London Borough of Harrow: local authority assessment

How we assess local authorities

Assessment published: 16 August 2024

About London Borough of Harrow

Demographics

The London Borough of Harrow is situated in North West London, covering 20 square miles. With a population of 261,000, Harrow is the 12th largest London borough geographically but ranks 20th in terms of population. Harrow is divided into 22 wards, has extensive parks and green belt land. Harrow has an IMD of 3 and was ranked 119th out of 152 (at the time the measure was taken there were 152 local authorities with responsibility for adult social care).

The population is largely made up of people aged between 18 and 64. When the last census took place in 2021 the population had grown by 9.3%. Population growth has been highest in older residents and since the 2011 census there has been an increase by 19.4% of people aged 65 and over and increase of 7.8% in people aged 15 to 64 years. The borough is predicted to continue to experience population growth over the next decade, with the most rapid growth in the over 65's. Harrow is ethnically and religiously diverse, with almost half (45.2%) of the population of Asian heritage and 36.5% white. The five main languages spoken in the borough excluding English are Romanian, Gujarati, Tamil, Arabic and Polish.

Together with 7 other London boroughs, Harrow is part of the NHS North West London integrated care system. In May 2022, Harrow became a Conservative led council.

Financial facts

- The Local Authority estimated that in 2022/23, its total budget would be **£326,694,000**. Its actual spend for that year was **£362,950,000** which was **£36,256,000 more** than estimated.
- The Local Authority estimated that it would spend **£86,332,000** of its total budget on adult social care in 2022/23 Its actual spend was **£81,182,000**, which is **£5,150,000 less** than estimated.
- In 2022/2023, **22%** of the budget was spent on adult social care.
- The Local Authority has raised the full Adult Social Care precept for 2023/24, with a value of **2%**. Please note that the amount raised through Adult Social Care precept varies from Local Authority to Local Authority.
- Approximately **4220** people were accessing long-term Adult Social Care support, and approximately **820** people were accessing short-term Adult Social Care support in 2022/23. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

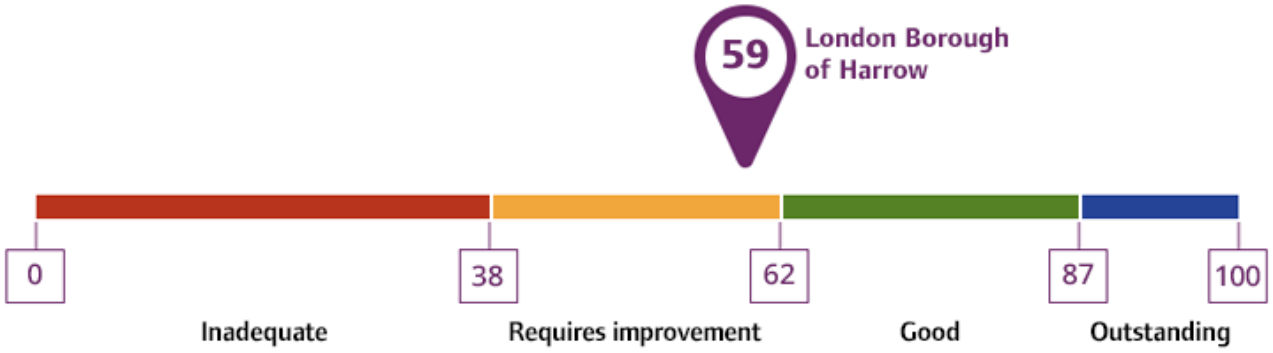
This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

Overall summary

Local authority rating and score

London Borough of Harrow

Requires improvement



Quality statement scores

Assessing needs

Score: 2

Supporting people to lead healthier lives

Score: 2

Equity in experience and outcomes

Score: 3

Care provision, integration and continuity
Score: 2

Partnerships and communities
Score: 3

Safe pathways, systems and transitions
Score: 2

Safeguarding
Score: 2

Governance, management and sustainability
Score: 2

Learning, improvement and innovation
Score: 3

Summary of people's experiences

We received mixed feedback from people who used services about their experiences of contact with and receiving support from Harrow local authority. There were a number of ways in which people could access support from the local authority, including the contact centre, Access Harrow, which was the local authority's initial point of contact and the Conversation Café which people spoke very positively about, where they receive support and are signposted to other services they may need. Some unpaid carers struggled to find information about local authority support services and often found them by chance.

People told us their preferences were taken into account by the social worker and assessments had been holistic. People also told us requests for reviews have been made at an appropriate time and responded to in a timely manner. We heard from some carers who had not been offered an assessment or were awaiting an overdue review. The local authority had a strategy for carers to make improvements.

The front line staff teams had a very good understanding of the diverse needs of the communities within Harrow and there were specialist teams to support people across the Borough. Interpreters and translation services were readily available.

People told us they received support to maintain their independence and they had experienced good partnership working with health partners. Other people told us they had experienced poor communication between health and social care services.

Summary of strengths, areas for development and next steps

The London Borough of Harrow is a local authority which has seen significant change at a senior level over the past 2 years. This has included a change of the Director of Adult Social Services (DASS), which was an Interim role at the time of our assessment. The adult social care senior management team were working to create stability and a clear sense of direction.

There was a positive culture across the organisation and staff said the senior leaders were visible. Staff enjoyed working for the local authority and spoke about the learning and career development opportunities available for them.

The senior leaders told us of the challenges to maintain a stable workforce was recognised by the senior leaders. This was being addressed by the development of a Workforce Strategy to be launched in Spring 2024. The workforce development in adult social care was underway and an action plan was in place. A learning and development officer had been recruited to support learning and development programmes.

The three conversation assessment model was promoted by the local authority and staff were given the confidence to move away from this model, whilst still using a strengths based practice approach if it was more effective for that person.

The local authority were aware of the need to reduce waiting times for care assessments, which was addressed by social work teams working with Access Harrow, (local authority initial contact and screening service) to carry out routine information and advice work. This initial screening lessened the impact on the numbers then being referred to the integrated neighbourhood teams, who worked in designated geographical areas throughout the borough.

Further improvements needed to make unpaid carers aware of the services, support available to them and how to access information. This was being addressed in the Carer's Strategy and through partnership working with voluntary organisations.

The local authority recognised the need for further provision of care and where there were gaps in service. An Extra Care service was due to open in 2024. On the whole the quality of care provision in Harrow was good. There was a low uptake of Direct Payments as most carers were unaware of it, although we heard positive outcomes where it had been used to maintain cultural practices. Staff were encouraged to discuss direct payments with everyone during assessments and reviews to promote awareness of it and how it could be utilised.

The local authority recognised the need to invest in new technology, which would need to align with an understanding of data and can be used to improve and shape services to need the needs of the population.

We found the local authority worked well with the voluntary sector. We found this view was shared by most partners, whilst there were still further opportunities for Harrow to work with the harder to reach communities. A co-production strategy was in development to strengthen this work further.

A review of the Harrow Safeguarding Adults Board was undertaken in 2023 and in January 2024, the Harrow Safeguarding Adults Board set out its aims and objectives to ensure adult safeguarding was delivered effectively.

Harrow had a good awareness of the areas they needed to develop and improve. They saw continuous improvement as integral throughout their work and had a number of improvement plans and strategies to address these, to ensure the people of Harrow received services of the highest quality.

Theme 1: How London Borough of Harrow works with people

This theme includes these quality statements:

- Assessing needs
- Supporting people to live healthier lives
- Equity in experience and outcomes

We may not always review all quality statements during every assessment.

Assessing needs

Score 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Key findings for this quality statement

Assessment, care planning and review arrangements

People had mixed views on how easy they found it to access the local authority's care and support services. They could request support using a range of different methods, for example by phone, online, in writing or face to face through the 'Conversation Café' The Conversation Cafe was a drop-in hub where Harrow residents could meet local authority staff and other partners such as staff from the local Citizens Advice Bureau (CAB) for advice and support. Local support organisations told us some people found the pathway to gain access to support was not always clear and that they often struggled to find information about local authority services.

We received mixed feedback from people about the local authority's methods of assessing their needs. Some people told us their assessments had been holistic and included looking at adaptations to their homes, future planning, financial advice, and signposting to other services. However, some unpaid carers said they found their carer's assessments to have been unhelpful, unsympathetic, and financially driven. The local authority had a 'carer lead role' with a dedicated phone number and email address who unpaid carers could contact if they had any concerns.

Some people told us their preferences had been considered by their social worker when identifying services to support them. For example, 1 person explained how their social worker had found a local placement for them so they could still visit a family member regularly. They confirmed options had been discussed with them during a review and their personal preferences were considered.

By contrast, some unpaid carers told us they felt they were not always consulted on their loved one's assessments, and carer's assessments were not always carried out sensitively. People also told us they often had to repeat their stories when speaking with local authority staff as they did not have a single point of contact which meant they routinely spoke with different staff each time. People also told us that assessments carried out over the phone were commonplace as opposed to face to face. The local authority offered staff flexible working hours so they could undertake face to face assessments out of hours.

National data showed that 56.10% of the people surveyed who lived in Harrow were satisfied with the care and support they received and the England average was 61.21%. 70.13% of people felt they had control over their daily life. The England average was 77.21% (Adult Social Care Survey 2021/2022 ASCS). This data reflected what people told us during our assessment.

