

Final Report: Enfield Adult Services

Improvement and Development Agency for local government

24 May 2006

Local Government Challenge: Enfield Adult Services

8th May to 11th May 2006

Summary

Enfield is an outer London borough with a population of 283,000. It presents a mixed picture with Enfield itself being relatively prosperous but four wards being ranked in the most deprived 10 per cent of the Country. In 2001, thirty nine per cent of the borough's residents were from black and minority ethnic (BME) communities. A significant tranche are asylum seekers.

Since 2002, Enfield has a Conservative administration which was retained in the recent local government elections. In 2003, the new Chief Executive Rob Leak, completed the re-structuring of the authority into four major departments, including community, housing and adult services, children's services, environment and strengthened corporate services. The corporate management team consists of the Chief Executive, the Assistant Chief Executive and the four directors for community, housing and social services, finance and corporate resources, environment, street scene and parks, and education, children's services and leisure. The Director of Community, Housing and Adult Services is Donald Graham, and the Assistant Director – Adults is Ray James.

The team found an adults' services division with strong management and a strong commitment to providing good quality services. Good progress has been made in recent years to address the history of poor budgetary management and the perception that the services were not well managed as well as in improving services. There has been a shift from a high level of reliance on traditional institutional care to supporting increasing numbers of people in the community, and some examples of innovation and service development.

Adult Services has a small management team to deliver a big agenda in adult social care. There is evidence of many very committed managers and staff, with a passion for their services, and considerable effort going into the work. We believe that the management team know what needs to be done in terms of operational issues but if the ratings are to be raised, there needs to be a greater focus on managing into the future. Guidance on the role of the Director of Adult Services following the White Paper ["Our Health, Our Care, Our Say"] is imminent and Enfield may want to reflect upon it's organisational boundaries in light of this, given the view that the needs of vulnerable adults goes beyond the organisational boundaries of adult social care, e.g. housing and leisure services.

There is a strong focus on performance against targets and the current PAF figures show real improvement. There is also a very clear requirement for services to live within the overall Adult Services budgets, which has meant that the Adult Services have been successfully delivered within budget for the last three years. Senior managers believe that this performance has done much to restore the battered reputation of social services in the Council and beyond. While this is extremely positive, this approach appears to have had some

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negative consequences in that too intense a focus on costs may mean budgets cannot be used flexibly and creativity may be being stifled. The tight central control from the top may mean work cannot be progressed as quickly as it should be because decisions need to be made too far up the organisation. Currently there seems to be an inverse funnel effect where some business is slow to be addressed at a senior level, probably because of the wide ranging responsibilities and workloads of these two senior managers. The approach to delegation and decision making would benefit from being reviewed and streamlined to enable and encourage senior managers to take decisions and progress work more effectively and quickly.

We found evidence of good project management but elsewhere there appeared to be a lack of project management disciplines, with signs of slippage and a lack of clarity of expectations and accountability.

In spite of the strong and sound operational competence and some good strategic documents, the team recognise a need for written commissioning plans which set out what model, range and level of services are going to be developed to enable Enfield to deliver the wider national policy agenda. We found many traditional services whose managers need to look outside to find innovative solutions and new ways of working. Managers and staff need to be encouraged to look at best practice examples and there needs to be a greater use of evidence based practice in developing services.

The management of information is impressive. There is a well thought out approach which engages operational staff and produces regular, accessible activity and finance information. However, the team expressed concerns about the quality and reliability of hardware, software and IT support services.

Staff could be more effectively performance managed through a competency based appraisal system. Performance management is being revised and re launched by the new Corporate HR lead but it needs ownership and drive within adult social care. Similarly, absence management needs proactive attention to reduce the use of agency staff.

The excessive use of agency staff is an issue for the Department. We noted that there has been exceptional success in addressing this problem in the Occupational Therapy service, with a movement from sixty six per cent temporary staff to virtually all permanent staff. Enfield could learn from this success and make recruitment and retention even more of a priority.

