

Executive**On 19th December 2006**Report Title: **Adult Social Care Annual Review Letter and Star Rating for 2005/06**Report of: **Interim Director of Social Services and Housing****Wards(s) affected:** All**Report for:** Non-Key Decision**1. Purpose**

- 1.1 To inform the Executive of this year's Star Rating results.
- 1.2 To report on the Commission for Social Care Inspection's Annual Review of Social Services and to inform the Executive of the contents of the Annual Review Letter.
- 1.3 To highlight some of the key achievements and areas for improvement for the Social Services Directorate.

2. Introduction by Executive Member

- 2.1 Each year the Social Services Directorate receives an annual letter from the Commission for Social Care Inspection (CSCI) which highlights the Directorate's overall performance, identifying particular strengths and weaknesses. The performance letter is a useful tool in validating our own internal assessments and understanding of our performance. It enables us to identify priorities for improvement in relation to performance in the forthcoming year.
- 2.2 This year's CSCI letter highlighted the following strengths:
 - Priorities and strategic objectives are in line with the national agenda, and indicate effective collaboration with partner organisations, service users and carers.
 - Continuing to support high numbers of adults with physical disabilities and older people to live at home, with consistent achievement in these client groups.
 - Delivery of equipment has improved significantly, and developments within the adaptations service serve to underpin this. The promotion of independence is a strength. The council continues its commitment to delivering a range of services able to meet the needs of a diverse community.
 - Expenditure and budgets are being brought into line with comparator councils, and there has been good performance on the numbers of adults and older

people helped to live at home.

- Well developed equalities strategy, which underpins fair access to care services.

2.3 The report also highlighted the following areas where we need to focus attention to ensure we continue to improve in the forthcoming year:

- More work to support adults with learning disabilities, and those with mental health problems, with community-based services.
- Improvements needed around delayed transfer of care, carers' services, waiting times for assessments, reviews and providing a statement of need to service users.
- Improve our monitoring and quality control procedures.
- Bring our unit costs and efficiency gains in line with other outer London authorities.
- Deliver on the remaining electronic social care record target.

3. Recommendations

3.1 That members note the annual review monitoring letter 2005/06.

3.2 That member's note that we have moved from two stars in 2004/05 to one star in 2005/06.

3.3 That member's note that there are areas for improvement that Haringey Social Services needs to focus on improving on the star rating for 2006/07.

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4. Executive Summary

4.1 Social care services for adults have been found to be serving some people well and capacity for improvement is uncertain.

5. Reasons for any change in policy or for new policy development (if applicable)

N/A

6. Local Government (Access to Information) Act 1985

N/A

7. Background

- 7.1 The Commission for Social Care Inspection (CSCI) produce on an annual basis the Record of Performance Assessment (ROPA) for Adult Social Care commonly known as the annual review letter.
- 7.2 The ROPA outlines the authorities strengths and weaknesses and provides the evidence on how CSCI have reached their judgement for that authorities star rating.
- 7.3 Analysis of the ROPA indicates that the primary reason for the drop in Haringey Adult Social Care Star Rating relates to poor performance in relation to a few key performance indicators that measure both customer care and quality of service provision. The summary of areas for improvement below at 10.2 provides a more detailed profile of the weaknesses that lead to this judgement.
- 7.4 CSCI star rating is based on a scale of zero to three stars. The ratings aim to improve public information about the current performance of services and the capacity for improvement.

