Commission for Social Care Inspection

Making Social Care Better for People

RECORD OF PERFORMANCE ASSESSMENT FOR ADULT SOCIAL CARE 2005-06

Name of Adult Services Authority

Haringey

Contents

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Part 1:

Summary of Improvements

The council's priorities and strategic objectives are in line with the national agenda, and indicate effective collaboration with partner organisations, service users and carers.

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.

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.

The council's 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.

The council has a well developed equalities strategy, which underpins fair access to care services.

Summary of Areas for Improvement

More work is required to support adults with learning disabilities, and those with mental health problems, with community-based services.

Delayed transfers of care increased in 2005/06, and work on improving this area needs to continue as does work on carers services and waiting times for assessments.

Unit costs have increased over the last three years and are well above the plan and IPF comparator group.

Efficiency gains in 2005/06 were low in comparison to comparator councils.

A number of performance indicators have dropped. Outturn figures on the provision of a statement of need and reviews are low and the October 2006 Electronic Social Care Record targets are likely to not be met due to acknowledged IT problems and poorly developed back-up procedures. Monitoring arrangements indicate weak monitoring and quality control procedures, over an entire year.

Although a new Community Strategy is being developed and new priorities identified, the council acknowledges that IT and staffing issues are still to be addressed, and problems in cascading a clear understanding of objectives and priorities to operational level have been identified.

STANDARD 1: National Priorities And Strategic Objectives

The council is working corporately and with partners to deliver national priorities and objectives for adult social care, relevant National Service Frameworks and local strategic objectives to serve the needs of diverse local communities

Improvements achieved/achievements consolidated since the previous annual review

General

Strategies continue to develop in line with national and local priorities, and some good progress has been made on implementation with partners.
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.

Pooled budgets are in place and are being used to resource some joint functions. Whilst local strategic objectives and priorities complement the national ones, performance in some key areas of joint work, such as preventing delayed transfers of care from hospital, was well below the performance of comparators.

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.

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.

Older People

Performance has been maintained in helping older people to remain at home. The Single Assessment Process was in place and being developed further by staff across agencies. Extensive training for professionals across health and social care sectors was carried out, and commissioners noted that the quality of assessments improved notably following the implementation of SAP.

A co-ordinated approach to falls prevention has been implemented, and resources have been identified with partners to support a multi-agency response.
Structures and resources were agreed to support the integration of services for older people with mental health problems

Prevention of Hospital Admission / Timely Discharge

A new prevention and enabling team was established in May 2005, providing up to eight weeks of support to maximise independence. A discharge protocol was in place to underpin a unified approach to discharge planning.

Extra Care Housing

Seventy additional extra care housing tenancies were created within 2005/06, with plans for a further 75 in 2006/07.

Learning Disability

A work experience pilot has been initiated, aimed at providing 100 work opportunities, with workshops to prepare seventy five service users with preparation for employment skills.

The council has funded and supported the development of a successful initiative providing a dating agency service to adults with learning disabilities. The service has gained a number of accolades including a business award.

Physical and Sensory Disability

The number of adults with physical disabilities who received services to help them to live at home has increased and is well above comparator average.
The council is developing extra care supported housing options for adults with physical disabilities to promote independent living.

Mental Health

Joint strategies supporting adults with mental health needs were judged by the mental health service inspection to be coherent. During 2005/06, Haringey developed a pilot project which bases mental health nurses in locally identified Police stations, providing initial assessment of people arrested with onward referral to other services where necessary. However, further work needs to be done on the integration of teams.

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.

Drugs and Alcohol

Haringey's Drug and Alcohol Action Team Treatment action plan has been finalised. This plan has been commended by the National Treatment Agency for Substance Misuse, but increased participation in drug treatment programmes was low, and planned performance for 2006/07 is also low. Joint working arrangements on substance misuse are in place for both Children's and Adult's services. Social services supports involvement of service user views in the development and monitoring of service provision.

HIV / AIDS

The HIV service is fully integrated into Physical Disability Services. Through the Sexual Health & HIV Partnership Board, the Haringey Strategic Partnership objectives are addressed. The partner organisations are working closely to address teenage pregnancy targets and to deliver the HIV prevention agenda. There is linked work between children's services and adult's directorate.

A representative of the HIV team attends sexual health strategy meetings.
A strategy to address the social care aspects of sexual health has been developed.

Carers

There is a joint agreement between Haringey Council and Haringey PCT to invest £100k in a carers centre.

Budgets have been devolved to team level to provide flexible carer's services and, with the recruitment of a Carers lead officer, provides the opportunity for a more co-ordinated approach to carers issues. However, the number of services provided for carers was about 20% of that planned for 2005/06, and planned performance for 2006/07 is below the original 2005/06 target.

Areas for improvement

Older People

Older people wait too long for an assessment of their needs. The council's performance on this indicator has not met the key threshold. The rate of admissions to residential and nursing home care is still high.

Prevention of Hospital Admission / Timely Discharge

The number of people who received intermediate care in a residential setting was low, being below the figure for 2004/05, and did not achieve the 2005/06 plan
The number of people in non-residential intermediate care, was also below the figure for the previous year.

Delayed transfers of care have remained consistently high.