Enfield uses very traditional methods of involving users and carers and there need to be more innovative ways explored such as peer reviews by older citizens, carers' expert panels. The recent progress in carers' development is welcome, but this needs to progress beyond advice and information to flexible respite services, carers' support, carers' drop-ins, vouchers systems etc.

The independence and well-being agenda is much broader than adult social care and needs developing in Enfield. There seems to be a lack of corporate involvement in the well-being agenda. The Local Area Agreement focuses on

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children's services for understandable reasons but creates the impression that adults' services are a low priority in the Borough.

The relationships between health and social care at an operational level are good and we saw high levels of morale, commitment and engagement. There are some good integrated services but these are not complete, the learning disabilities integration needs to progress further and there are agreements outstanding which need to be concluded.

There is good work being done in diversity but leadership of the Diversity Agenda is still not strong with the identified corporate lead on maternity leave and an impression of paralysis in relation to the diverse needs of the community in the services.

Enfield has made considerable progress in managing their adult services budget. However, the recent budgetary performance has been achieved by keeping a large contingency to manage risks across care groups.

Recommendations

Following the peer review, we recommend that:

- **Structure**
Present government thinking outlines a new role for the leadership of adult services. Therefore the Council should give serious consideration to the current responsibilities of both the Director and Assistant Director: adult services, to reflect the objectives of the White Paper. This should create the necessary capacity to demonstrate Enfield's clear direction of travel and underline to external performance management agencies Enfield's commitment and ability to improve.
- **Delegation**
The Chief Executive and the Adults' Senior Management Team need to agree a culture of delegation and increased innovation which empowers managers to deliver on commissioning plans within agreed time scales.
- **Project management**
All outstanding work needs to be reviewed and prioritised and progressed through a programme and project management approach.
- **Intelligent Commissioning**
Heads of Service need to lead the procurement of new services to ensure that they are affordable and deliver on the commissioning intentions. This will be a new responsibility for adult social services under the White Paper.
- **Modernising Services and Developing Innovation**
IDeA and CSIP can assist Enfield in identifying areas of good practice and single issue development forums to enable managers to bring new ideas into the organisation.

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- **Management Information**
Whilst IT support is an issue for the Corporate Centre to resolve, it needs to be urgently addressed if the quality of management information is to be maintained.
- **Managing Performance**
The new performance management system needs to be put in place. Absence needs active management and managers need supporting in implementing both approaches.
- **Staffing**
The Recruitment and Retention Strategy needs to be further developed and the Department could consider ultimately agreeing a joint workforce strategy with the PCT and Mental Health Trust.
- **Users and Carers**
The new Carers' Strategy need to be actively pursued to achieve a cultural shift in services towards the social inclusion of carers rather than on consultation; and a more innovative approach to the development of flexible support services for carers that furthers the well-being agenda, and makes best use of scarce resources.
- **Prevention**
Perception is important. The Local Area Agreement could be reviewed to recognise the importance of services to adults and older people, and to further the social inclusion and well-being agenda.
- **Integrated Services**
These issues should be best tackled through an effective project management approach led by the Programme Director Integration, accountable to a joint Project Board.
- **Diversity**
This needs to be fully integrated into the revised Local Area Agreement and actively led within the Council.
- **Continuing Care**
To continue to review all high cost placements and packages would be helpful to ensure that the service user, the relatives and the Borough are not paying for care which should be being provided from the NHS.
- **Financial Management**
Costed commissioning plans need to drive the budget setting process and money needs to be allocated to care groups accordingly. Consideration needs to be given to reshaping the budget with targets that continue to drive down unit costs and average package costs.

