



Making Social Care  
Better for People

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Director of Adult, Culture and Community  
Services,  
London Borough of Haringey,  
40 Cumberland Road  
Wood Green  
N22 7SG

Ref: MA / RF

Date: 21<sup>st</sup> October 2007

Dear Mr. Phung,

## **SUMMARY REPORT of 2006-07 ANNUAL PERFORMANCE ASSESSMENT OF SOCIAL CARE SERVICES FOR ADULTS SERVICES FOR HARINGEY**

### **Introduction**

This report summarises the findings of the 2007 annual performance assessment (APA) process for your council. Thank you for the information you provided to support this process, and for the time made available by yourself and your colleagues to discuss relevant issues.

Attached is a revised copy of the performance assessment notebook which provides a record of the process of consideration by CSCI, leading to an overall performance rating. You will have had a previous opportunity to comment on the factual accuracy of the evidence notebook following the Annual Review Meeting.

The judgements outlined in this report support the performance rating notified in the performance rating letter. *The judgements are*

- *Delivering outcomes (formerly Serving People Well) using the LSIF rating scale*

*And*

- *Capacity for Improvement (a combined judgement from the Leadership and the commissioning & use of resources evidence domains)*

The judgement on Delivering Outcomes will contribute to the Audit Commission's CPA rating for the council.

The council is expected to take this report to a meeting of the council within two months of the publication of the ratings (i.e. by 31<sup>st</sup> January 2008) and to make available to the public, preferably with an easy read format available.

## ADULT SOCIAL CARE PERFORMANCE JUDGEMENTS FOR 2006/07

Areas for judgement	Grade awarded
<b>Delivering Outcomes</b>	<b>Adequate</b>
Improved health and emotional well-being	Adequate
Improved quality of life	Adequate
Making a positive contribution	Good
Increased choice and control	Adequate
Freedom from discrimination or harassment	Good
Economic well-being	Adequate
Maintaining personal dignity and respect	Good
<b>Capacity to Improve (Combined judgement)</b>	<b>Promising</b>
Leadership	
Commissioning and use of resources	
<b>Star Rating</b>	<b>One Star</b>

The report sets out the high level messages about areas of good performance, areas of improvement over the last year, areas which are priorities for improvement and where appropriate identifies any follow up action CSCI will take.

## KEY STRENGTHS AND AREAS FOR IMPROVEMENT BY PEOPLE USING SERVICES

Key strengths	Key areas for improvement
<b>All people using services</b>	
<ul style="list-style-type: none"> <li>• Increased engagement with users and carers</li> <li>• Increasing access to information and services through a new range of schemes</li> <li>• Twice as many staff received adult protection training and adult protection referrals increased 80% with a fourfold increase in 'completed' cases</li> </ul>	<ul style="list-style-type: none"> <li>• The number of reviews of service users needs has increased, but further improvements are required.</li> <li>• 11% of people receiving services had not received a statement of their needs.</li> </ul>
<b>Older people</b>	
<ul style="list-style-type: none"> <li>• 90% of older people provided with services within 4 weeks of assessment</li> <li>• The number of referrals for safeguarding of older people doubled, and there were 600% more 'completed' cases</li> </ul>	<ul style="list-style-type: none"> <li>• Timeliness of assessments</li> <li>• The rate of delayed transfers of care</li> </ul>
<b>People with learning disabilities (PWLD)</b>	
<ul style="list-style-type: none"> <li>• A high number of people with learning disabilities aged 18 to 64 helped into voluntary work</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment completion timeframes</li> <li>• A large (but reducing) number of PWLD remaining in residential care</li> <li>• Few adults with learning disabilities helped to live at home</li> </ul>
<b>People with mental health problems</b>	
<ul style="list-style-type: none"> <li>• A Service Manager post was created and filled within 2006/7</li> <li>• Increasing access to drug treatment programmes and high retention rates</li> <li>• Referred and 'completed' adult protection cases increased significantly</li> </ul>	<ul style="list-style-type: none"> <li>• A Section 31 agreement with the Mental Health Trust should be considered</li> </ul>
<b>People with physical and sensory disabilities</b>	
<ul style="list-style-type: none"> <li>• The number of 'completed' adult protection cases increased significantly</li> </ul>	<ul style="list-style-type: none"> <li>• A low rate of reviews</li> <li>• 19% of physical disabilities service users had not received a statement of their needs</li> <li>• Not much evidence of programmes to assist those with</li> </ul>

	long standing conditions to secure employment
<b>Carers</b>	
<ul style="list-style-type: none"> <li>• The reported number of carers' breaks provided under the carers grant decreased in 2006/7, but breaks were also provided from the commissioning budget and the 2005/6 outturn figure included children's breaks.</li> <li>• One of the highest percentage spends on BME carers for London and NRF grant was also used to provide advocacy for BME carers</li> </ul>	<ul style="list-style-type: none"> <li>• The number of carers receiving a service increased but is still low</li> <li>• Few carers supported to remain in or return to work</li> </ul>

## **KEY STRENGTHS AND AREAS FOR IMPROVEMENT BY OUTCOME**

### **Improved health and emotional well-being**

The council makes an adequate contribution to improving people's health and wellbeing.