Learning Disability

The council has a comparatively high number of adults with learning disabilities supported in residential care, and although there a focus on reducing admissions, the rate of admissions of adults to residential care was still higher than the average for comparator councils.

The council reported no non-care managed services for people with a learning disability.

Mental Health

The number of adults with mental health problems helped to live at home, was significantly below the 2005/06 plan and well below the average for comparator councils

The council were unable to provide information on non-care managed support in the reporting year.

Carers

The level of services for carers is well below the comparator average.
Asian carers, are under-represented among carers. However, almost 80% of the carer's grant was spent on BME carer breaks.

STANDARD 2: Cost and efficiency

Adult Social Care commission and deliver services to clear standards of both quality and cost, by the most effective, economic and efficient means available

Improvements achieved/achievements consolidated since the previous annual review

Older People

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

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

Learning Disability

The learning disability strategy has identified a more imaginative use of in-house services to meet increased demand within limited resources, and includes the ongoing development of day opportunities as a priority action for the council.

Physical and Sensory Disability

With no increase in budget allocation, the physical disabilities service has improved its use of resources and increased efficiency in deployment of in-house facilities in order to maintain the level of service provided to people with physical and sensory disabilities.

Mental Health

Prevention, early intervention and recovery are key commissioning objectives for mental health, and a relatively high spend on adults with mental health needs reflects local priorities, and the mental health grant is used to fund non-care managed support schemes in conjunction with Mind in Haringey.

Best Value

The community strategy contains specific resource management initiatives including:

- A commissioning strategy for community care services integrating the supporting people programme.
- Business process re-engineering of Home Care services.
- A transport review to improve efficiency and increase user independence.
- Targets to increase the numbers of directly employed staff and reduce the use of agency staff.
- Implementing an end-to-end process for the adaptations service to reduce the waiting times between assessment and delivery of equipment.
- Planning the second stage of e-care procurement/payment of care packages.

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.

Areas for improvement

Older People

The unit cost of home care has increased by 25% over the figure for the preceding year and is well above the average for comparator councils; the unit cost of intensive social care is in line with comparator average.

Physical and Sensory Disability

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

Drugs and Alcohol

The infrastructure to support substance misuse services needs further development. Funding issues need to be clarified and service consolidation has been identified by the council, to ensure that effectiveness of service delivery is upheld. New premises to provide co-location of staff, need to be identified for DASH, in order to benefit service users.

HIV / AIDS

Reduction in the AIDS grant places pressure on service provision. A partnership approach is needed to ensure efficiency improvements can be achieved, and that communication and service delivery is improved.

Carers

The average spend on mental health carers increased by 34% per carer, but there was a 30% decrease in the number of mental health carers during the same period.

A 49% increase in older people's carers was not matched by an increase in spend in this area.

STANDARD 3: Effectiveness of service delivery and outcomes

Services promote independence, protect from harm, and support people to make the most of their capacity and potential and achieve the best possible outcomes

Improvements achieved/achievements consolidated since the previous annual review

Older People

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.

Equipment and Adaptations

Waiting times for adaptations were significantly reduced in year, with 86% of items of equipment delivered within seven days.

Mental Health

Haringey has developed a range of initiatives including the Six8Four and Clarendon Centres, hosting a variety of sport, social and community groups.

Two crisis teams 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.

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

HIV / AIDS

Provision of services to black African women has increased by 10%.

Helped to live at home / Non care managed services

Services promote the independence of some service users, and are sensitive to the needs of most diverse community groups.

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

Good quality information about service standards was accessible to some service users and carers.

Areas for improvement

General

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. Performance in these areas clearly shows a strong downward trend over the last three years.

Although reviews conducted are compliant with Fair Access to Care guidance, performance in this area declined notably, and is well below comparator average

The number of service users in receipt of direct payments showed a small improvement from the 2004/5 position.

STANDARD 4: Quality of services for users and carers

Services users, their families and other supporters, benefit from convenient and good quality services, which are responsive to individual needs and preferences

Improvements achieved/achievements consolidated since the previous annual review

General

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

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.

Areas for improvement

General

Statements of need were provided to only 70% of service users; performance has been falling over the past two years and is well below the average for London councils.

50% of service users who responded to a survey were very or extremely satisfied with their home care services, but that level is below the national average.

The council suggests that following implementation of a new client database, there should be improvements in assessment timescales but performance was well below comparator authorities. Performance on acceptable waiting times for assessments is a key threshold indicator.

STANDARD 5: Fair access

Adult Social Care services act fairly and consistently in allocating services and applying charges

Improvements achieved/achievements consolidated since the previous annual review

General

Social services monitor most of the social care needs of the local population and fair access can be demonstrated in most areas.

There is a good ratio 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.

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.

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.

STANDARD 6: Capacity for improvement

The council has corporate arrangements and capacity to achieve consistent, sustainable and effective improvement in Adult Social Services

Improvements achieved/achievements consolidated since the previous annual review

Commissioning

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.

The council is disposing of two of its registered care homes, and intends to use the capital receipt to improve the quality standards within the remaining homes. There are plans to develop a specialist in-house home care service to respond to users with complex needs and the use of cost and volume contracts with provider agencies to deliver value for money services to those with lower level needs.