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Background

1. The visit to London Borough of Enfield Adult Services was arranged by the Improvement and Development Agency for local government (IDeA). This challenge review was designed to help the authority assess its current achievements and its capacity to change.
2. The review is not an inspection, rather it offers a supportive approach, undertaken by colleagues from within the sector, and its intention is to help a council identify its current strengths as much as what it needs to improve.
3. The review is part of an ongoing change process, whereby the recommendations from it can, along with CPA recommendations, inform improvement planning.
4. The review was carried out by a team of three senior external adult social care consultants within a framework developed with, and overseen by, the IDeA. Their work was mentored by Andrew Cozens, past president of the ADSS and Strategic Advisor on Adult Social Care for the IDeA.
5. The members of the review team were:
 - Alan Clarke, Director, Strategic Commissioning Partnerships
 - Stephanie Finch, independent social and healthcare consultant and Gateway Reviewer, and former Deputy Director of Social Services
 - Sarah Mitchell, social and healthcare consultant and former Assistant Director of Social Services.
6. A desktop review of documents was carried out by the team before meeting stakeholders. The programme for the week was organised in advance and enabled members of the team to meet and talk to a spectrum of internal and external stakeholders. The team undertook group meetings with a total of ninety five people over two days. The interviewees included a wide range of managers and staff and stakeholders such as representatives of the PCT and Mental Health Trust, and the voluntary sector, as well as individual interviews with a small number of senior managers. A full list of interviewees is contained in Appendix 1.
7. The feedback given to the council on the last day of the review reported on the key messages. This report gives a more detailed written account of the findings of the review
8. The report is based on the impression gained by the team from the documentation and interviews. Where possible examples are cited but it should be noted that in such a short space of time the findings cannot be as rigorous and as evidence based as a CSCI or other inspection. The findings are presented as the team's view of the authority and as indicators of where the

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team believe managerial attention could best be focussed in order to improve services and therefore ratings.

9. The team was appreciative of the welcome and hospitality provided by the council and would like to thank everybody that they met during the process for their time and contributions. The way in which the needs of the team were taken care of in the build up to the review and whilst on site by Sue Glanfield and her team deserves a special mention.

Context

10. Enfield Adults Services have two stars and are judged to be currently serving some people well with promising prospects for improvement. The Council has aspirations to become a three star authority. However, the adult social care services rating has not changed for three years, putting adult services at risk of being judged to be 'coasting'.
11. The CPA of December 2005 stated that the London Borough of Enfield "is performing well. It has a well-articulated vision which is underpinned by priorities and has delivered effectively on some of its shared priorities such as safer and stronger communities." It went on to comment, "Improvements are needed in the way Enfield manages its performance. Targets are not robust enough and customers have limited involvement in setting standards and assessing performance. Performance is not being managed effectively across all services and aspects such as service plans and appraisals vary in quality." Further it noted "The Council is performing less well in the areas of regeneration, community cohesion and older people." They found that "Services for vulnerable older people are improving but there has been little focus on the wider older people group, to date. The older people strategy is in draft and as yet untested. Both lead officer and councillor roles are relatively new and as such have had minimal impact. There are some good examples of multi-agency work. The Council has recently recognised older people's services as a priority but spending on social care provision for older people is below the government recommended level and below the comparator group average."
12. The Performance Assessment Report from July 2005 concluded that "Leadership and management at key levels is a strength. There is a clear vision and a commitment to improve the outcome and quality of services for users. The service is increasingly effective in using local data and information to identify performance issues and solutions, showing a good understanding of their strengths and weaknesses. There is a developing learning culture that will be a strength for the future. Partnership work with external agencies and the voluntary sector is an increasing focus and the Council are aware of the progress they need to make."
13. It went on "The Council is committed to helping people to live at home. The level of intensive care and low numbers of residential admissions reflect the shift in the balance of care. There are more people with mental health problems and people with learning disabilities being supported at home or helped to live

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independently. There is a focus on Direct payments and the numbers in receipt of direct payments rose in the course of the year.”