In January 2024 the local authority introduced a new integrated neighbourhood social work team structure. The new teams were based in specific neighbourhoods which covered Central, West and East Harrow. Staff in the neighbourhood team worked locally within that neighbourhood. Each neighbourhood team also contained individual specialist sub-teams who worked across the borough.

Staff told us they believed the new structure of the teams was effective and working well. They felt they were able to respond to requests in a timely manner, which allowed them to work closely with the same people as and when they needed. They hoped in time as the new structure took effect, this would also reduce the need for people to repeat their story.

When an initial referral was received by the local authority, this was allocated to a neighbourhood team to undertake the assessment. The referral was triaged using a Red-Amber-Green (RAG) rating system according to risk and priority. This enabled the teams to respond quickly to people identified as being at most risk, whilst lower risk referrals were transferred to a weekly allocation list to be picked up when staff were available to do so. Staff told us that once a referral had been RAG rated at the point of triage, they would only review that priority rating if someone contacted them again to report a change in the person's condition. This meant there was a risk of a delay in carrying out an assessment of a person who had been triaged as at low risk if their health declined further while they waited to be assessed. Senior leaders told us that welfare calls were made on regular intervals to people and their carers who were on low risk. This was to check their well-being and ensure their needs had not changed.

The 'three conversations' assessment model was first introduced and used in Harrow in June 2019. This nationally recognised model, is used by social workers to identify and understand people's care needs, helping them to support people to remain at home wherever possible, replacing the traditional assessment for services approach.

We heard that some social workers found the process of using this model to be time consuming when in some cases a simpler process could enable people to receive the support they needed more quickly. They suggested that conducting the three conversations model over three visits took too long to identify solutions and carers had asked for a simpler process. This had been acknowledged by senior staff who supported the social work teams to take a flexible approach when assessing people's needs, move away from that model where appropriate.

National data showed that 40.26% of surveyed people who lived in Harrow reported they had as much social contact as they desired. The England average was 44.38% (ASCS). People we spoke with did not raise any concerns regarding their level of social contact. One person told us how their current placement was meeting their needs well and that they felt much safer than they had been prior. Their health had improved, they received support to maintain their independence and they no longer experienced social isolation. Warm Hubs were introduced to address social isolation but were so successful they had also been used as citizen's forums to record people's feedback and influence change.

Some people gave us examples of how their experiences of care and support ensured their human rights were respected and protected, they had been involved in decisions and their protected characteristics under the Equality Act 2010 were understood and were incorporated into their care planning. For example, 1 person told us about the options they had discussed during their review and how their personal preferences were taken into account regarding a change in placement.

Interpreter and translation services were readily available to support teams and people when working with people for whom English was not their first language.

There were clear pathways and processes to ensure people's support was planned and co-ordinated across different agencies and services.

All staff undertaking assessments were competent to do so. The specialist teams were utilised by the wider social work staff group for their knowledge. Training and development opportunities were available for staff to support their skills and development. Some frontline staff were being trained to become 'trusted assessors' which would enable them to undertake basic occupational therapy assessments to help reduce occupational assessment waiting times for people. This enabled the occupational therapists to support people with more complex needs.

Timeliness of assessments, care planning and reviews

The local authority's data showed that requests for support were responded to in a median average of 1 day (next day) at the first point of contact over the past year, however the longest actual waiting time over the past year was 258 days. For Care Act (eligibility) assessments to begin if required, the longest actual waiting time over the past year was 76 days (11 weeks) and it was expected that this would be the longest waiting time for people currently waiting. The target timescales to begin work at the first point of contact was 5 days.

A new borough wide planning and reviewing team had been introduced to help tackle a backlog of incomplete annual reviews. The local authority's target was to complete 75% of reviews by the end of March 2024. Annual reviews were scheduled using a traffic light system to understand which reviews were due. Staff told us the approach of having a dedicated reviewing team was working well and had been driven by the desire to improve quality. National data from Short and Long-Term Support (SALT), showed 67.66% of people living in Harrow who had long-term support had been reviewed (planned or unplanned). The England average was 57.14%. Some people we spoke with told us their requests for reviews had been responded to in a timely manner.

Whilst people were waiting for an assessment, they could be provided with information, advice and signposting to relevant services and support from Access Harrow and other voluntary and community organisations. These provided advice and support to people which covered a range of different areas, including housing, finance management and healthy living, as well as connecting people to community activities and groups.

The local authority had a waiting list for mental health reviews which they were seeking to address. We were told there were additional requirements staff needed to do when mental health referrals for assessments were made which were not required for people who did not have mental health needs. This was an inequity in processes, as the additional checks and information requested was not required for people who did not have mental health needs. This made the review process more challenging.

They had reorganised the mental health team after it had been brought back in-house, following the termination of the section 75 agreement of the Care Act 2014. Staff told us the restructure had helped improve workflow, although it was now harder to access information about people's needs held by the NHS. Senior staff were aware of this and were working to address and resolve the issue.

The local authority's expected wait time for care assessments from hospital (new people with no prior care packages) was 7 days. Once people had been discharged from hospital, they could expect to wait approximately seven weeks from the point when the hospital social work team ended their involvement and the start of any post-discharge assessment work carried out by the neighbourhood teams. People could then expect to wait between 3 and 4 weeks for a full care Act assessment to be completed, where needed, following a referral from the social work team. The neighbourhood teams were working to reduce this time.

The local authority told us people would receive a bridging service for 1 week then receive reablement service for up to 6 weeks during this period. A Care Act assessment would be completed if there was a need for long term or if the person's needs could not be met in the community.

One person told us they had experienced a delay in discharge from hospital of approximately 3 weeks in 2023, this was due to their previous placement no longer meeting their needs and their social worker having to find a more suitable placement for them, although they felt the social worker supporting them worked hard to support them to be discharged as quickly as possible.

Assessment and care planning for unpaid carers, child's carers and child carers

The local authority's website contained specific information for unpaid carers, including how to request an assessment. There were also many other routes for people to be identified as carers and to request an assessment, for example through their GP and council staff and voluntary sector organisations, using the Making Every Contact Count (MECC) tool designed to help identify when people needed support through everyday conversations. Young carers were identified by the local authority working in partnership with schools, further and higher education institutions and there were specific young carers support groups.

The local authority recognised the needs of unpaid carers as distinct from a person with care needs. They had clear internal process guides for staff relating to the assessment of carers. Social work staff undertook assessments, support plans and reviews for unpaid carers and a new Borough Partnership Carers Strategy was launched in 2023, to deliver specific objectives to unpaid carers.

Access Harrow screened all referrals made to the local authority with a view to identifying any unpaid carers and offering them a carers assessment. Social workers told us they also asked people about whether they received support from an unpaid carer as a standard part of their standard assessment process. The local authority told us they aimed to ensure at least 75% of carers in receipt of services for more than a year received an annual review, which placed some carers at risk of never receiving a review if they were repeatedly one of the 25% who may not be reviewed during a year. It was not apparent what mechanism was in place to prevent this happening. National data showed that 29.27% of carers in Harrow were satisfied with social services. The England average was 36.27% Survey of Adult Carers in England (SACE).

In February 2024, the local authority identified 44 unpaid carers as having received support as a carer for more than 1 year, who had not had an annual review. Staff told us this had been identified by an audit, which had in turn led to increased staff training. This shortfall was reflected in what we heard from several unpaid carers, who told us they had either not been offered an assessment, or they had had one several years ago but had not had any kind of a review from the local authority since. Most unpaid carers we spoke with had been waiting over 6 months for a review, with the maximum being 5 years. Of those unpaid carers waiting for a review, the local authority said they did not have tracking in place to go back to previous years in order to calculate exactly how long unpaid carers without outstanding reviews had been waiting.

Only 1 unpaid carer we spoke to had a contingency plan in place for their loved one in case something happened to them. None of the unpaid carers we spoke to told of improved health outcomes following their carers assessment.

Staff told us they believed many unpaid carers received support from voluntary groups directly, so had not sought support from the local authority. Some of the carers support groups were commissioned by the local authority to support unpaid carers through a range of services including support to maintain their health, wellbeing and resilience, support with completing forms, access to preventative support and benefits advice.

National data showed that 38.46% of carers in Harrow had access to a support group or someone to talk to in confidence. The England average was 32.37% Survey of Adult Carers in England (SACE).

The local authority told us they now wrote to people's carers who were known to them as unpaid carers, twice a year; to check their whether needs were still being met. Local authority leaders said they were aware of the need to improve their support for unpaid carers in Harrow. The local authority was addressing this in several ways, including reviewing the assessment process for unpaid carers, and learning and acting on intelligence identified in case file audits.

Help for people to meet their non-eligible care and support needs

There were multiple points of entry for people to access care and support, which was triaged through Access Harrow. Once people were screened and deemed to have non-eligible care and support needs, they were given advice and information for community resources, where appropriate.

The local authority had a 'determining eligibility' process in place in line with the Care Act 2014, Care and Support Statutory Guidance. If people were dissatisfied with decisions made, there was a clear adult social care complaints procedure available for them to follow.

Eligibility decisions for care and support

Voluntary and community groups told us people sometimes felt that reviews of their care were used as an opportunity to reduce the amount spent on their support. One unpaid carer with multiple caring roles told us they had a review where they were told the purpose was to reduce their personal budget. They said respite care had been reduced and they had to raise a complaint with the local authority to eventually have this reinstated. We were not clear if the local authority had any understanding of their decisions in relation to people's ethnicity. We did not see if the local authority held information to show where people may be at risk of having inequity in access.