Partnership Working.

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.

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.

The total number of partnerships using Health Act flexibilities has been maintained, but is lower than that of comparator authorities.

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.

The council continues to work in partnership with Supporting People to provide housing support through tenancy sustainment services.

Human Resources

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.

Areas for improvement

Performance Management

The introduction of Framework-I has lead to problems with data capture.

The council has recognised that the number and complexity of indicators on the stand alone balance score cards requires a high level of review and monitoring to make it effective for cascading a clear understanding of objectives and priorities down to operational level, and externally to partner organisations.

It is expected that the October 2006 targets for Electronic Social Care Record will not be met, and this, as well as problems with performance reporting encountered following the implementation of Framework-I suggest that the council had inadequate arrangements to ensure data quality through this process.

Commissioning

The outturn figure for carers services was only 20% of the plan for 2005/06

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.
The council supported social services with additional funding in 2005/06 and is planning to maintain the budgetary position in 2006/07.

Human Resources

Although local services were performing below national minimum standards for medication and staff training in some areas, the council is investing training funding to improve performance in these areas.

The percentage of days lost through sickness absence increased to above the national average.

Part 2:

STANDARD 1: National Priorities And Strategic Objectives

The council is working corporately and with partners to deliver national priorities and objectives for adult social care, relevant National Service Frameworks and local strategic objectives to serve the needs of diverse local communities

Summary of admissible evidence (including sources)

Good progress was made against NSF criteria as compared with 2004/5. Haringey moved from amber to green in several areas and was the only LIT in the sector to have achieved green in Dual Diagnosis for mental illness and substance misuse and also in mental health promotion.

Many other areas also moved from amber to green in 2005 including local strategic partnerships; help with employment; delivering race equality and transition protocols.

PI's with improving or high performance

- B11: decreased but maintained in Band 5.
- C28 (KT): decrease in 2005/6, but performance is in Band 5.
- C29: Top band position maintained.
- C32: Top band position maintained.
- C72: Top band
- D37: 100% performance maintained.
- D54 (KT): Increased from band 3 to band 5.
- E47: Top band
- E48: Top band

PI's with decreased or poor performance

- A60: Band 3 maintained but decreased.
- C30: Band 3 maintained but decreased.
- C31: Increased within band 3.
- C73: Band 2H.
- D39: Accounting for reporting inaccuracies, decreased within band 2.
- D40: Accounting for reporting inaccuracies, decreased within band 2 (lowest band).
- D52: Band 1
- **D55 (KT): reported performance just below Band 2 threshold. Limits judgement to 'Most'**
- D56 (KT): Reported performance is Band 3, decreased by 9% and is lower quartile nationally.
- C62: Band 2 (newly banded).

Service Capacity:

- There was a 1% increase in the number of people who received 5 hours or more a week of HC.

- 70 Additional extra-care housing tenancies were provided in 2005/6 and 75 more planned for 2006/7 (DIS 2144)
- After increasing by 7% in 2004, the number of people supported in care homes fell 12% to below 2003 levels in March 2005. The council noted that the drop in residential care during this period is in line with the Community Care Strategy. The strategy's central target was for 65% of all older clients to be living in the community by September 2005 – which was met.
- (DIS 2139-2140): The number of people who received intermediate care in a residential setting (23) was low, significantly down on 2004/5 (71), and well below plan (76) and IPF (123), but planned to increase in 2006/7 (48)
- (DIS 2141-2)The number of people who received intermediate care in non-residential setting (1135) was also down on 2004/5 figures (1244) but well above IPF (673) and planned to increase in 2006/7 (1250).
- A fairly low number of 18-64s were admitted to permanent res / nursing care (PAF C72), but the equivalent measure for over 65's (PAF C73) reflects a high rate of admissions c200% of IPF.
- DIS 2148: 'In May 2005, a new Prevention and Enabling Team began… funded by the delayed discharge pooled budget… [and] includes an admission prevention nursing post….'

DTOCS (PIM's calculations from PADI SITREPS data)

- Although a pooled budget was in place to invest grant funding into services to facilitate hospital discharges and prevent admission and a Discharge Protocol was in operation to ensure a unified approach to discharge planning (DIS 2102), DTOCS increased towards year end and were very high in the last quarter.
- There were over 2100 reimbursable days in the year, giving a weekly average of 40, but in the last weeks of the year the number of days rose to 250% of the average. Overall, 84% of the reimbursable days were due to Residential or Nursing placements not being available, and 11% due to domiciliary packages not being set up.
- There were 759 delayed patients in the year giving a weekly average of about 15, but in the last weeks of the year the number of days rose to over 200% of this average. Of these 759 delayed patients, just over half were delayed by Health (ditto for number of days - 33% of the NHS days were due to further non-acute care being required, with 44% due to patient choice).

NSF Standards

- Person centred care / Single Assessment (DIS 2145): The Single Assessment Process was in place, and being developed further by staff across agencies. There has been substantial training for professionals across the health and social care sectors to ensure that skill-sets meet the requirements of SAP, and commissioners found that the quality of assessments improved markedly following the introduction of SAP. LD service users with a PCP increased to 80 by

year end.