14. The service is well positioned to respond to the challenges of Independence, Well-being and Choice.”
15. In terms of improvements, the report said “There needs to be a continued focus on improving and developing services in partnership with carers. There are continuing challenges for the Council in ensuring that carers have assessments and reviews.”
16. It is acknowledged that there have been improvements in partnership working, but the process of integration and joint working should be sustained, including the development of joint commissioning arrangements.
17. There has been a fall in the numbers of older people and people with physical disabilities helped to live at home. The Council believe that the fall is largely due to changes in the methodology for counting.
18. A relatively low number of assessments lead to the provision of a service. Service referral and assessment processes are generally robust, and it may be that the eligibility criteria for access to services should be reviewed.
19. The Council should promote and address diversity and equality issues more widely and robustly in order to meet the needs of socially excluded groups and to develop a proactive approach to future demographic changes in the population.”
20. Within this context, the purpose of the Peer Review was
 - to review the performance of the Council’s adult social care function, acknowledging strengths and focussing on areas for further development.
 - to inform the development of any further actions required to secure and sustain an improved CSCI judgement and thereby CPA score for adult social services.

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Findings

Structure

21. Guidance on the role of the Director of Adult Services following the White Paper ["Our Health, Our Care, Our Say"] is imminent and Enfield may want to reflect upon its organisational arrangements in the light of this. A strong social care lead is likely to be the recommendation requiring them to take the lead on the joint assessment of community health and social care needs, and the social inclusion agendas.
22. Adult services has a small management team to deliver a big agenda in adult social care. There is a small number of heads of service and they have two line management layers beneath them. The Heads of Service need to have their roles redefined to take a greater strategic and commissioning lead in working with the Head of Commissioning and her team.
23. In the structure, there are a number of posts which have acting or interim arrangements in place which need to be urgently filled. Whilst the delays experienced in recruitment are acknowledged, the lack of certainty in key posts is an obstacle to progress. The new corporate lead in HR is already bringing a fresh and dynamic approach and will be sure to assist in making these appointments.
24. **Recommendation:** Present government thinking outlines a new role for the leadership of adult services. Therefore the Council should give serious consideration to the current responsibilities of both the Director and AD Adult Services, to reflect the objectives of the White Paper. This should create the necessary capacity to demonstrate Enfield's clear direction of travel and underline to external performance management agencies Enfield's commitment and ability to improve.

Delegation

25. There is evidence of many very committed staff, with a passion for their services, and considerable effort going into the work. We believe that the management team know what needs to be done in terms of operational issues but if the ratings are to be raised, there needs to be a greater focus on managing into the future.
26. There is a strong focus on performance against targets and the current PAF figures show real improvement. There is also a very clear requirement for services to live within the overall Adult Services budgets, which has meant that the Adult Services have been successfully delivered within budget for the last three years. Senior managers believe that this performance has done much to restore the battered reputation of social services in the Council and beyond.
27. While this is extremely positive, this approach appears to have had some negative consequences in that
 - too intense a focus on costs may mean budgets cannot be used as flexibly and entrepreneurially as will be required if the performance rating is to be improved

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- creativity may be being stifled and staff may feel overly constrained and unable to innovate if this risks making mistakes
 - the tight central control from the top may mean work cannot be progressed as quickly as it should be because decisions need to be made too far up the organisation. We found that some staff described projects being delayed or decisions not being made because they were waiting for authorisation from the AD or DSS. Currently there seems to be an inverse funnel effect with corporate expectations about a variety of decisions being controlled at Director and Assistant Director level.
28. The approach to delegation and decision making would benefit from being reviewed and streamlined to enable and encourage senior managers to take decisions and progress work more effectively and quickly.
29. **Recommendation:** The Chief Executive and the Adults Senior Management Team need agree a culture of delegation and increased innovation which empowers managers to deliver on commissioning plans, within agreed time scales.