The council made innovative use of funding to support developments based in libraries, health and leisure centres, which are becoming effective in increasing access to information and services through a new range of schemes. Support for older people with mental health needs was broadened, with increased deployment of assistive technology and the upskilling of home care workers. Intermediate care provision was more successful in non-residential settings than residential, and in particular for hospital discharge. Developments in admission avoidance started but further work in this area would assist in reducing delayed transfers of people in acute care. Services were developed through working with the PCT to improve support to people with long term conditions, and further developments are planned for 2007/08. Similarly, access to services for people with drug and alcohol related problems have seen some improvements in year.

#### **Key strengths**

- An emerging Well-Being Strategic Framework which effectively promotes healthier lifestyles
- 30% more people were funded to receive non-residential intermediate care in order to avoid hospital admission
- Increasing access to drug treatment programmes and high retention rates for problem drug misusers

#### **Key areas for improvement**

- High rates of delayed transfer from hospital care
- Continue to reduce the number of people placed in residential care

### **Improved quality of life**

The contribution that the council makes to this outcome is adequate.

Needs analysis was developed using information from national and local sources. Transition arrangements are well established and effective, and further improvements are planned for 2007/08 with the transfer of staff to adult social services. Specialist provision is generally well developed and effective. Outturn figures for the number of people helped to live at home were varied, and the council needs to do further work on sustaining improvements across all adult groups in 2007/08. However, deployment and usage of 'Telecare' was effective. Work on the provision of major and minor adaptations needs to be increased significantly in 2007/08. Support for carers was increased, but is still low and the council should focus on supporting more carers to remain in or return to work in 2007/08.

### **Key strengths**

- 88% of items of equipment and adaptations were delivered within 7 working days
- Work to develop the extra care supported housing resource

### **Key areas for improvement**

- Few adults with learning disabilities helped to live at home
- Lengthy waiting times for major adaptations from assessment to work beginning
- The number of carers receiving a service increased but is still low

### **Making a positive contribution**

The outcomes in this area are good.

The council made good progress with aspects of self assessment in 2006/07, including use of IT systems to support the deployment of self assessment within specific, low need service provision. A review of the home care service in 2005/06 resulted in an improvement in satisfaction rates to 84% in 2006, and the council used a range of mechanisms and opportunities to broaden out its engagement with users and carers in year. Feedback from user and carer groups has resulted directly in service improvements, and also influences some strategic developments. The council made good use of its equalities group to achieve improvements and engagement across the council is considered to be a strength. However, the council needs to improve its arrangements for supporting carers to remain in or return to work during 2007/08.

### **Key strengths**

- Satisfaction rates of 84% within the home care service
- Increased engagement with users and carers

### **Key areas for improvement**

- Few carers supported to remain in or return to work

### **Increased choice and control**

The outcomes in this area are adequate.

Assessment waiting times, and the percentage of assessments leading to a service, improved in 2006/07, but remain consistently below the London averages. However, waiting times for care packages is very good. Complaints processes and outcomes are effective, as is the provision of advocacy services. However, the number of people receiving a statement of need is the lowest in London by some margin. Admissions of younger adults to permanent residential and nursing care reduced in 2006/07, but there are still a significant number of people with learning difficulties placed permanently. The council should review its strategy and expenditure for this user group. Direct payments improved well and the council is piloting individualised budgets.

### **Key strengths**

- 90% of older people are provided with social services within 4 weeks following assessment
- The number of people receiving direct payments increased well
- Complaints processes and outcomes are effective

### **Key areas for improvement**

- More older people to be assessed within an acceptable period
- 11% of people receiving services in 2006/7 had not received a statement of their needs

### **Freedom from discrimination or harassment**

The outcomes in this area are good.

The ratio of older people from BME communities being assessed, and those going on to receive a service are both top band performance areas. Recording of ethnicity at assessment and service provision improved, but more work is required to capture this information at assessment.

### **Key strengths**

- Equivalence between the rate of older people from BME and non-BME communities receiving services following an assessment
- Improved recording of ethnicity at assessment and service provision

### **Key areas for improvement**

- Continue to improve data capture on ethnicity

### **Economic well being**

The outcomes in this area are adequate.