The local authority told us the role of the panel was to ensure that professional practice complied with their statutory obligations and ensure delivery of the most appropriate, personalised outcomes for the person and the carer. The social worker worked closely with the person and unpaid carer to explore and agree the most viable and appropriate options, which was the presented at panel. Any challenges on decisions made were reviewed with the person and unpaid carer.

Concerns were raised by people about the funding panel. People were not always confident their views would be heard by the panel. They expressed that they believed they should be involved in it themselves, given the impact the decisions could have on them. They described barriers to seeing the assessments that panel reviewed and felt they were excluded from the process in some cases. Local authority staff said this was something that has been escalated before and staff had been reminded to always share assessments with people and unpaid carers before a panel presentation.

We were told by an unpaid carer that when they were struggling with providing care, there was not always funding available to increase package of care. National data showed that 60.71% of survey respondents who receiving support from the local authority in Harrow did not buy any additional care, or support privately or pay more to 'top up' their care and support. The England average was 64.63% - Adult Social Care Survey (ASCS), for England.

Financial assessment and charging policy for care and support

The local authority told us they did not monitor the length of time people waited for their financial assessments to be carried out and that they were not aware of any local or national target timescales relating to their completion.

Between 28 September 2023 and 30 January 2024, the local authority received 28 appeals from people against their assessed contribution, 9 of which resulted in a reduced contribution. People's grounds for appeal covered a range of themes, including the person requesting more support than offered to meet the identified need, the cost of care to the person arising from the outcome of financial assessment contribution, the person disagreeing with the type of service offered i.e. care home, extra care support and the person disagreeing with the reduction of care provision where an assessment has deemed this appropriate.

We spoke with one person who said they had submitted everything that had been requested by the local authority for a financial assessment, but it seemed to be taking a long time and they were now worried about the delay.

A community group who supported people with issues including support with benefits and debts highlighted the amount of people in financial difficulty due to delays in completion of financial assessments. For example, where people had started to receive care before the financial assessment was completed, and subsequently found it to be unaffordable. Some people had received correspondence relating to their financial assessments without contact information in case of queries or concerns. Senior staff confirmed they were aware of the error were addressing the issue.

Provision of independent advocacy

Timely, independent advocacy support was available to help people participate fully in their care assessments and care planning processes. An advocate can help a person express their needs and wishes and weigh up and make decisions about the options available to them. They could help them find services, make sure correct procedures are followed and challenge decisions made by local authorities or other organisations. A commissioned statutory advocacy support service had been provided by Community Connex across the borough since 2015. In 2023, they had carried out an engagement exercise with over 100 social workers to promote their service and increase understanding of their role. The service subsequently saw an increase in referrals, leading to more people receiving support from an advocate in the borough.

Local authority staff gave positive feedback about the advocacy service. They told us it was easy to access, and they recognised the importance of advocacy when dealing with complex family dynamics.

Supporting people to live healthier lives

Score: 2

2 - Evidence shows some shortfalls

What people expect

I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

I am supported to plan ahead for important changes in my life that I can anticipate.

The local authority commitment

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

Key findings for this quality statement

Arrangements to prevent, delay or reduce needs for care and support

The local authority worked with people, partners and the local community to make available a range of services which promote independence, and prevented, delayed or reduced their need for support.

Harrow Council had a clear focus on moving towards an early intervention and prevention model. This was a key principle of the Adult Social Care Strategy (2020-2023). While the document was due to be reviewed, the local authority had plans to refresh the strategy which would be finalised further to the CQC local authority assessment.

Leaders recognised the value of an early intervention model which improved outcomes for people. The local authority had carried out a Falls Needs Assessment in 2023 which identified a series of recommendations for improving falls prevention in the Borough. They were in the process of implementing these at the time of our assessment with a strength and balance service being commissioned for 2024/25, the creation of a falls working group, updating the falls pathway and improving links between partner agencies.

There was a plan in place to support people to maintain a healthy level of physical activity as part of their strategy to help prevent the development of conditions such as diabetes, cardiovascular disease and cancer. These plans included the promotion of healthy walks (including themed walks for particular cohorts), commissioning a cycle route and cycle leader training, and identifying and utilising council and partner facilities to be used for instructor led classes. Housing staff were in the process of reviewing the Borough's housing stock to ensure this was fit for purpose.

National data showed that 78.59% of people from Harrow who had received short term support no longer requiring ongoing support. The England average was 77.55% (ASCS). This indicated that preventative services in the local authority had a positive impact on well-being outcomes for people. The local authority had commissioned a hospital bridging service to provide people with up to 7 days of support in their homes at short notice, to speed up hospital discharges. The borough also had a range of short-term step-down services which people could be discharged to, whilst adaptations/work was carried out on their homes to make them safe.

National data showed that 63.31% of survey respondents living in Harrow believed the help and support they received helped them think and feel better about themselves. The England national average was 62.32% (ASCS).

A consortium of voluntary and community organisations met weekly to discuss seasonal issues and hear from people about issues that were affecting the local community. The group also had a role in local supporting local prevention work which included providing people with public health information.

National data showed that 83.87% of Harrow carers responding to the survey had found the information and advice available to them helpful. The England national average was 84.47% (SACE).

Public Health leaders told us social housing stock had the potential to impact negatively on people's health. To address this, they had created a damp and mould working group which included NHS colleagues. We heard that they were prioritising health checks for the Asian population. More residents with diabetes were identified in Harrow, due to Harrow having one of the highest rates of Gujarati heritage and Sri Lankan Tamil population in the UK. Biological differences put Asian people at higher risk of developing diabetes than non-Asian people. Public Health was leading on initiatives with GPs and health professionals to create wider awareness amongst the undiagnosed. Public Health were also working with pharmacists around support to people with hypertension.

Provision and impact of intermediate care and reablement services

The local authority worked with partners to deliver intermediate care and reablement services to enable people to return to their optimal independence. One person told us their current placement met their needs well and they felt much safer than they had been prior to their most recent hospital admission. Their health had improved, they received support to maintain their independence and they no longer experienced social isolation.

We heard from some people however that reablement services team had not improved their independence, reduced or delayed their further health and social care needs and there were concerns that poor communication between partners were leading to safeguarding concerns.

National data showed that 8.19% of survey respondents living in Harrow aged over 65 received reablement/rehabilitation services after discharge from hospital. The England average was 2.91%. The percentage of survey respondents living in Harrow over 65 (83.87%) who were still at home who were still at home 91 days after discharge from hospital into reablement/rehab against the England average of 82.18% - The Adult Social Care Outcomes Framework (ASCOF).

Local authority staff told us there had been issues with the jointly commissioned community equipment service. This had led to some delays in discharging people home from hospital while they waited for occupational therapy equipment to be delivered. The leadership team were aware of the issues, which had affected much of Greater London, and that work was underway to address the current shortfall.

The local authority was working to better understand people's risk factors in relation to what people's long term care needs might be after they were discharged from hospital. They were considering the impact of geography, housing type and household type. For example, commissioning housing related support services accommodation in partnership with housing.

The local authority told us they were investing £1.3m in supporting discharges for the most complex people, focusing on those with dementia and delirium. Also, they would be testing a new approach of intensive home care support for a 6-week period, as an alternative to residential care, in order to undertake a home-based assessment to inform the best onward pathway for people.'

The Mental Health Enablement Service provided services that were deemed as non-statutory. The service worked with people for a time limited period (12 weeks) to provide one to one personalised support to achieve goals focused on improving their mental health.

Access to equipment and home adaptations

People could access equipment and minor home adaptations to maintain their independence and continue living in their own homes. They were assessed for equipment by a trained professional. On 31 March 2024, 150 people were waiting for an occupational therapy assessment to provide equipment out of 742 waiting for occupational therapy assessment.

Over 12 months to 31 March 2024, 291 occupational therapy assessments were completed relating to equipment. The maximum waiting time recorded was 354 days, however the local authority said this was from an end-to-end process which may have involved multiple occupational therapy reviews and equipment deliveries. The local authority had commissioned support from agency staff to help reduce the waiting time and longer term they were planning for social workers to be trained as Trusted Assessors. The trusted assessors would be able to assess for more basic equipment needed and the occupational therapist would undertake the more complex assessments. This would aid in reducing the waiting lists.

Provision of accessible information and advice

We received mixed feedback about how easy people including unpaid carers found it to access information and advice on their rights under the Care Act, or the types of support that were available to them. The local authority's website lacked features to help ensure information was consistently available to people in accessible formats that met their needs. For example, some information was presented on the website in PDF forms that could not be read out on a screen reader, and other sections had poor colour contrast, potentially creating challenges for any visually impaired people wishing to read them.

Local authority staff had access to a directory of local services. Through this platform they were able to have a consistent approach to signposting people the voluntary and community sector services in harrow. They also had access to a translation service, and information about accessibility support so they could provide information which was meaningful to more of the local population.

There were a wide range of support services available to unpaid carers in Harrow which were used to engage with people whose voices are seldom heard, such as the development of a network of 140 carers champions which included representatives from local community groups, such as Gujarati and Romanian. There were also champions in voluntary community organisations to reach diverse communities within Harrow to support them to access information and advice.

The local authority had also looked at the risk of digital exclusion resulting in an expansion of the support offered to people through the Conversation Café to include IT access and support. Many of the local carer support services, such as Harrow Carers, were community led. The local authority also commissioned support for carers, for example respite support. Systems were in place to signpost people with non-eligible care needs to local support services which included a floating support service and access to community organisations such as Young Harrow or Citizens Advice Bureau.