Project management

30. We found evidence of good project management, for example in the AT Home Centre, the re-tendering of the home meals contracts and in the organisation of this review. However elsewhere there appeared to be a lack of project management disciplines, with signs of slippage and a lack of clarity of expectations and accountability. For example, there are a number of key initiatives needing progression – the strategy for older people’s direct services, improving transport, and the Telecare pilot. All of these have suffered delay, and need posts to be filled and work progressed.
31. **Recommendation:** All outstanding work needs to be reviewed and prioritised, allocated and progressed through a programme and project management approach.

Intelligent Commissioning

32. In spite of the strong and sound operational competence and some good strategic documents, there is a lack of clear commissioning intentions for many of the care groups within adult services. In addition, whilst there has been some excellent work done in the care groups to capture users and carers needs e.g. in physical disability, this work has not yet been translated into commissioning plans. Written commissioning plans, which set out what model, range and level of services are going to be developed to enable Enfield to deliver the wider national policy agenda should be in place. The lack of current commissioning plans may mean that when services are being re-tendered or new prices for care are being negotiated, officers do not have a clear vision for how that tender fits within the bigger picture for the future development of services. Enfield is addressing the gaps they have identified in their procurement processes and there is an enthusiastic approach to the improvement of that process. There is good joint work with Barnet to tender a new meals service.

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33. The PCT supports the need for a commissioning-led approach, and recognises its part in making this happen both through structural joint appointments and through a joint commissioning plan. It needs to be a priority in the next year if Enfield is to benefit from such an approach.
34. **Recommendation:** Heads of Service need to lead the procurement of new services to ensure that they are affordable and deliver on the commissioning intentions. This will be a new responsibility for adult social services under the White Paper.

Modernising Services and Developing Innovation

35. We found many traditional services whose managers need to look outside to find innovative solutions and new ways of working. This has happened in some areas such as the development of the Strategy for Telecare but, for example, services for older people could benefit from new thinking on 24 hour home care, community support for people with dementia, and flexible carers' services. Managers and staff need to be empowered and encouraged to visit other local authorities and social and health care systems to look at best practice examples and there needs to be a greater use of evidence based practice in developing services.
36. **Recommendation:** The Council could consider asking IDeA and CSIP to assist them in identifying areas of good practice and single issue development forums to enhance manager's opportunities to bring further new ideas into the organisation.

Management Information

37. The management of information is impressive. There is a well thought out approach which engages operational staff and produces regular, accessible activity and finance information. The team are part of the London Benchmarking Group and have ideas and plans for how the service they provide might be improved.
38. However, the team are producing this information on inadequate software and hardware and with poor quality IT service support and there are serious concerns about the quality of service provided by the current IT support suppliers.
39. **Recommendation:** Whilst IT support is an issue for the Corporate Centre to resolve, it needs to be urgently addressed if the quality of management information is to be maintained.

Managing Performance

40. Staff could be more effectively performance managed through a competency based appraisal system. There is a corporate model in place but it is seen as overly complex and is not used consistently. This is being revised and re-launched by the new Corporate HR lead but it needs ownership and drive within Adult Social Care. Similarly absence management needs proactive attention to reduce the use of agency staff for example through the use of bank staff, and sharing staff across teams and units.

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41. **Recommendation:** The new performance management system needs to be put in place. Absence needs active management and managers need support in implementing both approaches.

Staffing

42. The excessive use of agency staff is an issue for the Department, and senior managers have recently extended the contract for the preferred provider to cover social care. We noted that there has been exceptional success in addressing this problem in the Occupational Therapy service, with a movement from sixty six per cent temporary staff to virtually all permanent staff. Enfield could learn from this success and make recruitment and retention even more of a priority. High levels of temporary staff is not the best use of public money because issues of continuity, agency on-costs and the additional costs of recruiting and training staff more frequently. High levels create instability and make it difficult for staff to offer consistency to users and carers.
43. There needs to be monthly monitoring of the use of agency staff, the cost, and the reasons why the post is not being filled permanently. There needs to be guidance for staff and managers as to when temporary staff can be used and the level of authority required. Whilst the £450k corporate investment in recruitment and retention is welcome, it is a one off payment which will only pay part of the costs. There needs to be a costed strategy in place for the implementation of the rest of the plan.
44. In terms of training and development, there is an in-house training course for all managers but there is no external qualification supported by the Department, such as an NVQ level 4. There are insufficient links to local universities which would increase practice teachers' placements to encourage recruitment into the Borough.
45. **Recommendation:** The recruitment and retention strategy needs to be further developed and the Department could consider ultimately agreeing a joint workforce strategy with the PCT and Mental Health Trust.

