strengthen consistency, communication, and access to advocacy.

Progress

Safeguarding Improvements

13.2. Safeguarding has been one of the most significant areas of improvement activity within Adult Social Care over the last year. Following both the CQC assessment

and independent reviews of safeguarding operations and the Safeguarding Adults Board, the Council has implemented a comprehensive strengthening programme focused on leadership, governance, performance, workforce capability and partnership working.

Strengthened Leadership and Governance

13.3. Adult Social Care has significantly strengthened safeguarding oversight and accountability through:

- Appointment of a permanent Deputy Director with responsibility for strengthening safeguarding governance and performance and a Principal Social Worker for responsibility in improved practice at the front line.
- Commissioning independent reviews of both safeguarding operations and the Safeguarding Adults Board to provide external challenge and identify improvement priorities.
- Appointment of a new Independent Chair of the Safeguarding Adults Board.
- Establishment of a single Safeguarding Strengthening Plan bringing all improvement activity into one programme.
- Introduction of daily safeguarding SITREPs, Daily Safeguarding Review Groups and Weekly Safeguarding Improvement Groups providing real-time oversight of risk, performance and demand.

Improved Safeguarding Performance and Risk Management

13.4. There has been a significant focus on reducing backlogs and strengthening operational grip.

Key improvements include:

- Reduction in the open Section 42 waiting list to 376 cases, significantly reducing historic backlog and risk.
- Creation of a Safeguarding Backlog Taskforce.
- Introduction of enhanced performance dashboards and monitoring arrangements.
- Improved safeguarding triage processes and escalation procedures.
- Introduction of dedicated oversight of waiting lists through a strengthened Waiting Well approach.

Strengthening Practice

13.5. The service has simplified safeguarding arrangements and strengthened frontline ownership of safeguarding activity.

Improvements include:

- Development of a new Safeguarding Adults Collaborative Practice Framework setting out safeguarding pathways, triage arrangements, responsibilities and escalation processes.
- Embedding the principle that "Safeguarding is Everybody's Business" across Adult Social Care.
- Greater safeguarding ownership within locality teams to improve continuity of support and reduce unnecessary hand-offs.
- Strengthened focus on Making Safeguarding Personal and strengths-based practice.
- Enhanced audit programmes showing improved threshold decision-making and management oversight.

Workforce Development

13.6. Significant investment has been made in workforce capability and safeguarding confidence. This has included:

- Additional safeguarding resources and staffing investment.
- Mandatory safeguarding training across Adult Social Care.
- More than 6,900 staff across the partnership completing safeguarding awareness training.
- Extensive multi-agency learning on self-neglect, homelessness, domestic abuse, Mental Capacity Act, hoarding and Making Safeguarding Personal.
- Strengthened supervision, quality assurance and professional oversight arrangements.
- Learning from Reviews and Safeguarding Adult Reviews

13.7. The Council has strengthened its learning culture and application of lessons from reviews. Key developments include:

- Delivery of a borough-wide "Learning from SARs" event.
- Publication and implementation of learning from three Safeguarding Adult Reviews.
- Improvements implemented in relation to self-neglect, mental capacity, multi-agency working, safeguarding referrals and provider oversight.
- Review and streamlining of governance arrangements and risk management panels.

Strengthening Partnership Working

13.8. Our CQC self-assessment highlights significant improvements in multi-agency safeguarding arrangements, including:

- Introduction of a new Data and Performance Subgroup within the Safeguarding Adults Board.
- Stronger partnership working across health, housing, police, children's services and the voluntary sector.
- Enhanced safeguarding responses for people experiencing homelessness.
- Development of a Transitional Safeguarding Protocol jointly owned by adults' and children's safeguarding partnerships.
- Improved multi-agency risk management arrangements and information sharing.

Provider Safeguarding

13.9. Oversight of safeguarding within the provider market has also been strengthened through:

- Enhanced use of the Quality Assurance and Contract Management Framework.
- Multi-agency intelligence sharing between Adult Social Care, CQC, health partners and commissioning teams.
- Stronger monitoring of high-risk providers, including welfare checks, improvement plans and escalation arrangements.
- Greater provider engagement through dedicated provider safeguarding forums.

14. Improvement Priority 6: Co-production, Equality and Resident Voice

CQC Finding

14.1. Increase the proportion of residents reporting involvement in decisions about their support.

Co-Production and Adult Social Care Improvement

14.2. Co-production has been a central element of Haringey's Adult Social Care improvement journey following the 2025 CQC assessment. A key priority has been to ensure that residents, carers and people with lived experience are not simply consulted, but are actively involved in shaping, scrutinising and improving services. This approach aligns with the Haringey Deal, the principles of the Care

Act 2014 and Haringey's commitment to strengths-based and person-centred practice.