8. 2005/06 performance

- 8.1 The ROPA outlines the authority's performance around delivery of services against a set of national standards and criteria that demonstrate on a moving scale how good the service is.
- 8.2 Of the six standards
- One to five measures how well the authority is serving local people.
 - The last standard (number six) measures the authority's capacity to improve.
- 8.3 The following outline the six standards and provide a summary of CSCI judgement in relation to Haringey Adult Social Care Service:
- 8.4 National Priorities and Strategic Objectives
- 8.4.1 The report recognises strategies continue to develop in line with national and local priorities, and some good progress has been made on implementation with partners.
- 8.4.2 Services reflect the active involvement of service users and carers, including those from diverse groups within the community and there is good representation on partnership boards.
- 8.4.3 Pooled budgets are in place and are being used to resource some joint functions. Performance in some key areas of joint work, such as preventing delayed transfers of care from hospital, was well below the performance of comparators.
- 8.4.4 The council has developed strategies for continued improvement in the cost and quality of its services and best value principles are used, but unit costs maintain a three year pattern of increase and were consistently above plan.
- 8.4.5 In partnership with the Supporting People unit strategic developments continue to deliver high level community support as an alternative to high level residential care. Expansion of the scheme continues the support for people living in their own accommodation.

8.4.6 Good progress was made against the mental health national service framework, compared to 2004/05, with particular progress in developing dual diagnosis for mental illness and substance misuse, and also in mental health promotion.

8.5 Cost and Efficiency

8.5.1 The report acknowledges that expenditure on social care has been reviewed and has been re-allocated to reflect national and local priorities, and to meet the needs of diverse communities.

8.5.2 Use of best value principles demonstrated through resource management initiatives they list a number of the initiative undertaken by the council such as business process re-engineering of home care services, transport review to improve efficiency, implementing an end to end process for the adaptations service and planning the second stage of e-care procurement/payment of care packages.

8.5.3 The commissioning strategy for older people is underpinned by the councils' commitment to developing community-based provision, and shifting resources from residential care.

8.5.4 The provision of intensive home care remains high, but decreased proportionately in 2005/06 against achievements in 2004/05.

8.5.5 The pattern for physical disability budget allocation has fallen further below the comparator group from the previous 3 year average, being 11% below in 2005/06.

8.6 Effectiveness of service delivery outcomes

8.6.1 The number of people over 65 admitted to residential and nursing home care was below that of neighbouring authorities, but was above the Haringey plan. The numbers admitted permanently to residential and nursing home was on target.

8.6.2 Two crisis teams in mental health have reduced admissions and early intervention work is supported through an integrated service aimed at young Afro-Caribbean people. This was the product of an equalities impact assessment on the mental health strategy.

8.6.3 There has been effective use of Supporting People grant funding to support adults with mental health problems to remain independent in the community.

8.6.4 HIV/AIDS provision of services to black African women has increased by 10%.

8.6.5 Most (80%) care packages were delivered to service users within twenty eight days of assessment, but this is below that achieved by comparator authorities.

8.7 Quality of services for users and carers

8.7.1 The percentage of items of equipment delivered within 7 working days improved significantly in 2005/06 and is performing very well.

8.7.2 Similarly, the availability of single rooms for people entering residential and nursing home care is 100% and has maintained this position for the last 5 years.

8.7.3 Statements of need were provided to only 70% of service users; performance has been falling over the past two years.

8.8 Fair access

- 8.8.1 Social services monitor most of the social care needs of the local population and fair access can be demonstrated in most areas.
- 8.8.2 There is a good ration of black and minority ethnic elders receiving an assessment, and also a good ratio of the same receiving a service following assessment. The council is performing well on these indicators.
- 8.8.3 Action was taken to increase the take up of services from some under-represented groups, and the proportion of assessments for BME older clients increased.
- 8.8.4 Advocacy services are in place for all user groups but the amount of direct expenditure on advocacy services for learning disabilities clients was notably low.