Users and Carers

46. Enfield uses very traditional methods of involving users and carers and there needs to be more innovative ways explored such as reviews by older citizens and carers' expert panels. There has been some good work done recently as part of the physical disabilities policy development which needs harnessing and turning into new service delivery. The recent progress in carers' development is welcome, but this needs to progress beyond advice and information to flexible respite services, carers' support, carers' drop-ins, vouchers systems etc.
47. **Recommendation:** The new Carers' Strategy needs to be actively pursued to achieve a cultural shift in services towards the social inclusion of carers and a more innovative approach to the development of flexible support services that furthers the well being agenda, and makes best use of scarce resources.

Prevention

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48. The independence and well being agenda is much broader than adult social care and needs developing in Enfield. There seems to be a lack of corporate involvement in the well-being agenda. The Local Area Agreement focuses on children's services for understandable reasons but creates the impression that adult services are a low priority in the Borough. The Local Area Agreement could improve perceptions by reflecting the Borough's approach to older people. An investment in older people to enable them to maximise their income and find an active life in their local community when they are 65, prevents the need for a heavier investment when they are older.
49. Within the Department the Prevention Initiative Project is an interesting development which will provide useful data on the effectiveness of early intervention. The current POPPs bid is being developed but will need to demonstrate sufficient innovation to secure the limited grants available.
50. **Recommendation:** Perception is important. The Local Area Agreement could be reviewed to recognise the importance of services to adults and older people, and to further the social inclusion and well being agenda.

Integrated Services

51. The relationships between health and social care at an operational level are good and we saw high levels of morale, commitment and engagement. There are some good integrated services, for example mental health, Integrated Community Equipment Stores, Intermediate care which has seconded staff, lead commissioning arrangements and shared budgets. There are Section 31 agreements outstanding which need to be concluded. The learning disabilities integration needs to progress further. Issues such as administrative support, telephone systems and integrated electronic records (across health and social care) have not been adequately resolved.
52. **Recommendation:** These issues could best be tackled through an effective project management approach led by the Programme Director Integration, accountable to a joint Project Board.

Diversity

53. There is good work being done in mental health, to address this but Enfield faces a particular challenge with the changing nature of its population and the need to develop flexible, responsive services as a result. This is an important part of the development of the commissioning plans. Leadership of the diversity agenda at a corporate level was identified as an issue by the last Corporate Assessment Report in December 2005. The identified lead is on maternity leave and we were given the impression that there was a sense of paralysis in relation to the diverse needs of the community in the services
54. **Recommendation:** Diversity needs to be fully integrated into the revised Local Area Agreement and actively led within the Council.

Continuing Care

55. There was little mention of continuing care and there have been difficulties with agreeing the assessment tool for some of the care groups. Whilst it is

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acknowledged that new guidance is due and the financial position of the NHS is difficult, continuing to review of all high cost placements and packages would be helpful to ensure that the service user, the relatives and the Borough are not paying for care which should be being provided from the NHS. This may account for the high cost packages in Learning Disability Services compounded by the diversity of the local population.

56. **Recommendation:** To continue to review all high cost placements and packages would be helpful to ensure that the service user, the relatives and the Borough are not paying for care which should be being provided from the NHS.