Strengthening Co-Production Infrastructure

14.3. A significant achievement has been the development of a more structured and mature co-production framework. This includes:

- Embedding the Adul Social Care Commissioning Co-Production Board as a formal mechanism for involving residents, carers, providers and voluntary sector organisations in service design and commissioning decisions.
- Refreshing and strengthening the Joint Partnership Board (JPB) and its six Reference Groups to provide strategic challenge, accountability and lived experience insight across Adult Social Care.
- Establishing the Carers Partnership Board and supporting implementation of the Carers Strategy through co-produced governance arrangements.
- Recruiting resident representatives and embedding co-production into commissioning, service redesign and improvement programmes.

The Role of the Joint Partnership Board (JPB)

14.4. The Joint Partnership Board has become the primary mechanism through which Adult Social Care and NHS partners hear directly from residents and carers. The Board brings together people with lived experience, voluntary organisations and statutory partners to influence policy, service design and strategic priorities.

14.5. The JPB has contributed directly to:

- Adult Social Care website redesign and improvements to information and communication.
- Development and governance of the Carers Strategy.
- Safeguarding Adults Board engagement and challenge sessions.
- Feedback on neighbourhood working, accessibility and service integration.
- Strengthening engagement with seldom-heard communities and improving representation across Adult Social Care.

14.6. The JPB has also demonstrated clear impact by escalating issues affecting residents and influencing strategic decisions across health and social care.

Partnership with Disability Action Haringey (DAH)

14.7. The relationship between Adult Social Care and Disability Action Haringey (DAH) has become a key element of Haringey's co-production approach. DAH is a user-led Disabled People's Organisation created through co-production and provides an independent voice for disabled residents.

14.8. ASC has worked closely with DAH to:

- Improve and promote the Direct Payments offer.
- Deliver peer support, advice and guidance for residents using Direct Payments.
- Introduce mandatory face-to-face Direct Payments learning sessions for ASC staff.
- Support resident engagement in service redesign and consultation activity.
- Strengthen the application of the Social Model of Disability throughout Adult Social Care.

14.9. DAH also provides an important mechanism for gathering and amplifying the views of disabled residents and supporting their participation in strategic decision-making.

Co-Production Driving Service Improvement

14.10. Co-production is now informing a wide range of Adult Social Care improvement activity, including:

- Home Care and Reablement procurement and redesign.
- Development of the Carers Strategy and associated action plans.
- Design of resident and carer feedback processes.
- Review of Direct Payments.
- Website redesign and information improvements.
- Commissioning of future services through the Commissioning Co-Production Board.

15. Improvement Priority 7: Workforce, Leadership and Performance

CQC Finding

15.1. CQC identified workforce pressures, use of agency staff and inconsistent access to performance information.

Progress

15.2. Workforce, Leadership and Performance

15.3. Since the 2025 CQC assessment, Adult Social Care has undertaken a significant programme of improvement to strengthen workforce stability, leadership capacity, governance and performance management. This has provided a stronger foundation for delivering sustainable service improvement and improving outcomes for residents.

Workforce

15.4. Significant investment has been made in stabilising and strengthening the Adult Social Care workforce. The service secured £3.6 million additional investment in staffing, increasing capacity across locality teams, safeguarding, occupational therapy, commissioning, reviews and financial assessments. This has improved resilience at the frontline and supported reductions in waiting times and backlogs.

15.5. Key workforce improvements include:

- Development of the Adult Social Care Workforce Sustainability and Resilience Plan 2025-2028, providing a structured approach to workforce stabilisation, development and succession planning.
- Completion of a comprehensive workforce strategy and workforce KPI framework.
- Expansion of apprenticeship and professional qualification routes, including Social Work and Occupational Therapy pathways, supporting a "grow our own" approach to workforce development.
- Strengthening of management development, leadership training, coaching and mentoring opportunities.
- Introduction of the Workforce Race Equality Standard (WRES) programme and wider equality and inclusion initiatives.
- Strong workforce retention, with average employee length of service of 12 years and turnover broadly in line with sector averages.

15.6. The service has also strengthened workforce planning arrangements to better understand future demand, succession risks and workforce requirements.