One person visiting the Conversation Café told us they been attending on a weekly basis since October 2023. They had family members with care needs and explained that prior to attending the café they were not getting support they needed. It was not until they came to the café, at which point they received the support they felt they needed.

The local authority's methods for engaging and sharing information with people did not always reflect the methods people told us they'd like to be able to use. For example, before it was closed, some people had liked being able to visit the local authority civic centre, where they could speak with local authority staff directly. They told us this closure had created difficulties for them in being able to access support and advice.

The local authority had introduced the Conversation Cafe to enable people to speak with staff directly, but people did not always know the location of the Café or how they could access it. Where people had visited the Café for support, they told us it worked well. One person spoke positively about they support they had been given by staff who had attended the Café, to find permanent accommodation. The Conversation Café was advertised in a community magazine and in leaflets placed in local libraries, GPs and the Citizen's Advice Bureau to help raise awareness of the service across the borough.

Local charity organisations were available to support people with certain protected characteristics including people with different cultural backgrounds. We spoke with a charity group who supported people from the local Romanian community with their care assessments when needed. They told us their staff regularly had to follow up referrals that had been made to the local authority for the people they supported, and that without their intervention, language was sometimes a barrier for people accessing the information and support that they need.

National data showed 59.59% of survey respondents who use services in Harrow found it easy to find information about support. The England average was 66.26% (ASCS).

Some unpaid carers told us the information they needed was not always provided in an accessible format that met their needs. We heard communication barriers could be an issue, with their care plans and letters from the local authority being in English despite them having needed support from translators to participate in the assessment process. Other feedback was more positive. One unpaid carer confirmed they'd received information about the sheltered accommodation placement that had been found for them and the support they would be receiving in a format that met their needs. National data showed that 51.52% of carers responding to the survey and living in Harrow found it easy to access information. The England average was 57.83% (SACE).

National data showed 40% of carers living in Harrow were not in paid employment because of caring responsibilities, in comparison to the England average of 28.14% (SACE). However, we were told about an example where support was put in place to find employment which benefited the whole family.

Local authority staff told us they planned to open a second Conversation Café in May 2024. This was specifically aimed at providing support for unpaid carers, giving them the opportunity to meet with representatives from adult social care and Harrow Carers to access information, advice and support.

Direct payments

National data showed 23.63% of eligible people in Harrow had chosen to take a direct payment. The England average was 26.22%. Most of the people we spoke with were unaware that direct payments were an option available to them, despite the local authority staff telling us they discussed the option of a direct payment with everyone when planning their support. Further improvement was needed to raise awareness in this area.

People who received direct payments, described positive outcomes from using them. For example, one person was pleased to be able to use their direct payment to have support to attend their place of worship.

The local authority used an online platform which was a directory of services, for people to access, to see all services available to them in Harrow. This gave people many options of what was accessible, including being able to explore creative ways direct payments could be used.

People's direct payments were reviewed annually, or earlier if their needs or circumstances changed. In the 12 months up to 31 January 2024, 19 people had ended their direct payment but continued to receive ongoing support by the local authority for their assessed needs, through residential care, day care and home care services.

Equity in experience and outcomes

Score: 3

3 - Evidence shows a good standard

What people expect

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals

The local authority commitment

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

The local authority had a good understanding of its changing local population profile and demographics and were aware of challenges in reaching all communities. Leaders told us Harrow was a very diverse and ever-changing community which included the largest proportion of Romanian people in London and the UK (with settled status). The Annual Director of Public Health Report (2022-23) focused on inequalities in health and wellbeing and highlighted that people with at least 285 different ethnic groups, were reported as living in the borough at the time of the 2021 Census. This included the Asian community (as defined by the Census) which accounted for 45.2% of the population as well as 14892 Romanian residents (5.7% of population).

The local authority were aware of how people's protected characteristics impacted on their experience of health and wellbeing, and in the inequalities they faced. The local authority's strategy and actions for improving health and wellbeing for the whole population, centred around 3 high level priorities for 2023-24, which were to reduce health inequalities, to design and deliver integrated services in partnership with local communities, and to deliver transformational change in care pathways.

A partner organisation confirmed that the local authority were aware that the local community was diverse and included smaller seldom heard groups. They recognised potential barriers to engagement and were trying to connect with these groups.

The local authority's corporate Equality, Diversity, and Inclusion Board received monthly reports relating to equality, diversity and inclusion (EDI). This included information about the local authority's race equality action plan and the progress of equality impact assessments. We could see one of the key priorities from the race equality action plan was to 'change the organisation's culture and behaviour through leadership, training and development. There had been a small increase (0.4%) of staff across all directorates that had undertaken mandatory EDI and anti-racism training. However, there was no separate data for adult social care staff. There was no data on the percentage of adult social care staff by ethnicity, who were participating in any talent management programmes.

The local authority proactively engaged with people and groups identified as experiencing inequalities, to better understand and address the specific risks and issues experienced by them. For example, they had worked with a group of young black men with mental health needs which had led to the development of 'Finding Rhythms'; a 12-week course designed to help people understand their conditions through music and rap. The group had made a 12-track album and had been able to talk about things through this medium. This resulted in fewer crisis points and self-destructive behaviour.

Local authority staff involved in carrying out Care Act duties had a good understanding of diversity within the area and how to engage appropriately. Staff gave us multiple examples of working with harder to reach communities and overcoming challenges in supporting people from diverse backgrounds. These included staff sharing knowledge of their own backgrounds or language to support their colleagues to reach people. They also described working with community groups and having resources available such as the Asian Women's Resource Centre. They said sometimes there might be a reluctance from people to use these resources and where that was the case, they described good social work practice working with people and families to overcome barriers.

We heard employment for people with disabilities was a priority for the local authority and initiatives were being put in place encourage and support people find work. This was reflected in what staff told us about the lack of education, training and employment opportunities for people with learning disabilities within the borough.

Local authority had due regard to its Public Sector Equality Duty (Equality Act 2010) in the way it delivered its care Act functions, they were aware people were at risk of having unmet needs or poor outcomes because of protected characteristics.

Partners in the voluntary sector felt constraints on local authority resources to support diverse communities had an impact on what could be provided which led to some work being “patchy” and not always embedded. Some departments within the local authority worked better with the voluntary sector than others.

Inclusion and accessibility arrangements

A new 'on demand' translation service had been commissioned by the local authority. This supported the front-line staff with engaging effectively with people. Staff told us interpreters were arranged in advance for assessments where needed. Advocacy services were used in hospital discharges when it was appropriate to do so whilst assessing people's needs.

Staff were able to access translators via a video conference when meeting people in the community. This service was not always used for assessments or reviews in care homes. If a translator was needed, sometimes a member of staff from the care home carried out the role if the person involved was comfortable with them. Whilst this enabled the resident to be involved in the assessment this was not good practice as it meant the translator would not be independent.

The local authority had identified they needed to engage community groups and identify ways to safeguard harder to reach communities. Plans were underway for these groups to be better represented on the Safeguarding Partnership Board, so they were more visible to others and able to contribute to learning around safeguarding. The transitions team spoke about working with harder to reach communities and the different approaches they used, such as staging visits over a long period of time, extensive family work or adapting to an initial virtual meeting to gain access to families in communities where they may be a suspicion of social workers. They told us this was making a positive impact on the people they worked with as it meant better engagement with them.

One staff member told us they felt the council needed to do more to embed easy read documents across all aspects of their work for adults with learning disabilities and autistic people, as this was not always readily available for people where needed.

A partner organisation told us that access to the local authority was heavily reliant on online information, which may not be accessible to everyone. Feedback from communities highlighted difficulties in accessing information about available services. For example, the people told us local authority's decision to close their 'front door' building had led to difficulties in accessing support and advice for an ageing population less used to using technology. The local authority told us they recognised that people in Harrow may not be able to make the shift to digital channels for a number of reasons. Two customer access points at other locations had already been opened. These locations were within the boundaries of the town centre so easily accessible with multiple transport links.

The Conversation Cafes had plans to support people who faced digital exclusion through introducing computers to the café and there were further plans to introduce a bus in addition to a mobile cafe van to reach more people.

The conversation cafe could provide information in accessible formats on request and 2 members of the community who attended the cafe spoke 10 languages between them were on hand to support with translation, if needed.

A charity organisation was selected from the Healthy Harrow partnership to provide mental health and wellbeing volunteer champions. They trained and supported 50 volunteers to work in the local community to initiate mental health conversations but then also know where and how to sign post a person to receive help.

A culture of dignity and respect had been embedded through the introduction of the new Equality, Diversity and Inclusion (EDI) strategy and training throughout the workforce.

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

We may not always review all quality statements during every assessment.

Care provision, integration and continuity

Score 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

The local authority commitment

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Key findings for this quality statement

Understanding local needs for care and support

The local authority had a Joint Strategic Needs Assessment which was an ongoing process by which local authorities, integrated care boards and other public sector partners describe the current and future health, inequalities affecting people and wellbeing needs of its local population and identify priorities for action process.

The draft Integrated Commissioning for Better Outcomes Strategy Action plan 2024- 2027 had number of overarching priorities for better outcomes for people in relation to specific groups including learning disabilities, transitioning to adulthood, mental health, increasing of market oversight to meet diverse needs, developing co-production, improving understanding of inequalities in the area and the improvement of the offer to working adults and older people.