Financial Management

- Enfield has made significant progress in managing their adult services budget. There are sound arrangements in place between the Borough and the PCT to address financial matters and there has been good progress made to agree the funding of ICES. Enfield spends less on older people than comparator authorities and more on people with a physical disability and learning disability. However the recent budgetary performance has been achieved by keeping a large contingency to manage the risk across care groups.
57. **Recommendation:** Costed commissioning plans need to drive the budget setting process and money needs to be allocated to care groups accordingly. Consideration needs to be given to reshaping the budget to reflect that. Unit costs and average package costs in Enfield continue to need to be contained.

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Name of review manager: Phil Hampton – IDeA

Sponsor: Christina Sell: National Advisor, Adult Social Care

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Name	Job Title	Area	Department
Rob Leak	Chief Executive		
Donald Graham	Director		Community, Housing and
Ray James	Assistant Director		Adult Social Services
Lorraine Davies	Head		Disabilities Service
Steve Tall	Head		Older People's Services
Frank			
Harrington	Assistant Director		Mental Health Services
Henrietta Brown	Head		Commissioning, Strategic
Roxine Harris	Team Manager		Phys. Dis, Sensory Impair
Coral Bailey	Assistant TM - Duty		Phys. Dis, Sensory Impair
Tania			
Dougherty	Social Worker		Phys. Dis, Sensory Impair
Ann Kerins	Outreach/Support Worker		Park Avenue Disabilities F
Clare Dorling	Team Leader		Park Avenue Disabilities F
Raheem Khan	Service Manager	Assessment & Care Mgmt	Older People's Services
Sue Collingridge	Service Manager	Re-enablement	Older People's Services
Brigitte Shallow	Service Manager	Intermediate Care	Older People's Services
Vicky Main	Service Manager		Phys. Dis, Sensory Impair
Natasha Cooper	Service Manager		AT Home Centre
		Assessment and Care	
Sue Harbour	Team Manager	Mgmt	Learning Difficulties Team
	Head of Speech &		
Helen Tanyan	Language		Enfield Primary Care Trus
Hazel Walters	Therapist		Enfield Primary Care Trus
Ken Marajh	Senior Nurse	Community Nursing	Enfield Primary Care Trus
Priscilla Surfraz	Nurse	Community Nursing	Enfield Primary Care Trus
Shirley-Anne			
Wheeler	Occupational Therapist		Enfield Primary Care Trus
Denise Hanson	Occupational Therapist		Enfield Primary Care Trus
Silvia		Assessment and Care	
Sokolovska	Care Manager	Mgmt	Learning Difficulties Team
		Assessment and Care	
Tiffany Adonis	Team Manager	Mgmt	Older People's Services
		Assessment and Care	
June Simeon	Assistant Team Manager	Mgmt	Older People's Services
Gulam Robbani	Team Manager		Hospital Social Work
Bernice Solvey	Team Leader		Hospital Social Work
Charlie Clerk	Manager	Service Development	Enfield Primary Care Trus
Marjorie Bantin	Social Worker	Hospital Social Work	Chase Farm
		Assessment and Care	
Amanda Chinn	Social Worker	Mgmt	Older People's Services
Sharon Strutt	Team Manager	Service Development	Community, Housing and
Michael			
Sprosson	Team Manager	Procurement	Community, Housing and
	Joint Commissioning		
Linda Martin	Manager		Learning Disabilities
Andrea Martin	Senior Policy Officer		Community, Housing and
David Spells	Commissioning Manager		Mental Health Services

