Appendix 1

Assessment of Performance Report 2009/10

ADULT SOCIAL SERVICES ASSESSMENT OF PERFORMANCE 2009/10 :Haringey

Contact Name	Job Title
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The report will produce a summary of the performance of how the council promotes adult social care outcomes for people in the council area.
The overall grade for performance is combined from the grades given for the individual outcomes. There is a brief description below – see Grading for Adult Social Care Outcomes 2009/10 in the Performance Assessment Guide web address below, for more detail.

Performing Poorly - not delivering the minimum requirements for people.
Performing Adequately - only delivering the minimum requirements for people.
Performing Well - consistently delivering above the minimum requirements for people.
Performing Excellently - overall delivering well above the minimum requirements for people.

We also make a written assessment about

Leadership and
Commissioning and use of resources
Information on these additional areas can be found in the outcomes framework
To see the outcomes framework please go to our web site: Outcomes framework
You will also find an explanation of terms used in the report in the glossary on the web site.

2009/10 Council APA Performance

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

Council overall summary of 2009/10 performance

The council addressed the importance of progressing the adult social care agenda, particularly in the context of the CSCI / CQC service inspection findings early in 2009. It used the resulting improvement action plan effectively to address areas for improvement, particularly in the area of safeguarding which was significantly strengthened. This was assisted by strong political and senior leadership, while positive partnerships with stakeholders including service users and carers.

The balance of care continued to shift towards support in the community. Helped by its strong commissioning capability and the resulting access to good services, this increasingly reflected the person-centred “Putting People First” agenda. Nonetheless although self-directed care and outcome-focussed care planning developed through the use of direct payments and through personal budget pilots, progress in these key policy areas was less marked and should be given strategic priority at the next stage.

Leadership

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

Conclusion of 2009/10 performance

Adult social care continued to be a council priority, reinforced by a positive response to the findings of the service inspection in early 2009. Partnership working was strengthened at the strategic level by a joint leadership team involving NHS colleagues. A range of jointly completed strategies included an adult mental health Joint Strategic Needs Assessment and the revised Wellbeing Strategic Framework focusing on safeguarding, personalisation and health inequalities. The balance of care continued to shift to community support, assisted by developments in prevention and re-abling and positive engagement of a culturally diverse range of stakeholders. Despite this and earlier progress, delayed transfers of care including social care delays were still above average for London, although reducing. This should continue to be a priority for joint attention.

Despite a difficult period for the whole council adult social care was provided within a stable organisational context. The budget remained in balance, staff turnover and sickness absence levels were maintained at low levels and developments in performance management were put in place, particularly relating to safeguarding.

Since the service inspection the council's leadership had given priority, jointly with key partners such as the NHS and police, to the resulting action plan. It implemented its improvement plan for safeguarding effectively through well-considered changes to governance, a new multi-agency specialist team, training and quality assurance. Other developments within the "Putting People First" policy agenda, especially in relation to preventive, re-abling and information services, were real. Nonetheless new self-directed service options were at a less developed stage both in terms of the number of service users involved and also of systematic knowledge about the resulting impact and outcomes for individuals. This should form the strategic priority for the council and its partners at the next stage.

Key strengths
• Effective political and senior leadership led to progress in a range of service areas including prevention, information, re-abling and safeguarding. • Effective partnership arrangements included positive engagement with a wide range of stakeholders. • A positive workforce culture was reflected in low levels of sickness absence and staff turnover.

Areas for improvement
• Further reduction in the numbers of delayed transfers of care. • The council should give strategic priority at the next stage to the “Putting People First” agenda and in particular to learning from personal budgets pilots and embedding self-directed care options. • Further developments in quality assurance should emphasise obtaining systematic evidence of impacts and outcomes for individuals.

Commissioning and use of resources

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

Conclusion of 2009/10 performance

Strategic and joint commissioning continued to be effective. They were associated with important service improvements, procurement of good quality services, further shifts in the balance of care towards community-based support and good value for money.

Commissioners worked effectively through the Community Engagement Strategy with a wide range of stakeholders and the Partnership Boards to develop new services such as the Haynes Centre for older people with dementia and to review other services such as home care. Along with above average levels of re-abling activity, this contributed to sustaining the overall shift away from conventional and residential care solutions and towards newer services grounded in the community such as supported housing. Nonetheless the council should give attention to an increase in the number of people accommodated outside the borough.

The council's policy of restricting its purchasing to high quality regulated services continued to be successful. All the council's in-house provision was rated Good by CQC, and was viewed positively by Haringey LINk who directly observed four of its homes. The use of Good and Excellent services was well above the England, and above the London, average. The small number of Poor services procured reflected specialist need or user choice and were closely monitored.

Commissioning within Haringey was an important strength. It could usefully be employed at the next stage to maximise achievements in self-directed care, for example by ensuring the availability of a suitable and culturally diverse workforce and support infrastructure including advocacy.

Key strengths
• The balance of care continued to shift towards support in the community involving preventive and re-abling services and supported housing. • The council's level of purchasing of Good and Excellent services was above average. • Joint commissioning contributed effectively and through the Joint Strategic Needs Assessment in developing new services such as for adults with mental health needs and older people with dementia.