The council made progress in supporting younger adults into employment, training and volunteering opportunities. However, the focus in physical disabilities has been on those adults with recently acquired disability, and the council has not provided much evidence of programmes to assist those with long standing conditions to secure employment. Some initiatives were used in conjunction with Department for Work & Pensions in 2006/07, to help users and carers to maximise their income and increase welfare benefit take up. This builds on developments established in Haringey some years ago, but the council needs to provide additional data to evidence its increasing success in this area.

### **Key strengths**

- A high number of people with learning disabilities aged 18 to 64 helped into voluntary work

### **Key areas for improvement**

- The focus in physical disabilities has been on those adults with recently acquired disability, and the council has not provided much evidence of programmes to assist those with long standing conditions to secure employment

### **Maintaining personal dignity and respect**

The outcomes in this area are good.

The overall number of safeguarding referrals increased by 80%, and there was a fourfold increase in 'completed' cases. Of the referrals received and investigated, approx 3% were for self funders. The council should focus its work on this group in 2007/08, as this figure suggests there is potential for further cases. The council expanded its adult protection training in year, which resulted in twice as many staff receiving training in this area. Haringey developed a network of POVA Champions across all user groups and a range of organisations, and the Safeguarding Vulnerable Adults Board, is working on joint initiatives with the 'Safer communities' group and others, to map potential abuse. The council made progress in consolidating its partnership working in the area of Safeguarding in 2006/07, and has an action plan in place with other agencies to strengthen the shared ownership and responsibilities through 2007/08.

### **Key strengths**

- The number of adult protection referrals increased by 80% with a fourfold increase in 'completed' cases
- Twice as many staff received adult protection training
- The availability of single rooms has been maintained at 100% over the last 4 years

### **Key areas for improvement**

- Continue to consolidate shared ownership and responsibilities for Safeguarding, in particular to further develop Safeguarding for self-funders.



## **Capacity to improve**

The council's capacity to improve services further is promising.

During 2006/07, the council focussed on reinforcing performance management and governance arrangements in order to create a framework able to deliver future improvements in service provision. Data capture and reconciliation processes were improved, and the Member scrutiny function made more robust. The council has a clear strategic vision and there is strong corporate and political commitment through the Local Strategic Partnership, underpinned by the principles of an emerging Wellbeing Strategic Framework. The council evidenced a more developed approach to identifying risk and good use of contingencies to mitigate against these. There was no evidence of weaknesses within governance arrangements relating to Health Act flexibilities agreements, and well developed and effective partnership working delivers good outcomes for some user groups. The council worked well in managing recruitment and retention, and made progress in reducing agency costs.

The council works well with partner organisations in collaborating on joint commissioning developments, making good use of improved and detailed needs analysis, which has already informed emerging strategies. The council has an acknowledged, robust Local Area Agreement and the Local Strategic Partnership has been strengthened in 2006/07. Priorities, risks and contingencies have been identified and are being addressed within the council's Wellbeing agenda. This is reflected by some developments within commissioning. The council has started to consider how to respond to self funders but needs to do more work on this in 2007/08, to improve the management of supply side. The council also needs to consider reviewing its current distribution of block and spot contracts to impact specifically on the costs of intensive social care. The council needs to strengthen its systems around using information on user and carer experiences to inform strategic commissioning plans in the coming year. Financial planning and budget management are stable, with improvements seen in financial systems and corporate and Member scrutiny. The council's achieved 3 out of 4 for use of resources under the Comprehensive Performance Assessment framework. However, the council had one of the lowest outturn figures for efficiency gains in London in 2006/07, although the plan for 2007/08 does provide for notable improvement on this.

## **Key strengths**

### Leadership

- Partnership working with the PCT continued to good effect, within a stable financial framework.
- Data accuracy improved
- Improved recruitment, fewer remaining vacancies, reduced agency costs
- Implementation of Health Act flexibilities across adult care groups is improving

### Commissioning and use of resources

- A clear, strategic plan to support people in the borough is underpinned by improved needs analysis.
- Low fee increases for service users

## **Key areas for improvement**

### Leadership

- The number of staff in post whose ethnicity was 'not stated' reduced, but is one of the highest rates in London
- The October 2007 target for implementation of the Electronic Social Care Record (ESCR)
- Further IT-based solutions to performance management

### Commissioning and use of resources


- Low efficiency gains
- The council needs to review its costs for residential placements
- Extend the mechanisms for user and carer experiences to influence strategic developments
- Management of the supply side for self funders

## **Follow up action in 2007-08**

*There is no requirement for the council to provide an action plan for improvement in 2007/08. Minimum number of routine business meetings to be held is 4. No service inspection is planned for 2007/08*

*There are no plans for joint work with other inspectorates in any specific service areas in 2007/08.*

Yours sincerely



**Regional Director  
Commission for Social Care Inspection**