- Intermediate Care (DIS 2147 & DIS 2148): LBH provide a wide range of short-term and intermediate care services and in May 2005 a new Prevention and Enabling Team began enabling service users to regain their independence after eight weeks of support. The DIS states that the overall high provision of Intermediate care was 'reflected in the reduction of long-term placements in 2005/6', but although permanent admissions are low for older people (PAF C72), for under 65's (PAF C73) performance was almost twice that of the IPF average. Members' Scrutiny review, whilst positive about the scope and ambition of these services, recommended 'that partners work together towards further integration, and developing an intermediate care pathway' (DIS 2147).
- Falls Prevention and Telecare (DIS 2149-50, 2161): Haringey has identified resources and strategies with partners to introduce a multi-agency approach to preventing falls. There are currently around 4,500 alarm users and the telecare and Falls Monitors service was growing.
- Older People with Mental Health problems (DIS 2151): There is a good history of joint working by the local authority and the local mental health trust. Specialist older people's mental health social workers liaise closely with NHS staff in community teams and in-patient units. Structures were agreed and resources identified across agencies for the integration of services for older people with mental health needs. Suitable accommodation is available and co-located, fully integrated teams will be in place by Jan 07.

Non-Care Managed Services:

- DIS 2201: LD - Haringey have developed a number of initiatives including a work experience pilot with the aim of providing 100 work opportunities for people with LD in the Council and workshops around the preparation of employment skills for 75 service users.
- DIS 2301: PD – With SP, the council is developing extra care supported housing opportunities for disabled people to promote independent living.
- DIS 2401: MH – Haringey have submitted an NRF bid develop community based services in partnership with Leisure and Library services.

- **Workforce** (DIS 2102): Haringey registers high levels of deprivation, and withdrawal of funding arising from PCT budget affects the Community Alarm scheme, the Rapid Response team, and MH/OP liaison social worker and ICT case manager posts.

- **LD Strategy** (DIS 2302): LBH plan for management of the risk that community provision may not be able to meet the immediate needs of people who otherwise would have been placed in acute services. In order to improve communications, an LD communications strategy has been adopted and a communications strategy letter sent to

service users.

- **MH Strategy** (DIS 2402): Joint MH and Day Services Strategies provide a coherent strategy within which the integration of services with the BEH MHT can develop, and planning can take place to mitigate for funding and grants pressures. An integrated single line management structure in the four CMHTs is planned to mitigate uncertainties regarding capacity to manage the pace of change, and to prevent blockages.
- **AIDS/HIV Strategy:** (DIS 2502) To counter the continual reduction in the AIDS grant, the council continue to make efficiency improvements to ensure a high level of service provision. LBH plan to overcome barriers to normalising HIV and removing stigma through education and partnership working to provide preventative and outreach services with young people and community groups. Although there are complex priorities and agendas within partner organisations there is a widespread will and determination to improve communication and service delivery.
- **D&A: (**DIS 2601 & DIS 2602): Haringey's DAAT Treatment Plan was finalised and highly praised by the National Treatment Agency for Substance Misuse, and participation in drug treatment programmes increased (PAF A60) but was only band 3 and planned performance in 2006/7 would be band 2.
- It is planned that DASH and HAGA workers will relocate to one community base which would provide a more appropriate therapeutic environment from which to deliver a range of services. Consolidation of service provision is planned to ensure effectiveness of service delivery. The DAAT is developing a Workforce Development Strategy and work is ongoing to give ex-users employment opportunities within the service.
- **Carers:** (DIS 2701, DIS 2702, DIS 2711-2714) The number of services provided for Carers (PAF C62) was about 20% that planned for 2005/6, (about ½ IPF), was in the lower national quartile and relates to Band 2 performance. Planned performance for 2006/7 is well below the original 2005/6 target. However, the total number of breaks provided was above IPF and above the 2005/6 plan and target is to maintain this. Although the DIS notes that Asian carers are under-represented among carers who received a carer's assessment, nearly 80% of the grant was spent on providing breaks for BME carers, which was about 300% of plan and it is planned to maintain this in 2006/7.
- The capacity of partners to implement the Carers Strategy has been tested by uncertainties over funding in the voluntary sector, pressures on non-NHS expenditure in the PCT, and changes in the Carers Partnership Board. However, working groups are in place tasked with delivering improvements in all these areas. There was no mechanism in place for stakeholders to contribute to the development of proposals for the use of the Carers Grant on locally agreed priorities, however, these and other issues can be taken up by the CPB, and in the Carers Strategy review. Budgets have been devolved

to team level to provide flexible carers' services and recruitment of a carers lead, achieved in 2005/06, offers direction and a co-ordinated approach to carers' issues.

Best Value

(DIS 3201, DIS 3202): The financial impacts of the financial recovery plan for the PCT are still being determined. The Council is assessing and planning for this liability and a 3 year budget strategy allocates resources in the context of the Community Strategy and identifies improvement priorities. Specific resource management initiatives include:

- A Commissioning Strategy for Community Care services integrating the Supporting People programme
- Business process re-engineering of the Home Care Service
- A Transport review to improve efficiency and increase user independence.
- Targets increasing the numbers of directly employed staff and reducing the usage of agency staff
- Implementing an end to end process for the adaptations service to reduce the waiting times between assessment and delivery of service
- Planning for the 2nd stage of e-care - procurement/payment of care packages

- The Chief Executive Management Board (CEMB) has agreed processes for monitoring risks at departmental management teams on a quarterly basis.