Areas for improvement
• Maximise opportunities for commissioning activity to contribute to the Putting People First agenda and especially self-directed care. • Reduce the level of use of out-of-borough care placements.

Outcome 1: Improving health and emotional well-being

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

Conclusion of 2009/10 performance

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

Key strengths

Areas for improvement

Outcome 2: Improved quality of life

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

Conclusion of 2009/10 performance

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

Key strengths

Areas for improvement

Outcome 3: Making a positive contribution

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

Conclusion of 2009/10 performance

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

Key strengths

Areas for improvement

Outcome 4: Increased choice and control

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

Conclusion of 2009/10 performance

The council recognised the importance of the "Putting People First" agenda and progressed key areas needing improvement identified by the CSCI / CQC service inspection in early 2009, including preventive responses, re-abling and public information and awareness and care planning. The latter led to extensive staff training to ensure a more holistic approach. A new Information and Access Team offered improved front-line advice and faster pathways to other services. New activity designed to be more people-centred included a reconfigured mental health team for older people, the Haynes Centre for people with dementia and a greater emphasis on outcome-focussed care plans including for end of life care.

The self-directed care agenda developed in Haringey but further consolidation was required. Direct payments continued to be a core response, with a positive approach to carers who were each entitled to a one-off payment. Personal budget pilots were conducted for people with physical and learning disabilities and older people, with a further pilot for people with mental health needs to follow during 2010. Learning from these pilots identified the need for additional contact time in the early stages of arranging self-directed care and led to creation of extra staffing capacity. While these were relevant steps forward and achieved the policy target of 10% of service users receiving self-directed care by March 2010, the overall number of recipients was nonetheless not high compared to other councils especially after taking into account the high number of carers receiving a single payment.

Case audits and satisfaction studies were used to monitor quality and facilitated improvements in care planning and recording. A new quality assurance system for home care identified positive satisfaction levels overall, but also concerns about the reliability

and timeliness of staff. However apart from anecdotal feedback systematic evidence of the impacts and outcomes for individuals from self-directed or more flexible care was not available. In continuing to embed the “Putting People First” agenda in Haringey the council should give emphasis to monitoring and learning from outcomes, as well as to increasing the take-up and coverage of the newer models of care.

Key strengths

- The council made good use of its service inspection improvement action plan in taking forward the wider “Putting People First” policy agenda.
- Relevant new services included the Information and Access Team, the Haynes Centre and the reconfiguration of the mental health team for older people.
- Support to carers was enhanced by their access to one-off direct payments.

Areas for improvement

- The council should give priority to accelerating the take-up of self-directed care options for service users.
- Personal budgets should be closely monitored in order to maximise learning and further implementation.
- Quality assurance developments should emphasise systematic evidence of the impact and outcomes for individuals of self-directed care.

Outcome 5: Freedom from discrimination and harassment

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

Conclusion of 2009/10 performance

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

Key strengths

Areas for improvement

Outcome 6: Economic well-being

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

Conclusion of 2009/10 performance

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

Key strengths

Areas for improvement

Outcome 7: Maintaining personal dignity and respect

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

Conclusion of 2009/10 performance

The council progressed the findings of the service inspection robustly, making positive changes in the governance, management and monitoring of its safeguarding activity that resulted in significant improvements. Membership of the Safeguarding Adults Board was reviewed and improved. Partnership involvement was consolidated, including senior police and user and carer involvement, and an independent chairperson was put in place. Involvement by NHS commissioners needed strengthening and the council was progressing this partnership, and that with general practitioners, anticipating further development in 2010/11. An equivalent safeguarding forum for elected members was established, while revised subgroups of the Safeguarding Board included a staff champions forum.

The council's three-level safeguarding training programme involved an appropriately wide range of groups, including GPs, other health staff, elected members and those applying the Deprivation of Liberty Standards. All relevant council staff received essential training, but the number of independent staff trained remained below average.

Haringey's specialist safeguarding team was reconfigured and became an expanded multi-agency resource including dedicated police and community nursing staff. Increased publicity and awareness contributed to a near doubling of referrals, but despite this increased capacity and the move to joint working enabled the multi-agency Adult Protection Team to complete a comparatively high number of cases. Staff involved in implementing Deprivation of Liberty Standards were integrated within this team and supported by specific training. Referrals in this area were fewer than anticipated but similar to other London councils.

The council joined a peer challenge group with three other London councils. Developments in internal quality assurance, and direct observation by the relevant CQC inspection team, suggested that daytoday safeguarding practice in Haringey was sound. The new quality assurance system included regular case audits and a specific case sample taken in March 2010. Their findings demonstrated significant improvements in practice since the service inspection a year earlier, while underlining the need for consolidation in some areas.

Key strengths

- The council made significant improvements to safeguarding governance, particularly the Safeguarding Adults Board and a forum for elected members.
- The new, multi-agency Adult Protection Team responded effectively to a greatly increased level of referrals.
- The council's susceptibility to independent challenge included establishing an independent chair for the Safeguarding Adults Board and joining a four-borough peer challenge group.

Areas for improvement

- Consolidate key safeguarding partnerships with NHS colleagues and general practitioners.
- Ensure that higher numbers of independent sector staff receive training in safeguarding.
- Continue developments in quality assurance, emphasising observation of individual outcomes as well as processes.