In Harrow, people had access to a diverse range of local support options that were safe, effective, and good quality to meet their care and support needs. The strategic team worked closely with public health and business intelligence to understand the needs of the population.

National data showed that 68.56% of survey respondents living in Harrow and who used services felt they had a choice over services. The England average was 69.81% (ASCS). The local authority's Market Position Statement dated May 2023 told us the population of Harrow had increased by 9% over the last decade and continued to grow, particularly in regard to the aging population, with people living longer with more complex needs. A key objective of Harrow was to support children and adults to live independently in their local community, supported by local agencies and community teams.

The local authority's Market Sustainability and Improvement plan demonstrated they were aware of capacity gaps in the market. These were for suitable local placements in nursing, residential and nursing dementia, specific cultural needs and suitable provision for those with complex needs. An extra-care housing scheme was under construction, comprising of 60 additional beds which would reduce the need for out of area placements. Harrow were also working with 2 neighbouring local authorities on a supported living accreditation scheme to promote a consistent level of quality, for which the pilot had been completed.

Co-production was used to help develop the local service offer across the sector. For example, the Harrow Joint Commissioning Strategy for People with a Learning Disability and Autistic People had been developed with the involvement of people, their families and local health partners. They had helped to identify five key priorities based on what they felt were most important. Current work included developing supported accommodation, and local training and employment offers for people.

The commissioning team had held events for care providers to discuss the local care offer and to offer support to increase the range of locally available services.

Commissioning strategies included the provision of suitable, local housing with support options for adults with care and support needs and work with housing was ongoing. However, there was currently a lack of suitable housing for emergency placements, for example to facilitate discharge for homeless people who presented at hospital and needed short term care support with their mental health, rather than an acute admission.

The Carers Strategy 2023-2026 recognised the value of unpaid carers in Harrow. Services were in place to support unpaid carers including young carers in Harrow. These included education support, mental health, financial support, caring qualifications, access to information via 'carer champions' and access to the conversation cafes.

However, some unpaid carers told us there were few supportive services available to them, and particularly noted a shortage of respite services. The local authority told us in 2022/23, 23% of unpaid carers in Harrow had some form of respite. The national data survey results (SACE) for short notice/ emergency breaks, breaks for 1-24 hours and for over 24 hours showed 12.5% of carers surveyed accessed support or services which allowed them to take a break from caring at short notice or in an emergency. The England average was 10.76%. In addition, 24.41% of carers surveyed accessed support or services which allowed them to take a break from caring for over 24 hours. The England average was 13.56%. Whilst 23.40% of carers who accessed support or services which allowed them to take a break from caring for 1-24hrs. The England average was 20.08% (SACE).

All the unpaid carers we spoke with praised the support they received from local carers support organisations. The local authority told us they wrote to carers registered on their internal data system twice a year with contact details if they needed support and to check their needs were met.

Care was commissioned in line with recognised good practice. Commissioning staff supported new approaches to developing care provision, where this led to better outcomes for people. For example, commissioners had carried out a redesign of mental health pathways with the involvement of people with lived experience, which they said offered greater flexibility to meet people's needs.

Market shaping and commissioning to meet local needs

The local authority's Market Sustainability and Improvement plan demonstrated they were aware of capacity gaps in the market. These were for suitable local placements in nursing, residential and nursing dementia, specific cultural needs and suitable provision for those with complex needs. An extra-care housing scheme was under construction, comprising of 60 additional beds which would reduce the need for out of area placements. Harrow were also working with 2 neighbouring local authorities on a supported living accreditation scheme to promote a consistent level of quality, for which the pilot had been completed.

Co-production was used to help develop the local service offer across the sector. For example, the Harrow Joint Commissioning Strategy for People with a Learning Disability and Autistic People had been developed with the involvement of people, their families and local health partners. They had helped to identify five key priorities based on what they felt were most important. Current work included developing supported accommodation, and local training and employment offers for people.

The commissioning team had held events for care providers to discuss the local care offer and to offer support to increase the range of locally available services.

Commissioning strategies included the provision of suitable, local housing with support options for adults with care and support needs and work with housing was ongoing. However, there was currently a lack of suitable housing for emergency placements, for example to facilitate discharge for homeless people who presented at hospital and needed short term care support with their mental health, rather than an acute admission.

The Carers Strategy 2023-2026 recognised the value of unpaid carers in Harrow. Services were in place to support unpaid carers including young carers in Harrow. These included education support, mental health, financial support, caring qualifications, access to information via 'carer champions' and access to the conversation cafes.

However, some unpaid carers told us there were few supportive services available to them, and particularly noted a shortage of respite services. The local authority told us in 2022/23, 23% of unpaid carers in Harrow had some form of respite. The national data survey results (SACE) for short notice/ emergency breaks, breaks for 1-24 hours and for over 24 hours showed 12.5% of carers surveyed accessed support or services which allowed them to take a break from caring at short notice or in an emergency. The England average was 10.76%. In addition, 24.41% of carers surveyed accessed support or services which allowed them to take a break from caring for over 24 hours. The England average was 13.56%. Whilst 23.40% of carers who accessed support or services which allowed them to take a break from caring for 1-24hrs. The England average was 20.08% (SACE).

All the unpaid carers we spoke with praised the support they received from local carers support organisations. The local authority told us they wrote to carers registered on their internal data system twice a year with contact details if they needed support and to check their needs were met.

Care was commissioned in line with recognised good practice. Commissioning staff supported new approaches to developing care provision, where this led to better outcomes for people. For example, commissioners had carried out a redesign of mental health pathways with the involvement of people with lived experience, which they said offered greater flexibility to meet people's needs.

Ensuring sufficient capacity in local services to meet demand

Staff told us there were some limits to commissioning, with some more complex cases requiring out of borough placement. However, they said usually they had care providers they could approach to accommodate people.

The social work team told us they would be overseeing placements at a new extra care facility, and they hoped this would free up some beds in nursing and residential care settings.

There had been difficulties with the new occupational therapy equipment ordering system leading to delayed hospital discharges. The local authority was working with providers to develop a wider range of services locally as part of the programme to bring people placed out of the borough back. Frontline teams were in the process of reviewing all out of borough learning disability placements to look at returning people to placements where appropriate in Harrow and in accordance with people's wishes.

As of 31 January 2024, the local authority data, 354 people were placed out of area. Of these 116 were receiving nursing care, 153 were receiving residential care and 85 were receiving a supported living service. Reasons included, the individual's personal preference, a request from the person to relocate closer to family members residing in another borough and insufficient care provision within the current market to meet the individual's specific needs, such as culturally appropriate homes or specialised placements like bariatric and brain injury. Most out of borough placements were found in neighbouring boroughs.

Within mental health, the team were working with providers to develop a wider range of services locally as part of the programme to bring people placed out of the borough back. The decommissioning of the Mental Health Section 75 agreement in 2023 had given the local authority an opportunity to find out more about the local market. A Section 75 agreement allows a local authority to commission health services and NHS commissioners to commission social care. The local authority had commissioned a centre for autism and *attention deficit* hyperactivity disorder (ADHD) had been commissioned to support people in the community as part of the mental health pathway.

The local authority told us there were no delays for homecare, supported living or residential or nursing care due to capacity. We were not informed of any hospital discharge delays due to lack of service availability or. Any delays were due to the provision of community equipment.

Ensuring quality of local services

The local authority monitored the quality and impact of services being commissioned, supported improvements where needed and they worked in partnership with other stakeholders including health partners.

At the time of our assessment, the Quality and Assurance team worked with 55 care homes, 54 supported living provisions and 70 homecare providers. Where people were placed beyond Harrow, the process for monitoring out of borough providers relied heavily on feedback from host local authorities regarding the quality of these services, except in exceptional circumstances when they would visit themselves.

Services registered in the London Borough of Harrow to provide CQC Regulated Activity had been rated at the time of our assessment had 4.76% and 85.71% residential homes rated as outstanding and good respectively. The nursing homes had 7.69% rated outstanding and 84.62% rated good. Supported living was rated 78.95% good and 5.26% rated requires improvement. 1.28% of homecare services had an inadequate rating, with 8.97% rated requires improvement and 69.23% of homecare services were rated good.

The local authority had not placed any embargoes on the services they commissioned with during the previous 12 months.

A team told us how they had close working relationships with each other teams, with whom they communicated regularly to share up to date information about the services they monitored. Staff told us the local authority did not always involve people's views in their assessment of the quality of a service. For example, their quality assurance assessments of domiciliary care providers focused on reviewing records and speaking with staff but did not include any feedback from people using the service. They told us people's views were sought by the review team during their annual reviews instead, but it was not clear how this fed into the work the quality assurance team carried out.

The local authority aimed to undertake an annual quality monitoring visit for each service. We were told by the local authority that if a provider was rated good by CQC and there had been no negative feedback shared with the council, they may not have had a visit from the local authority in up to 5 years. Staff arranged focused visits in response to issues or concerns they were alerted to, for example from the safeguarding team or complaints raised. They could not tell us what proportion of their workload was responsive rather than planned to quality assurance activity, but they indicated that a significant proportion was responsive.

This was in contrast with feedback from a community group who told us that they did not always feel concerns about care providers were acted upon robustly. One person said they raised a complaint about funded care, and they were directed to the provider with no input from Harrow. They said they did not feel this was a helpful response.