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Jerry Hill	Commissioning Officer, Carers		Community, Housing and
Mame Gyang	Special Projects Manager		Community, Housing and
Caroline Mayger Donald	Manager	Community Services	Community, Housing and
McCaulay	Manager	Domiciliary Care	Community, Housing and
Patrick Adams	Manager	Community Link	Community, Housing and
Sarah Carney	Joint Manager	Formont Centre Community Link, Edmonton	Community, Housing and
Claire Fenwick	Day Service Officer		Community, Housing and
Wendy Berry	Parent carer		
Lorna Cooke	Deputy Manager Team Manager - Home Care	Reardon Court	Older People's Services
Jenny Murtagh	Manager - Performance, Monitoring & Review and Home Meals	Elizabeth House	Older People's Services
Berni Pizarro	Assistant Manager - Performance, Monitoring & Review and Home Meals		Older People's Services
Beverley Goldhawk	Manager	Rose Taylor Day Centre	Older People's Services
Shelley King	Team Manager	Intermediate Care	Older People's Services
Margaret Brand	Assistant Director	Adults and Older People	Enfield Primary Care Trust
Erica Lunt	Social Worker	Intermediate Care	Older People's Services
Amy Spitz	Occupational Therapist	Intermediate Care	Older People's Services
Tanya Pugh	Chief Executive		Enfield Primary Care Trust
Sally Johnson	Director	Mental Health Services	Enfield Primary Care Trust
Oliver Treacey	Programme Director - Integration		Enfield Primary Care Trust
Rob Lee	Special Projects Manager		Community, Housing and
Fiona Coyne	Consultant - Development and Training	Older People	Community, Housing and
Ruth Teacher	Head	Human Resources, Ops	London Borough of Enfield
Jo Tafft	Head Occupational Therapist		Enfield Primary Care Trust
Cathy St John	Occupational Therapist		AT Home Centre
Yolande Brand	Assistant Manager - Equipment Store		AT Home Centre
Paul Willison		Community Housing Services	Community, Housing and
Sally McTernan	Assistant Director	Supporting People Service Development Team	Community, Housing and
Pauline Kettless	Manager	Park Avenue Mental Health Resource Centre	Mental Health Services
Lia Markwick James Armstrong	Principal Housing Officer Manager		Mental Health Services
Claire Duignan	Service Manager Senior Rehabilitation Officer		Phys. Dis, Sensory Impair
Carol Excell	Occupational Therapy Technician		Phys. Dis, Sensory Impair
Stephen Baskett	Rehabilitation Officer		Phys. Dis, Sensory Impair
Mary Mensah			Phys. Dis, Sensory Impair

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Sarah Carter	Enabling Officer	Housing Professional Services	Community, Housing and
Janet McCarthy	Team Manager	Housing & Major Adaptations	AT Home Centre
Geraldine O'Shea	Occupational Therapist	Housing & Major Adaptations	AT Home Centre
Julie Hogarth	Occupational Therapist	Housing & Major Adaptations	AT Home Centre
Paul Dawson	Manager - Tenant Involvement	Housing Management & Sustainable Communities	Community, Housing and
Lynette Munslow	Head	Private Sector Housing Assistance	Community, Housing and
Doug Wilson	Manager	Performance Team	Community, Housing and
Jon Carter	Performance & Policy Officer	Performance and Policy Team	Community, Housing and
Ron Finch	Principal Performance Officer	Performance Team	Community, Housing and
Keezia Obi	Adult Protection Coordinator	Service Development Team	Community, Housing and
Gitta Wajntraub	Consultant - Development and Training	Mental Health and Learning Difficulties Assessment and Care Management	Community, Housing and
Yvonne Fearon	Duty Manager		Learning Difficulties Team
Barbara Litchfield	Chief Executive		Enfield Disability Action
Jim McCowen	Senior Manager	Community and Support Services	Age Concern
Petronela Davies	Welfare Benefits Worker/Advice Team Manager		MIND
Julie Brown	Head of Finance		Community, Housing and
Rob Turner	Assistant Director	Resources	Community, Housing and
Charlotte Law	Assistant Head of Finance		Community, Housing and
Neil Goddard	Principal Financial Adviser		Community, Housing and
Gulshan Pabani	Income Assessment Officer		Community, Housing and
Jemima Strydom	Assistant Team Manager	Information and Assessment	AT Home Centre
Sheila Dawson	Assistant Director	Borough Finance	London Borough of Enfield
Michael Rye	Leader		London Borough of Enfield
Alan Barker	Lead Member	Adult Social Services	London Borough of Enfield