Evaluation

Strategies continue to develop in line with national and local priorities, and some good progress has been made implementing them in collaboration with partners.

Services reflect the active involvement of service users and carers, including those from diverse groups within the community and there was good representation on partnership boards.

Pooled budgets are in place and are being used to resource joint functions, but delayed transfers of care and reimbursable days were extremely high by year end - These were caused primarily by a lack of provision and block purchasing contracts are being commissioned to decrease delays.

Whilst local strategic objectives and priorities complement the national ones, performance was poor in some key areas (e.g. delayed transfers of care, waiting times, carers services, MH and LD helped to live at home), the provision of intermediate care has reduced against plan, and the proportion of community based services seems to have peaked in 2004/5.

The council has developed strategies for continuous improvement in the

cost and quality of its services and BV principles are used, but unit costs maintain a 3 year pattern of increase and were above plan.

STANDARD 2: Cost and efficiency

Adult Social Care commission and deliver services to clear standards of both quality and cost, by the most effective, economic and efficient means available

Summary of admissible evidence (including sources)

- DIS 3227: The Audit Commission gave 'No specific recommendations for improving financial or performance management in Social Services'.
- The assessment awarded 3 stars for adults social care. The AC stated that (for the whole council): 'Spend is generally high in comparison to other near neighbours. Whilst the Council can demonstrate factors affecting its spend, such as demographic mix and the need to invest for service improvement, there is a mixed picture when assessing whether costs are commensurate with performance levels'. Action was needed to:
  - sustain improvement in better-performing services, whilst continuing to develop its focus on those services where progress was less consistent;
  - demonstrate that high-cost services are delivering value for money, and embed the culture of challenge for value for money Council-wide;
  - maintain tight budgetary control to deliver financial balance for 2005/06 and the medium to longer-term; and as a priority, develop and implement an action plan in response to our report on the Technical Refresh project.

Spring 2006 Delivery Improvement Statement for Adults Services

- PAF B11: performance (31%) remains in band 5 but decreased, and was below target (35%) and IPF (34.8%). 2006/7 plan is for (35%).
- PAF B12: Unit cost of intensive social care (£619) was Band 2. Costs continue a 3 year pattern of increase, above planned target (£590) and in the upper quartile nationally, but in line with ACA group (£617). The 2006/7 plan (£590) is to reduce to 2004/5 levels; ACA group average for 2006/7 increases to £619.7.
- PAF B17: Unit cost of HC (£18.5) was Band 2. Costs continue a 3 year pattern of increase, above planned target (£15.7 – which would have been a decrease) and ACA group (£14.7). Plan for 2006/7 (£15.5) would take costs to below 2003/4 and below ACA (£16.1).
- PAF C72: Older People admitted to permanent res / nurs care (69.2) was in Band 5, roughly on target and below IPF (78.8).
- PAF C73: 18-64's admitted on a permanent basis to res / nurs care – (3.8) was above plan (3.5), well above IPF average (2.0) and in Band 2H.
- PAF C28 Intensive HC – Proportionate decrease in 2005/6, but

performance was in line with IPF and in Band 5.

- DIS 3229 – 3231: Percentage increases in fees (care homes, homecare, and daycare) for 2005/6 and those planned for 2006/7 were all below IPF.
- DIS 3233: 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. For OP a needs and gap analysis has led to a Community Care Commissioning Strategy which was underpinned by the Council's commitment to developing community based provision. The Residential side of the strategy was developed in line with a commitment to increasing community services and keeping residents within Haringey. The council is selling two out of borough care homes and using the freed up capital to improve the standard of quality within the remaining four homes. The council aims to develop an in-house service that can provide for those with the most intensive needs whilst using cost-volume contracts to deliver value for money to provide services to those with lower-level needs. PD and LD commissioning strategies aim for the more imaginative use of in-house services to meet increased demand with stationary budgets. Prevention, early intervention and recovery are key commissioning objectives for MH.

KIGS BU07 & KIGS EX04:

- Where the (4 year) average PSS budget per capita from 2001/2 to 2004/5 was c128% of IPF, in 2005/6 it was only 113% of IPF.
- Likewise, the gross SSD expenditure per capita averaged 125% of IPF in 2001/2 to 2003/4, but for 2004/5 it was only 113% of IPF.
- The pattern for PD budget allocations was that Haringey has fallen further below IPF than the previous 3 year average, and from the IPF level in 2004/5 to 11% below in 2005/6.
- For LD the rate of growth has decreased to 4% and although still above IPF, the gap closed from 128% to 119%
- For MH the budget was well above IPF but has not narrowed.

- DIS 3203 – DIS 3212: 52% of all efficiency gains in 2005/6 were in modernising service delivery – this was roughly double the national average and will increase to 73% in 2006/7. Human resources efficiencies only account for 9% (national average = 20%).
- DIS 3301 & 3323: Total number of partnerships using Health Act Flexibilities has been maintained, and was below IPF; states that: 'although widening and deepening of commissioning arrangements through HAFs is a priority, however [LBH] are committed to developing partnership working outside of these arrangements'.
- DIS 3225:Spot purchase of residential care increased to 69% with 22% in-house and <9% block. This puts Haringey in the lower quartile nationally for spot purchase and the upper quartile for in-house residential provision.