8.9 Capacity for improvement

- 8.9.1 Commissioning strategies based on a projected needs analysis over the next three years are in place for all major client groups. Attention has also been given to analysis of the market and how this may develop in the future.
- 8.9.2 There is good strategic direction for social care services. Resource allocation responds to identified priorities where possible; although the council nevertheless face challenges in ensuring strategic improvements can be sustained.
- 8.9.3 The council is working with neighbouring authorities to shape the wider market, and has provided some examples of working with providers to improve the quality of care.
- 8.9.4 The total number of partnerships using Health Act Flexibilities has been maintained, but is lower than that of comparator authorities.
- 8.9.5 The capacity of partners to implement the Carer's Strategy has been tested by uncertainties over funding in the voluntary sector, pressures on non-NHS expenditure within the Primary Care Trust and changes in the Carer's Partnership Board. However, the council has agreed working groups to deliver improvements.
- 8.9.6 Staff retention was good and no recruitment and retention difficulties were stated for any staff groups. There was a good level of expenditure on training. All relevant staff were trained to assess and identify risks to vulnerable adults. However, the days lost through sickness absence increased to above the national average.
- 8.9.7 The October 2006 targets for Electronic Social Care Record have slipped, and this, suggests that the council had inadequate arrangements to ensure data quality.
- 8.9.8 Although budgets and expenditure in 2005/06 were brought more into line with comparator authorities than in previous years, analysis of activity in 2005/06 shows performance was below that of 2004/05. This raises the question about relative value for money that Haringey achieves in relation to its comparator councils, and attention needs to be given to the control of unit costs.

9. **Consultation**

Not applicable

10. Summary and Conclusions

10.1 Summary of Improvements

- 10.1.1 A clear strength for Haringey is the development and production of relevant commissioning strategies that are based on relevant local data around the needs of the local community.
- 10.1.2 The council is effective at engaging local communities, service users and carers in forming these strategies and involving them in service improvements.
- 10.1.3 The financial position of the council has now been aligned to that of comparator authorities and finished the year with a balanced budget. It is positive that the council reviews and re-allocates expenditure to reflect national and local priorities.
- 10.1.4 The council has a well developed equalities strategy, which underpins fair access to care services. This is followed up with some good examples of outcomes given around improved access to and provision of services to targeted BME groups who have been underrepresented in those areas.
- 10.1.5 Work around adaptations and delivery of equipment has been highlighted a number of times as an area demonstrating good improvement. As this is an outcome of using the best value techniques it does reflect that the council can identify poor performance and take appropriate action to turn this around.
- 10.1.6 The council continues to support high numbers of adults with physical disabilities and older people to live at home, with consistent achievement in these client groups.

10.2 Summary of areas for improvement

Some of the following priorities for improvement identified by CSCI have been repeated a number of times within the assessment and touch on more than one of the six standards outlined above. The following highlights the areas of poor performance that influenced the drop in Haringey Adult Social Care Star rating for 2005/06.

The priority areas for improvement are:

- 10.2.1 Older people are waiting too long for an assessment of their needs – waiting times need to be reduced.
- 10.2.2 Although the reviews conducted are compliant, with Fair Access to Care guidance, performance in this area has declined notably.
- 10.2.3 70% of Statement of need were issued to service users this is well below the London average.
- 10.2.4 We need to generally reduce the number of service users placed permanently in residential/nursing care - with a particular focus on learning disabilities.
- 10.2.5 Work on improving the number of adults with learning disabilities and mental health problems to live at home should be a priority for 2006/07.
- 10.2.6 The level of services for carers is well below the comparator average which is something we need to tackle.
- 10.2.7 We need to reduce the number of patients experiencing delays in being discharged from hospital who require social care services.
- 10.2.8 We are out of time for the Electronic Social Care Record but need to compile with the outstanding targets as quickly as possible.

10.2.9 Unit Costs need to be stabilised and preferably brought in line with our comparator authorities.

11 Comments of the Director of Finance

11.1 The Director of Finance has been consulted and notes that there are no direct financial implications contained within this report. There may be financial implications associated with the areas of improvement that the Service has indicated that must be made to improve the position for next year. These must be clearly identified and managed within available resources.

12 Comments of the Head of Legal Services

12.1 There are no legal implications to this report.

13 Equalities Implications

13.1 We are delighted to note the strengths acknowledged by CSCI in relation to:

- Having a well developed equalities strategy, which underpins fair access to care services.
- Providing a good range of services and to a wide range of service users and where appropriate effectively targeted these services to under represented groups.

14. Use of Appendices / Tables / Photographs

14.1 Record of Performance Assessment for Adult Social Care

14.2 Action Plan