The quality assurance team held regular provider forums to share information and any learning/best practice. They also invited external speakers to forums to share advice on key areas. For example, representatives from the Home Office had attended a recent domiciliary care forum to talk about visa requirements and Skills for Care were due to attend an upcoming forum to talk about workforce training.

Ensuring local services are sustainable

The local authority collaborated with care providers to ensure that the cost of care was transparent and fair. They had not had any contracts handed back relating to care homes, home care or supported living during the previous 12 months and we were not made aware of any providers who had left the market in the last 12 months.

There were 13 residential homes and 11 registered nursing homes in Harrow. The occupancy rate was of 93% and 82% respectively, with some of the vacant beds being used for respite. Most care homes in Harrow were occupied by self-funders. Harrow had a wide spread of placements across about 110 different providers, in and out of Harrow.

Most placements for bedded care, supported living and home care were commissioned as spot placements. The local authority told us they used eight providers to place ten or more people but were looking to increase its proportion of block beds for consistency. The new commissioning structure continued to support providers to maintain a high standard of service provision.

The local authority was aware that recruitment, retention, and development were essential to increase capacity and to respond to demand. The national shortage of experienced social care staff remained a challenge. Harrow were supporting national recruitment campaigns, attending jobs/career fairs, and undertaking local recruitment activities to target demographic groups and shortage occupations and roles. International recruitment is also underway.

The local authority acknowledged there was a lack of provision for people living with dementia or those with more complex needs and dual diagnosis. There were also challenges in brokering culturally specific provision at an affordable price. Providers had told the local authority they had issues providing services which meet the ethnic, cultural, and high needs and for people living with dementia.

The local authority understood its current and future social care workforce needs. It worked with care providers, including personal assistants and other agencies, to maintain and support capacity and capability.

The local authority ensured registered the providers operated a robust safe recruitment and retention processes ensuring sufficient suitable qualified, competent, skilled and experienced staff, and carrying out relevant checks. The local authority told us the training records of staff were checked to ensure staff were trained to meet the needs of the people using the service. Harrow confirmed that their procurement and contract management documents stated their requirements regarding modern slavery and the national living wage.

All registered providers were invited to the quarterly provider forums, which were chaired by a Commissioning Manager and a Provider representative. The forum discussed a range of topics such as staff retention and international recruitment.

National data showed that 49.65% of ASC staff in Harrow had started working towards the care certificate, had partially completed, or had completed it across all jobs, in all sectors (Skills for Care Workforce Estimates). The England average was 53.72%.

The local authority had a good working relationship with providers. They invested in free training and upskilling of care staff. This included working in partnership with the NHS who delivered training to providers on challenging behaviours in dementia and managing frailty. Nevertheless, the challenge with staff turnover including registered managers and deputy managers was ongoing. Some providers were using the Health and Care worker Visa scheme to address their recruitment challenges and further recruitment support was offered by the council and use of local job fairs.

There was no guarantee to homecare providers of new care packages and the local authority recognised the need to address homecare through a new procurement exercise. 52% of care staff in Harrow were on zero-hour contracts and the local authority did not pay London Minimum wage. Provision from council cost of care grant was used to uplift many placements to support sustaining the market.

Partnerships and communities

Score: 3

3 - Evidence shows a good standard

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

The local authority commitment

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

The local authority had strong relationships with health, voluntary and community partners. They worked collaboratively to agree and align strategic priorities, plans and responsibilities for people in Harrow. The interim Director of Adult Social Services told us they worked closely with Public Health and there were further opportunities to integrate with public health and NHS which they were exploring.

There had been recent changes in the senior leadership in Harrow. However, leaders told us good partnership working had been maintained throughout and they were continuing to build on these. Health partners said there was good strategic engagement between voluntary and community organisations and the local authority.

The Harrow Borough Based Partnership Plan and the North-West London ICS 3-year Borough Based Partnership plan were examples of how the local authority was actively working towards integrating care and support with partner agencies. An example of this in practice was the development of the integrated neighbourhood teams. This was an integrated model with NHS services which aligned boundaries to GP registration, so health and care was aligned around the same defined population. The Harrow Carers Strategy 2023-2026, also aimed to identify and support unpaid carers through joint working arrangements such as carers centres, information services, care clinics, carers groups and training/education programmes. Whilst the local authority continued to support unpaid carers, the strategy had measures to monitor future progress and targets against.

The local authority's Learning Disability and Autism Strategy Outcomes Framework had a key outcome to ensure all staff had a good understanding of Learning Disabilities and Autism and the skills to support people. This was led by the Harrow Council Leadership and Learning Team, the Borough Based Partnership Workforce and Organisational Development Workstream and the Northwest London Health and Social Care Academy.

The local authority's commissioners worked closely with commissioners from neighbouring boroughs to help ensure they took a consistent approach to working with local providers. This helped ensure expectations about service quality were consistent. This had led to the development of a new provider quality framework which was due to be rolled out across north-west London in the summer (2024).

Public Health leaders told us they felt partnerships worked well, citing an example where they had worked as a system to identify key issues such as frailty or falls prevention, to understand the difficulties people experienced and what how best to support them.

The local authority had integrated aspects of care and support functions with partner agencies where this was best practice and there was evidence that it would result in improved outcomes for people. An advocacy service reflected on a positive relationship with the local authority. They told us the local authority were open to challenges and were receptive to proposed changes. For example, where a safeguarding meeting had been arranged with an advocate but not the person they were supporting, this was fed back to the local authority who acted to avoid a repeat of this situation.

A team described improved communication and information sharing between health and social care teams and increase in joint working, including joint visits when required and attending weekly multi-disciplinary team meetings which focused on ensuring a joined-up approach was taken to the provision of support to the most vulnerable people in the Borough.

Another team talked about good working relationships with colleagues in health and an appreciation that both have their own challenges. They noted their challenges around health funding, in particular continuing healthcare. They felt there was no joint funding anymore, apart from Section 117 of the Mental Health Act 1983. This is the support given to people who have been kept in hospital under the Mental Health Act. The services provided under section 117 meet a need that arises from or relates to a person's mental health difficulties and reduces the risk of the mental condition getting worse and having to go back to hospital.

The local authority had a clear understanding of key stakeholders for mental health care and support and staff were committed to sustaining positive working relationships. For example, joint working between brokerage, community mental health colleagues and the specialist hoarding team had led to reduced waiting times and improved outcomes on people's lives.

Arrangements to support effective partnership working

When the local authority worked in partnership, there were arrangements for governance, accountability, monitoring, quality assurance and information sharing. Staff were clear about their roles and responsibilities.

We were told the local authority had good relationships across the integrated care system. The Better Care Fund (BCF) was an example of how the local authority used opportunities to pool budgets and jointly fund services with partners to achieve better outcomes. However, the local authority said the value of social care and the pressures of adult social care remained under, needed better recognition by the NHS.

Key priorities were identified which included the implementation of the Integrated Intermediate Pathway and the implementation of the Frailty Model. The local authority planned to use BCF funding to improve hospital discharges, extend reablement services, fund step-down beds and support unpaid carers aligned with appropriate use of the Disabled Facilities Grant (for housing and adaptations/assistive technology). The Managing Director (MD) of Harrow local authority was also the Lead Chief Executive Officer (CEO) across Northwest London. We were told of efforts to use the BCF in a co-ordinated way with the 8 North West London boroughs as they all had placed based autonomy. A review of the BCF was due to take place which meant there was a risk regarding funding for adult social care.

The local authority told us the transformation programme had been co-designed through extensive engagement with a wide range of stakeholders. The local authority then said communication was circulated to stakeholders providing regular updates and developments in changes and work progress. Providers told us they were not all aware of the recent local authority transformation programme or how to contact some teams. Some voluntary sector groups said the turnover rate of local authority staff in Harrow impacted on their ability to build strong working relationships within the local authority.

Impact of partnership working

The local authority monitored and evaluated the impact of its partnership working on the costs of social care and the outcomes for people.

A health and social care partner said they had a positive relationship with the local authority, but limited funding had sometimes impacted on their role.

The local authority used formal surveys to gather the views of people who used services. They also received feedback through co-production projects. This informed ongoing development and continuous improvement of services.

Working with voluntary and charity sector groups

The local authority said they had a strong strategic relationship with voluntary, community, and faith groups which enabled a co-productive approach to policies and changes through the Harrow Community Partnership Forum. In contrast we received mixed feedback from with voluntary and charity organisations about how well the local authority worked collaboratively.

One group said there were missed opportunities for intelligence sharing between services to collate a holistic view. For example, the local authority had introduced an initiative of community champions to gather people's views where they had similar roles in their organisation. The champions were targeting different groups, but intelligence was not shared or corroborated to gather a full understanding the needs of the community which could inform commissioning of services.

Another voluntary group told us their members sat on many local authority boards such as the safeguarding board, homeless prevention board, and advice board. This allowed them to gather firsthand information, to tell the local authority what was happening in the local communities.

The local authority had a standard operating procedure for co-production which had co-production values. This included 'listening and learning from our residents, unpaid carers and co-production own partners experiences.' Some voluntary groups told us that while the local authority had policies relating to co-production and co-design, they did not feel this was happening in practice.