- DIS 3226: For domiciliary care the pattern was an increase of spot care to 22%: 53% block: 25% in-house. This compares with IPF figures of 40% spot : 32% block : 28% in house.
- The council states that their procurement options are set within council policy which also are a reflection of conditions in the local market.
- Fees increased by less than the IPF, but unit costs for intensive care and homecare maintained a 3-year pattern of increase, and well above both 2005/6 plans and IPF.
- 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. A high relative spend on Asylum Seekers, and on under 65's with MH needs, and a low relative spend on OP services (as compared to national averages) reflects local priorities.
- 2001/2 to 2004/5 budgets and expenditure were significantly above IPF, but are now closer to the IPF comparator, and spending has been brought down to within budget capacity. However, if it is considered that 2005/6 performance was below 2004/5 levels, this raises a question about the relative value-for-money efficiencies that Haringey achieves in comparison to its IPF group.

Evaluation

The council has some examples of using joint commissioning and partnership working, but improvements in the economy, efficiency, and effectiveness of local services seem limited.

STANDARD 3: Effectiveness of service delivery and outcomes

Services promote independence, protect from harm, and support people to make the most of their capacity and potential and achieve the best possible outcomes

Summary of admissible evidence (including sources)

Routine Business Meeting 04 04 2006
CSCI outlined concerns about an Older People LA provided service which had Enforcement taken out against them in November 2005 for care planning issues and lack of adequate risk assessment, and following a visit in March 2006

Admissions to residential and nursing care:

- PAF C26: The number of 65+ admissions (64) equates to band 4L. Although increased above plan (plan was to decrease to 51), still well below IPF (second lowest in group).

- PAF C72: The number of OP admitted to permanent res / nurs care was in Band 5, roughly on target and below IPF.
- PAF C27: Admissions of <65 Supported Residents to Res / Nursing (3.8) was band 4H, has increased well above the 2005/6 plan (which was to reduce from 3.3 to 3.0), and well above IPF (2.2).
- PAF C73: 18-64's admissions to permanent res / nurs care (4.1) was also above plan (3.5), well above IPF (2.1) and in Band 2H.
- PAF D37 – 100% of clients allocated single rooms –performance maintained for 3 years and planned to continue.

Helped to Live at Home indicators:

- C29 - Reported = 8.5. Adjusted for system error = 6.21: Increase (from 5.2) was well above plan (5.0) and IPF (4.5), still in Band 5, but the DIS plan figure for 2006/7 (5.0) was below the 2004/5 outturn and should be revised.
- C30: Reported = 1.5. Adjusted for system error = 2.1 decreased from 2.4, below plan (2.45) and IPF (2.5). This maintains band 3 performance (but note that the plan for 2006/7 is set at the erroneous 2005/6 outturn).
- C31: Reported = 0.4. Adjusted for system error = 1.7 - increased from 1.4, just below 2005/6 plan (1.8), but well below IPF (4.2). Band 3 performance maintained, but 2006/7 plan is back at 2004/5 level (1.4). The MH Inspection report notes that the previous downward trend was in part due to the considerable data cleansing exercise undertaken, and that, in addition the increase in people supported through SP had further reduced the numbers counted in the PI and that 'it would be important to monitor future performance in this area given that the Council was more confident in the accuracy of the data being recorded'.
- C32 – Reported = 158. Adjusted for system error = 116 decrease from 119, below plan (121) but still above IPF (107), performance is still in band 5.
- PAF C28 Intensive HC – Proportionate decrease in 2005/6, but performance is in band 5 and in line with IPF.
- PAF C51 – Direct Payments – although stated as 122 (band 4) in the DIS, reduced to 89 (band 3) in PAF final cut. Therefore only a marginal increase.

Carers:

- C62 – Proportion of services for carers: At 5.5 this was in band 2 and decreased to about 50% of IPF, well below plan and 2004/5 outturn (25 and 21 respectively). However, the total number of breaks provided (DIS 2712) has increased by 20%, 5007 new breaks were provided additional money (i.e. 16x the 2004/5 number).
- Over 78% of the grant was spent on breaks for BME carers, whilst the BME group comprises only 34% of Haringey's population.
- It was planned to spend 19% of the grant on joint care management / pooled budgets, but only 9% was (DIS 2716).
- The average spend on MH carers increased from £144 to £193 (34%)