<u>Leadership</u>

15.7. Leadership capacity has been significantly strengthened over the last year. Key developments include:

- Appointment of a permanent Deputy Director.
- Appointment of a permanent Principal Social Worker to provide professional leadership and drive workforce development.
- Expansion of the Adult Social Care Leadership Team.
- Establishment of a Weekly Staffing and Resources Board to improve workforce oversight and planning.
- Development of an Adult Social Care Leadership Development Programme and Leadership Framework.
- Strengthened leadership oversight across safeguarding, performance, workforce and transformation programmes.

15.8. These changes have increased organisational resilience, improved accountability and created greater capacity to lead complex improvement activity and transformation programmes.

Performance and Accountability

15.9. One of the most significant areas of improvement has been the introduction of a much stronger performance management framework. This has included:

- Establishment of a dedicated ASC Performance Board providing operational and strategic oversight of service performance.
- Introduction of weekly and four-times-weekly SITREP meetings to provide real-time oversight of risk, demand and waiting lists.
- Development of performance dashboards and enhanced management information.
- Monthly performance reviews and strengthened management accountability.
- Greater use of benchmarking and data analysis to understand performance and target improvement activity.
- Enhanced audit programmes and quality assurance arrangements, including safeguarding, complaints and practice audits.
- Development of Waiting Well frameworks and dashboards to strengthen oversight of residents awaiting services.

15.10. These arrangements have supported improved understanding of demand and capacity, earlier identification of risks and stronger accountability for delivering improvement.

16. Overall Impact on outcomes

16.10 Performance against the Adult Social Care Outcomes Framework (ASCOF) and Adult Social Care Survey provide early evidence that residents are beginning to experience the benefits of these improvements, particularly in satisfaction, quality of life and the overall impact of services. It is important to note that published ASCOF data currently available relates primarily to 2024/25 and therefore does not yet reflect the full impact of the significant improvement activity delivered during **2025/26**.

16.11 At the same time, some measures have remained broadly stable and a number of outcome indicators relating to access to information, health, wellbeing and social connectedness continue to require sustained focus. The Council recognises that improvements in these areas often take longer to materialise and are influenced by wider system and societal factors. As further ASCOF reporting cycles become available, the Council hopes to see a greater translation of service improvements into measurable outcome improvements for residents and carers.

16.12 Summary of performance

Area	Position	Evidence
Resident satisfaction with care and support	Improving	2025/26 Adult Social Care Survey shows satisfaction increased from **57% to 61%**. However, the latest published ASCOF measure for overall satisfaction remains **57.1% (2024/25)**, reflecting the lag in national reporting.
Quality of life	Improving	Residents reporting a good quality of life increased to **61% in 2025/26**, while the ASCOF Social Care Related Quality of Life score remains **18.1 in 2024/25**, below London (18.6) and England (19.0) averages.
Impact of Adult Social Care services	Improving	The adjusted quality of life measure improved from **0.369 to 0.401** in the 2025/26 survey, indicating a stronger perceived impact of Adult Social Care services. Published ASCOF data remains at **0.369 (2024/25)**.
Choice and control	Improving	Residents reporting sufficient choice over support increased from **56% to 59%** in 2025/26. Published ASCOF data for people reporting control over daily life remains **69.3% (2024/25)**, below England (77.3%).
Access to information and advice	Requires further focus	Local survey results show ease of finding information and advice remained largely unchanged at **42%**. ASCOF performance is similarly stable at **59.3% (2024/25)**, although below London and national averages.
Independence and living at home	Strong performance maintained	Haringey continues to perform strongly, with **83.7% of people aged 65+** and **82.9% of working-age adults** living at home or with family, both above London and England averages.
Reablement outcomes	Positive performance	**73.1%** of people receiving reablement required no further request for ongoing support, performing above the London average of **71.8%**.
Safeguarding outcomes	Strong performance maintained	**91.2%** of safeguarding enquiries resulted in identified risks being reduced or removed, in line with England and above the London average.
Health and wellbeing	Requires further focus	The 2025/26 survey shows residents reporting good or very good health reduced from **38% to 29%**, while those reporting extreme pain or discomfort increased from **20% to 25%**.
Social connectedness	Requires further focus	Residents reporting as much social contact as they would like reduced from **47% to 34%** in 2025/26. Published ASCOF data for 2024/25 remains **47.0%**, highlighting the importance of preventative and community-based interventions.

Community access and inclusion	Requires further focus	Only **27%** of residents reported being able to get to all the places they want in their local area, down from **32%** in the previous year.

17. **Background papers**

a. Adult Social Care Improvement Plan and CQC Report