The MD was proud of the work Harrow did with the voluntary and community sector but confirmed Harrow had removed some grants in 2017 and as part of this had worked with the Voluntary and Community sector organisations to support them to access other funding streams which local authorities were not able to access. This approach was supported through a consortium who focused on working to strengthen the voluntary and community sector by providing opportunities for Harrow organisations to both work in partnership when tendering for contracts or seeking to secure funding, as well as strengthening governance and overall capability of the sector.

Theme 3: How London Borough of Harrow ensures safety within the system

This theme includes these quality statements:

- Safe pathways, systems and transitions
- Safeguarding

We may not always review all quality statements during every assessment.

Safe pathways, systems and transitions

Score: 2

2 - Evidence shows some shortfalls

What people expect

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Key findings for this quality statement

Safety management

The local authority understood the risks to people across their care journeys.

Systems were in place to access referral pathways and safeguarding teams out of hours. For example, the Emergency Duty Team accessed referral systems and had support from Careline Personal Alarm Service and on-call managers. They were able to contact care providers out of hours when people were referred.

Information sharing protocols supported safe, secure and timely sharing of personal information in ways that protected people's rights and privacy. For example, a process was in place to handover information to day teams including Access Harrow to support continuity. When people were discharged from hospital, their information was shared securely with partners where required and staff confirmed they understood how to maintain confidentiality for people using services.

Safety during transitions

Care and support were planned and organised with people and the people who were important to them, to improve their safety across their care journeys and ensure continuity in care. This included referrals, admissions and discharge, and where people were moving between services.

The increase in access points as part of the restructure of the neighbourhood teams had made pathways such as hospital discharge smoother, as they now had a dedicated hospital discharge team, to work across the borough.

Most providers told us they felt supported by the neighbourhood teams, who were responsive and pro-active. However, there were mixed experiences regarding responses where cases were transferred from the hospital social working team in relation to communication.

The Hospital Discharge Team assessed people's needs when they were medically fit for discharge to determine whether they required any ongoing support. They told us they rarely had any problems in arranging the support people needed in a timely manner.

NHS health partners attributed missed NHS targets on 30-day discharges following admission to hospital to slow local authority discharge processes for people with mental health needs.

Occupational therapy and sensory service processes and pathways were clear, and aimed to deliver timely, tailored support to people to maintain their independence. This was facilitated through a collaborative approach involving care managers, occupational therapists, sensory workers and stroke co-ordinators alongside a wide range of additional resources.

The local authority told us they provided personalised support to meet the needs of young people to grow into independent adults. We were given examples of supporting young people into employment, to move out of home and of strong family work to help parents see the potential of their loved ones. The local authority had a clear process for children transitioning into adulthood which commence with planning at the age of 16 years old or earlier if the young person had disabilities.

Young people with learning disabilities had their care plan and ongoing care package in place before transitioning to the adult learning disability team at the age of 25 years old. The children with disabilities service merged with the transitions team in 2016. This provided a consistent response to children and young people when moving across services. Whilst the transition policy was in draft, the local authority was able to provide a written document which described the end-to-end process of children transitioning into adulthood.

When people moved from one local authority area to another, the local authority took steps to ensure there was no gap in service.

Contingency planning

The local authority had contingency plans in place to ensure preparedness for possible interruptions in the provision of care and support. The aim and purpose of the Major Incident Plan was to provide staff with the information required to manage the effects of a major emergency or incident occurring in the borough. The plan outlined the framework for managing and coordinating that response.

There had not been an unplanned emergency provider failure in the last 12 months and there was no procedure specifically for unplanned provider failure. The local authority had a series of mitigations to avoid failure and two relevant procedures if a provider was closing or causing concerns, that would be adopted. Staff gave two examples of where they worked with providers to avoid service disruption in Short Breaks and Extra Care. The local authority acknowledged it should review existing procedures and develop an unplanned provider failure procedure.

Safeguarding

Score: 2

2 - Evidence shows some shortfalls

What people expect

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Key findings for this quality statement

Safeguarding systems, processes and practices

There were effective systems, processes and practices to make sure people were protected from abuse and neglect. There was a clear adult safeguarding standard operational procedure which outlined the local authority's duties to safeguard adults at risk of harm or abuse. The local authority worked with the Safeguarding Adults Board and partners to deliver a co-ordinated approach to safeguarding adults in the area.

There was a strong multi-agency safeguarding partnership, with clear roles and responsibilities. Information sharing arrangements were in place so that concerns could be raised and investigated without delay.

The Safeguarding Adults Board strategic plan 2024 to 2027 had 4 priorities, which were Prevention and early intervention, Engagement and Communication, Assurance and Working in Partnership.

The board used one set of data to inform about timeliness, which did not align with the council's performance data following changes to the triage process. Further work was needed in this area to ensure all data was aligned.

National data showed that 67.86% of people who used services in Harrow felt safe. The England average was 69.69% (ASCS). A further national data set showed 75% of carers living in Harrow felt safe. The England average was 80.51% (SACE).

All staff involved in safeguarding work had training available to them, although there was a low uptake of staff training in this area. National data showed that 19.57% of independent/local authority staff in Harrow had completed Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards DoLS training. The England average was 37.48% (SCWE). 29.73% had completed safeguarding adults training and the England average was 48.81%. The local authority had implemented The Harrow Adult Safeguarding Improvement Plan to deliver specific safeguarding training across the workforce, to ensure all staff were suitably skilled to undertake safeguarding duties effectively.

Responding to local safeguarding risks and issues

There was a clear understanding of the safeguarding risks and issues in the area. The local authority worked with safeguarding partners to reduce risks and to prevent abuse and neglect from occurring.

The local authority had commissioned 2 independent reviews in 2023 on the effectiveness of the integrated adults and children's safeguarding board. The reviews concluded that there was strong safeguarding partnership working, all partners were signed up to protecting the welfare of all citizens and the volume of safeguarding Harrow was experiencing were being met effectively.

It also indicated that the joint board should be separated to ensure a clear focus on adults and to strengthen the governance of the Harrow Safeguarding Adults Board (HSAB) and its partner agencies. As a result of this, there is now a strategic 3-year plan in place for the adult safeguarding board, which is underpinned by annual action plans targeting priorities.

At the time of our assessment, Harrow had not carried out any recent Safeguarding Adults Reviews (SARs) as referrals had not met the criteria. They confirmed any identified learning was shared with agencies to ensure actions could be put in place without delay.

Responding to concerns and undertaking Section 42 enquiries

A Section 42 enquiry is a legal requirement under the care Act for local authorities to make enquiries, or have others do so, if an adult may be at risk of abuse or neglect. There were clear standards and quality assurance arrangements in place for conducting Section 42 enquiries. On 31 January 2024 the local authority had 41 safeguarding concerns awaiting an initial review. The local authority did not have any section 42 enquires awaiting allocation as they were immediately assigned to staff for investigation. On 1 April 2024 23 section 42 enquires had yet to be started by the staff they had been allocated to. 161 DoLS applications were awaiting allocation.

Staff understood what constituted a section 42 safeguarding concern and when section 42 safeguarding enquiries were required. There was a clear rationale and outcome from initial enquiries, including those which did not progress to a section 42 enquiry.

The safeguarding team triaged all referrals from partners which included high volumes of referrals which did not meet the safeguarding threshold and were signposted elsewhere. Between February 2023 and January 2024, 22.5% of the local authority's safeguarding initial enquiries moved on to become section 24 enquiries. 443 safeguarding enquiries met the section 42 threshold in the last 12 months.

Providers told us they felt the safeguarding teams were responsive and knowledgeable, and that processes worked well, although, some providers advised it was not always clear whether the concerns they raised had been dealt with through safeguarding processes or as a complaint.

Frontline staff told us Harrow had a person centred, human rights-driven approach to managing risks around deprivations of liberty. The holistic impact on each person was considered when determining whether depriving anyone of their liberty was in their best interests, designated care providers allowed staff to explore the least restrictive options at all times.

The safeguarding and DoLS teams talked about how they were supported by managers when people's mental capacity made their work more complex, for example where mental capacity fluctuates or is harder to assess. They had taken part in recent training in the Mental Capacity Act 2005 (MCA). The safeguarding team often held case discussions around mental capacity and knew to contact the DoLS team if they needed specialist advice. They told us that the mental capacity forums Harrow used to put on were very useful for case discussions, but these had now stopped as had reflective discussions on themes or trends from SARs which had discontinued due to a change in the team.

We were told that improvements were needed around management oversight, data analysis and processes for DoLs. The local authority had a DoLs action plan dated January 2024 and an action plan tracker dated February 2024 to address this.

Some agencies told us they were not always informed of the outcomes of safeguarding enquiries when this should have been necessary for the ongoing safety of the person concerned. The local authority was aware improvements were needed in safeguarding which and they were addressing within their Adult Safeguarding Standard Operating Procedure dated November 2023 and in other documents we reviewed.

Making safeguarding personal

Principles of Harrow's Making Safeguarding Personal statement recognised that adults had a right to independence, choice and self-determination including control over information about themselves. This meant a person should have accessible information to make informed choices about safeguarding; what it means, risks and benefits and possible consequences.

A carer described a breakdown in safeguarding communication relating to their care but stated the local authority demonstrated a good duty of candour response including lessons learned.

The local authority understood they needed to raise public awareness of safeguarding, so more people knew what safeguarding was and how to raise a concern when they did not feel safe, or they had concerns about the safety of other people.