per carer with a 30% decrease in MH carer numbers
- With an unplanned 80% decrease in LD carer numbers the average spend on LD carers increased by over 300% to more than 1300% what was planned.
- A 49% increase in OP carer numbers was not matched by an increased spend in this area.
- PD carer numbers were missing from the DIS.
- The number of Carers of other service users increased by 87% whilst the amount spent in this area only increased by around 65%
- Overall, the number of carers increased, but below plan, and the plan for 2006/7 is to support fewer carers with a smaller grant.
- DIS 2309 & DIS 2310: Waiting times for adaptations were significantly reduced, but still above IPF (especially in the case of major adapts, which were extremely high in 2004/5, but still 200% of IPF in 2005/6).
- C62 outturn was well below plan, although there was an increase in the total number of breaks provided and 4700 more new breaks were provided with additional money. LBH noted (2/8/06) that they have a 'strong BME Carers service': In 2004/5 the proportion of the grant spent on breaks for BME carers was roughly in line with the BME population ratio, but was 3 times this ratio in 2005/6 and the plan is to maintain this. The number of carers who received breaks services through the Carers Grant and the average spend on each of these showed a high degree of variation and deviation from plan in each service group. With less grant money than planned for, fewer carers received breaks than planned, and both the total spend (-22%) and number of carers (-7%) are planned to be further reduced for 2006/7. The proportion of the grant spent on joint care management or pooled budgets was nil in 2004/5 and low (and well below plan) in 2005/6; it is planned to double this in 2006/7 back to the 2003/4 level. The planned and actual amounts spent on administration and development of carers breaks were also well below IPF. (DIS 2717 – DIS 2725). No adults with LD had any planned short-term breaks in their care plan, and the number of assessments and reviews for carers for LD adults was significantly below IPF.

- DIS 2608: There were 204 alerts of abuse against older people, and in every case a multi-agency Strategy Meeting was held and an Adult Protection Plan put in place.
- The numbers of admissions to residential and nursing care increased against plan and in the 18-64 age group are well above IPF.
- Intensive home care provision, although still high, decreased against plan as did OP and LD Helped to Live at Home indicators. Although B11 performance was still band 5, this decreased in 2005/6 and the general direction of travel indicated on reported figures was towards a lower proportion of community based services being delivered.

User surveys:

- The Older People Home Care User Survey (PAF D52) indicates that

only 50% of those questioned stated that they were 'very' or 'extremely' satisfied with the help from social services that they received in their own home. This is lowest band performance and only a 4% increase from 2002/3. This is in line with IPF average but below the national average which is 59%.

- 60% of those questioned in the 2006 user experience survey answered 'always' to the question 'Do your care workers do the things that you want done?'. This is band 3 performance and roughly in line with IPF average.

Evaluation

The range of services is broad and increasingly able to offer choices and meet preferences (e.g. direct payments in line with IPF and single rooms indicator at 100%).

Services promote the independence of some service users, seek to minimise the impact of disabilities and reduce family stresses (good performance on C28, C29, C32), and are sensitive to the needs of most diverse community groups (although BME groups are actually over-represented for C51 and carers spending). However, 2005/6 performance and/or the direction of travel in several key areas was not in line with stated plans and strategies (e.g. C28, C30, C32, C62) and therefore suggests over-optimistic planning and/or problems with the reliability of data for performance management.

STANDARD 4: Quality of services for users and carers

Services users, their families and other supporters, benefit from convenient and good quality services, which are responsive to individual needs and preferences

Summary of admissible evidence (including sources)

- PAF D37 –performance maintained for 3 years and planned to continue. 100% of single clients entering permanent residential / nursing care are allocated single rooms.
- PAF D39 – Reported=70%. Adjusted for reporting errors = 84%. This was band 2 and below 2004/5 (89%) and plan (95%). Planned performance for 2006/7 is just 85%.
- PAF D40 – Reported=43%. of clients had reviews completed in 2005/6 – Performance continues on a downward trend within band 2, well below plan (75%) and is now lowest in IPF. The 2006/7 plan has now been revised down to 65%.
- PAF D54 – 86% of items of equipment delivered within 7 days: Delivery times have moved into band 5, but the 2006/7 plan is for

only a further 2% increase following the 16% increase in 2005/6. The council advises that the target increase was set for 2006/7 to maintain but not increase budget investment in this area over the forthcoming year as other priorities required investment.

- PAF D55 –DIS 2106 suggested that following implementation of a new client DB (July 2005) there should be improvements in assessment timescales but performance (59%) was worse in 2005/6 and was band 1 and 2nd lowest in IPF.
- Only 65% of clients experienced a period from referral to first contact within 48 hours (IPF=79%) and even fewer (54%) assessments were completed within 28 days (IPF=76%). With the revised 2005/6 bandings, this now falls into band 1. As a KT, this restricts the judgement to 'Most'. Planned performance for 2006/7 would just fall into an upwardly revised band 2 and is lowest of IPF plans.
- PAF D56: Waiting time for full provision of care packages – with roughly 80% of service users being fully provisioned within 28 days of assessment, performance was just below band 4 threshold and declined to less than IPF (89%). Planned performance for 2006/7 (88%) is below what was planned for 2005/6 (91%), but would give a band 4 performance within upwardly revised bandings.
- D59 – Practice Learning was mid band 3
- DIS 2112- DIS 2116: SAP has been fully implemented, but no SAP summary was yet available within the CSSR by 31/5/06.
- DIS 3407 – DIS 3410: Implementation of ESCR was complete for new cases and on track for existing cases, but no system for metadata was in place by year end and the work is not likely to be complete by October 2006.

Evaluation

Good quality information about service standards was accessible to some service users and carers (81% of OP reported that they were happy with the information that the council provided), and all reviews are FACS compliant (DIS 2105) but in spite of planned improvements, both D39 and D40 performances declined to be the lowest in IPF group in 2005/6. Both PI's were in band 2 (this is the lowest band for D40), and 2006/7 targets are set below the 2005/6 plan for both PI's.

More 65+ assessments need to be completed within 28 days

The number of 65+ Service Users who received a full complement of services within one month of assessment was high, but has declined.

Overall waiting times from initial contact to service delivery have increased against expectation that the new Framework-I database would improve efficiencies, and in spite of a revised skill-mix and systems to reduce waiting times for assessment.

It is expected that the October 2006 targets for ESCR will not be met, and this, as well as the severe problems with performance reporting encountered following the implementation of Framework-I strongly suggest that the Council had inadequate arrangements to assure data quality following the data migration.

STANDARD 5: Fair access

Adult Social Care services act fairly and consistently in allocating services and applying charges

Summary of admissible evidence (including sources)

- PAF E47: With a ratio of BME people (65+) who received an assessment at 1.3, performance was in Band 3 (top band), and was in line with IPF. 2005/6 and 2006/7 plans set at parity (1.0). Note that as the PI is set using Census 2001 data, EM groups are probably not as over-represented as the PI suggests – this indicator is therefore of limited use.
- PAF E48: With a ratio of BME people (65+) who received services following assessment at 1.00, performance was in Band 3 (top band).
- Action was taken to increase the take up of services from some under-represented groups; the proportion of assessments for BME (65+) clients increased (PAF E47), and the ratio of BME people that went on to receive a service was equivalent to the proportion of assessments for BME people (PAF E48). There were still however a high percentage of staff in post whose ethnicity was 'not stated'.

DIS 2163, 2204-5, 2229, 2313, 2413, 2503, 2606, 2727, 3411-2

- Advocacy services are in place for all user groups, but the amount spent on advocacy for LD people was among the lowest in the IPF group. Advocacy services were deemed to be 'mostly' available when required, whilst interpreting services were judged to be 'always' available when needed.

Evaluation

Social services monitor most of the social care needs of the local population and fair access can be demonstrated in most areas.

The range of services available that reflects most of the needs of the community, promotes equality and demonstrates that diversity and social inclusion are valued.

STANDARD 6: Capacity for improvement

The council has corporate arrangements and capacity to achieve consistent, sustainable and effective improvement in Adult Social Services

Summary of admissible evidence (including sources)

- DIS director's summary: With a new CE in post, Haringey are developing a new Community Strategy and are refining the priorities of a new administration. They plan a service reorganisation to meet the requirements and opportunities presented by the recent government white paper, and to enable the Council and its partners to look at more flexible commissioning frameworks.
- DIS 3401: Haringey's Strategic Partnership was rated Amber Green in 2005 by GOL, and the HSP performance management ensures that focus is sustained on shared priorities. The Council will be carrying out investigations around any poor performance in relation to their PAF indicators, and are reviewing the set up of the complaints team and realigning this service with the performance team. They will also be considering the benefits of a new model for setting targets in the future.
- The performance and ecare teams are planning to carry out a variety of training programmes which will be focused on poor performing PIs. The complexity of a number of stand alone balance score cards is also seen as a barrier to cascading a clear understanding of objectives and priorities through down to operational level within our organisation and externally through our partnership working. It is recognised that 'this requires constant review and monitoring to make it more manageable and to keep focused providing the right information at the right level'.
- DIS 3103-8, 3110 and 3111-4: Staff turnover was reduced and no recruitment and retention difficulties were stated for any staff groups, although a high level of vacancies was maintained and agency costs need to be reduced. There was a good level of expenditure on training (although this should be increased in the independent sector), all relevant staff were trained to assess and identify risks to vulnerable adults. The percentage of days lost to sickness increased and is above IPF and slightly above the national average.
- DIS 3403-5: Haringey was 'strongly confident' that 2005/6 PAF indicators in the DIS were an accurate reflection of actual performance, and the self-assessment and audit tool was not used to check the validity of the data, but continually monitored and investigated their data throughout the year. Using and learning how to use the self-assessment tool at this time was therefore deemed to have added too much complexity (although they aim to work with this tool next year).
- Miscalculations were identified for D39, D40, and all four HTLAH indicators. The council initially advised that D55 and D56 were under-reported due to reporting errors, these were later verified as correctly reported.

- Local procurement (within borough) was below IPF average, and performance against NMS was below the national average, but Haringey 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.
- Local services were performing below NMS for Medication and Staff Training in some areas, but the council is using its training budget to improve performance in these areas.
- The council continues to work in partnership with Supporting People to provide housing support through tenancy sustainment services. (DIS 2501)

Evaluation

It was hoped that Framework I will provide the tools to deliver a much more accurate flow of information; some of the problems in reporting accurately from the system, suggests that full implementation and bringing staff up to full use of the system was (and is) a considerable challenge.

The Council's leaders have clarity for the strategic direction for social services, and resource allocation responds to identified priorities where possible, but it is uncertain whether previous strategic improvements can be sustained, and whether patterns of service delivery follow the expectations of strategic planning.

The council is aware of the community's diverse needs and preferences and has developed Council-wide and inter-agency arrangements.

Some complex services are delivered in partnership, but there are significant areas of concern in social care performance.