The independent chair of the Harrow Safeguarding Adults Board was confident Harrow were Making Safeguarding Personal. The new board structure involved increased use of data and putting people's experiences at the forefront of the board through use of interviews with people with lived experience and case studies. The safeguarding team spoke proudly about the work they did and described personalised approaches to safeguarding. Making Safeguarding Personal was embedded in their work.

National data showed that in Harrow 66.67% of individuals lacking capacity were supported by an advocate, family or friend. The England average was 83.12% Safeguarding Adults Collection (SAC). Further improvement was needed to ensure people lacking capacity had appropriate support.

Theme 4: Leadership

This theme includes these quality statements:

- Governance, management and sustainability
- Learning, improvement and innovation

We may not always review all quality statements during every assessment.

Governance, management and sustainability

Score: 2

2 - Evidence shows some shortfalls

The local authority commitment

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Key findings for this quality statement

Governance, accountability and risk management

The London Borough of Harrow had seen significant change at a senior level over the past two years and the Director of Adult Social Services (DASS) was also relatively new in post, having been appointed in an Interim role 3 months prior to our assessment.

The adult social care senior management team were aware of the need to create stability and a clear sense of direction for the workforce. This was reflected in feedback we heard from some staff who told us they were uncertain about how the new structures of their teams and how this would affect their workloads.

There were systems in place to provide visibility and assurance on the delivery of Care Act 2014 duties, for example through the Adult Social Care Strategy. Updating the strategy to reflect the objectives over the next three years would be a priority for the permanent DASS when they were appointed. Audits had been introduced to monitor and improve quality. They had conducted a service-wide audit which identified some areas for improvement, such as the identification of unpaid carers. This led to training for staff and a rolling quality review and audit process for each staff member.

The local authority had good oversight of the performance of adult social care in Harrow. Assurance was given through quarterly performance meetings focused on Adult Social Care and understood risks and underperformance relating to reviews/ DOLs/ Safeguarding. The leader understood the risk profile of adult social care and held senior officers to account in ensuring mitigating actions were in place to address them.

Senior leaders produced performance related reports which showed areas of improvement and challenges and held regular meetings to monitor progress.

Senior leaders recognised that the authority's business intelligence function needed to have a closer partnership with adult social care. They told us that analysis of data was one of the authority's biggest challenges and they were addressing the need to collect and use more and better data. This would need an investment in technology. One team told us they were not confident the data for waiting lists was accurate. Another told us they did not believe all their work was being captured by the local authority's data system and data the leaders used did not reflect the breadth of the work they did. Whilst the local authority accepted that data was an area for improvement, this shortfall meant that local authority processes were not working well at the time of the assessment. This did not always provide consistent oversight and produce good outcomes for people overall. There was a workforce strategy for adult social care which included a focus on knowledge, skills, behaviours, recruitment, retention and succession.

The adult social care leadership team had clear roles, responsibilities and accountabilities. Staff told us the layout of the new Civic Hub meant they now had easy access to senior leaders and Council Members which had resulted in greater engagement and improved integration. They said they now felt more confident to be able to raise any issues with the leadership team if they needed to.

Strategic planning

The local authority used information about risks, performance, inequalities and outcomes to inform its adult social strategy and plans and deliver the actions needed to improve care and support outcomes for people and local communities. However, due to recent changes in leadership within the local authority, some of the strategies had yet to be reviewed and actioned. The local authority was aware of this and had plans to address it.

The Harrow Borough Based Partnership Strategy for Carers in Harrow was a detailed, clear and effective strategy which had been reviewed for 2023-26. It stated their vision, commitment, context and local policy. This had been developed in partnership with North-West London Integrated Care system and Harrow Carers. The Carers strategy highlighted key initiatives Harrow Council had already implemented, such as a Carer Engagement lead. A carer's organisation confirmed the strategy had been co-produced and was being implemented at a strategic level. Staffing levels and funding were however impacting on frontline services and actions were not always met. For example, post-diagnosis dementia support for carers was not always available.

A senior leader told us they wanted to invest in people and staff for a management competency programme to deliver skilled managers and equip managers to learn and use new technology and utilise data to focus resources and deliver change.

Religious groups told us the local authority were supportive of faith groups and they engaged with group leaders on a strategic level.

Registered care providers told us the local authority communicated well and provided opportunity to share ideas and suggestions. One provider told us they had been involved in the refresh of some strategies, but information about changes to the to some of the local authority processes had not been consistently communicated to all providers.

Information security

The local authority had arrangements to maintain the security, availability, integrity and confidentiality of data, records and data management systems. Staff used secure systems to share information with relevant stakeholders where required. Laptops were updated each week and staff had data protection training.

The local authority had an information governance team and Caldicot Guardian with oversight of this. A Caldicott Guardian is the senior person responsible for protecting the confidentiality of people's health and care information. They gave an example of a recent minor data breach which resulted in learning, training for staff and action to address the breach.

Learning, improvement and innovation

Score 3

3 - Evidence shows a good standard

The local authority commitment

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Key findings for this quality statement

Continuous learning, improvement and professional development

Staff told us about a positive, supportive and inclusive culture of continuous learning and improvement. The training ensured staff had the knowledge and experience to carry out assessments effectively, including specialist assessments and those for unpaid carers and to carry out safeguarding duties effectively. Training meant staff were able to undertake their roles effectively and all staff to understand cultural diversity within the area and to engage appropriately with people.

They believed there were plans to overcome challenges and pressures, for example to increase staffing levels in some teams. They talked about a focus on wellbeing and spoke highly of their managers and the support they provided, both professionally and emotionally. They told us their workloads felt manageable.

Local authority staff had ongoing access to learning and support so that Care Act 2014 duties were delivered safely and effectively. The local authority's ASC Workforce Development Statement gave a clear overview of the social care learning programmes available to staff. Harrow also had a commitment to supporting development through apprenticeships which they recognised as being an important source part of their future workforce. Two staff members also told us they had been supported to complete their social worker qualification whilst working for the local authority.

Other staff told us they had recently undertaken work as part of a staff members dissertation into sex and relationships for people with a learning disability. This had prompted learning and team discussion around enabling this, including how their practice could support young people to overcome barriers in this area and develop their relationships.

There was support for staff to have continuous professional development. They spoke positively about the training on offer and the learning environment created by leaders and peers**.** The local authority provided mandatory training modules; but staff were also able to seek out their own training. For example, one team attended a domestic violence programme which supported improvements to their practice.

Senior leaders told us that the plans to invest in people, demonstrated their commitment to the workforce. Front line teams described a positive working environment where they felt listened to, valued and supported in their roles by their managers.

The local authority offered opportunities for social workers to train as trusted assessors to enable them to carry out assessments for more basic occupational therapy equipment such as toilet frames, rails and commodes. This would provide a more seamless service for some people and add capacity for occupational therapy assessments.

Newly qualified staff had monthly newly qualified sessions and some opportunities to explore practice. They told us they received a lot of their support from peers within the team and less from managers.

Senior staff had oversight of the learning and development programmes. This included running a monthly practice forum for staff where they covered a range of topics, for example advocacy or carers' rights. The forums were targeted based on current themes or learning from audits, recent. examples had included training provided by the London Fire Brigade and a barrister.

The local authority shared learning, best practice and innovation with peers and system partners to influence and improve how care and support was provided. For example, the local authority had organised conferences where they celebrated and showcased good practice. Partners such as housing and people with lived experiences presented at the event which received positive feedback from staff.

The local authority participated in the Local Government Association (LGA) Corporate Peer Challenge. An action plan was developed in response to this to take onboard the findings and recommendations. The local authority acknowledged a further peer review would take place in 2024.

Learning from feedback

Staff had given feedback about the 'three conversations' model, and how it did not always make for effective reviews and assessments. The local authority took this on board and allowed staff to use a shorter assessment model when required. Staff said they had been listened to.

Voluntary groups told us the local authority responded well to feedback from voluntary and community organisations and took steps to address concerns. However, at times funding was not always available to implement the actions required.

There were processes to ensure that learning happened when things went wrong, and from examples of good practice. Leaders encouraged reflection and collective problem-solving. Formal complaints were recorded and reported annually. The Annual Complaints Report Adult Social Care 2023/24 was not yet available. According to the data from the report dated 2022/23 recorded between 1 April 2022 and 31 March 2023, the complaints service recorded a total of 510 complaints, of which 116 were stage 1 complaints and 16 complaints progressed to stage 2 review. Twelve complaints were received via the Ombudsman during this period. The main themes were around financial assessments, care planning and charging.

The local authority had implemented learning from complaints. This included a review of the collection and payment of client contributions and top ups for residents where the Council arranged care home placements. A carer described a breakdown in safeguarding communication in their case but a subsequent good duty of candour response including lessons learned. The local authority recorded 64 compliments in 2022- 2023.

We heard how some members of a voluntary group were candid about the fact they had complained about the local authority in the past. As a result of this, they had been encouraged to join the group to give honest feedback to the local authority. This group was made up of a broad group of representatives who having experienced services. They were champions for the adults in Harrow who receive support and ensured what people said was heard and acted upon, by the local authority.

The Local Government and Social Care Ombudsmen's (LGSCO) current data relating to adult social care complaints showed that they had carried out a higher than average number of detailed investigations into complaints involving the local authority. They also found fault in a higher-than-average percentage of those investigations. However, the local authority also had a 100% LGSCO compliance rate which demonstrated they had been able to consistently make improvements where needed, in response to the findings of the Ombudsman's investigations. The LGSCO identified 17% of these improvements as having been implemented late.
