

Joint inspection of older people's services in Brent

June 2005



Including social care aspects

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Introduction and background

The Healthcare Commission, the Commission for Social Care Inspection (CSCI) and the Audit Commission are independent bodies that promote improvement in the quality of services provided by the NHS and independent healthcare, social care and local government, police and fire authorities.

These three organisations have jointly carried out an inspection of the way in which the NHS and council in Brent are working together with their partners to meet the needs of older people and improve their lives. This joint approach to inspection cuts down duplication for the inspected organisations and the inspectors, and enables better sharing of information about a range of services for older people.

This report, one of a number resulting from local inspections across England, presents an analysis of the way in which the needs of older people are being met in Brent. We have assessed:

- progress in implementing the National Service Framework for Older People, which are standards for providing care to older people, and the subsequent policy development in services for older people
- the performance of the council and health agencies in commissioning and delivering services to promote independence and choice for older people and carers
- the views of older people and carers on improvements and gaps in services

A national report using findings from these local inspections and other evidence will be published at the end of 2005.

As part of this inspection, we carried out a range of activities. We initially reviewed a range of key documents supplied to us by the NHS and Brent council and assessed other information available about the whole community. We then met with senior managers from the NHS and Brent council to present our findings and agreed that the focus of our inspection would be on mental health services. We also interviewed a range of people involved in delivering services to older people in Brent.

We worked with King's College to obtain the views and experiences of older people and carers in Brent, using researchers who are themselves older people. This report includes their findings. We also invited 100 older people and 50 carers to complete a questionnaire about the help they receive from the social services department.

This report is aimed at the public, particularly those who use services for older people in Brent. It should be used by the NHS, councils and partner organisations in Brent in working together to meet the needs of older people and improve their lives.

The agencies inspected were:

- Brent Social Services Department
- Brent Teaching Primary Care Trust (PCT)
- North West London Hospitals NHS Trust
- Central and North West London Mental Health NHS Trust
- Harrow PCT

We included a high level overview of services provided by Brent Council to people over the age of 50.

London Ambulance Service and NHS Direct also participated in the inspection.

We would like to thank managers and staff of all agencies for their help throughout this inspection.

Community summary

Brent has made progress in developing services for older people. The following are examples of what has been achieved:

- Work on developing a joint strategic framework is at an advanced stage and includes the joint commissioning strategy, which forms a sound base for coordinating the future development of services.
- Older people benefit from the range of services provided in Brent, which reflects the rich ethnic diversity of the borough. Most older people are pleased with the care and treatment they receive. Carers of older people with mental illness commend the skills and sensitivity of staff.
- We visited some noteworthy services and talked with managers and staff about their ambitious plans for further developments.

Agencies reviewed their progress against the milestones of the National Service Framework for Older People in November 2004 and found areas where the standards are not being met. We commend agencies for their frank appraisal of progress. Key areas for development are referred to throughout this report.

Agencies can further improve the way that services for older people are planned and delivered:

- New strategies and agreements will require systematic implementation and careful monitoring to ensure they have the desired impact and improve outcomes for older people.
- Progress in developing partnerships at a strategic level is not yet reflected operationally. Most services are managed separately and joint working is not embedded. This is evident in three key areas of partnership working:
 - the quality of joint work to secure effective discharges and help older people maintain independence
 - the introduction of the single assessment process is delayed and, at the time of our fieldwork, we established that arrangements would not have been fully operational by the required deadline of April 1st 2005
 - while some health and social care staff have good individual relationships, health staff report a lack of responsive and timely support from social services
- Agencies are committed to completing the integration of services for older people by 2009, although the details about how this will be done are not yet available.
- There is widespread recognition that mental health services for older people are under resourced. Initial strategic work has been undertaken, but improved joint working at an operational level and additional capacity are required.

Agencies in Brent are able to deliver the kind of services that make a difference to the lives of older people:

- Managers and staff from all agencies are keen to prove their commitment and ability to work together and provide good quality services. They have made good progress in recent years in establishing a good base of services staff in the council, and health communities enjoy working in Brent. They have been energised by developments in services and are enthusiastic about the opportunities to make further progress.

Brent council and health agencies have taken this joint inspection as an opportunity to raise the profile of services for older people. Agencies have demonstrated a capacity to improve and we hope the implementation of our recommendations will help agencies to sustain change and continue to develop services.

Recommendations

The Healthcare Commission, CSCI and the Audit Commission recommend that the NHS and council in Brent actively and promptly share the findings of this report with the public and partner organisations. In accordance with our aim to support the progression and improvement of services locally for older people, we make the following recommendations which the NHS, council and partner organisations in Brent should work together to implement:

Criteria	Recommendation
Person-centred care	<ul style="list-style-type: none">• Complete implementation of the single assessment process urgently, incorporating the lessons learned so far.• Ensure all planning processes for discharging patients are operating effectively and without delay.• Ensure that all staff in health, council and independent sector organisations are aware of policies and procedures relating to the protection of vulnerable adults and that they are fully confident in implementing them.
Vision	<ul style="list-style-type: none">• Ensure that older people are effectively involved in strategic development and commissioning.• Engage all stakeholders, including the London Ambulance Service, NHS Direct, voluntary organisations and private sector providers, as active partners in strategic developments.• Ensure all strategies have effective implementation plans with measurable outputs and outcomes, and that progress is jointly monitored.• Develop systems to evaluate the effectiveness of new initiatives in improving outcomes for older people and carers.

Criteria	Recommendation
Vision continued	<ul style="list-style-type: none"> • Agree a mental health strategy for older people, which identifies the current and future needs of older people and their carers, builds on what is working well and provides a strategic framework for the continuing development of services. • Develop and implement an effective action plan for the mental health strategy for older people, which addresses all current and projected funding and resource issues.
Commissioning	<ul style="list-style-type: none"> • Seek opportunities to jointly commission services, for example advocacy and information, translation and interpreting. • Monitor the uptake of services by black and minority ethnic groups to ensure services are accessible and that resources are distributed equally. • Develop and implement joint business plans and a joint system of performance management. • Ensure commissioning arrangements secure the development of integrated mental health services for older people.
Range of services	<ul style="list-style-type: none"> • Consider commissioning opportunities to empower older people and to further support their independence. • Develop services in partnership with all stakeholders to enable people over 50 to maintain a full and active lifestyle and to promote their independence. • Complete the establishment of a specialist multidisciplinary and multi-agency falls service as soon as possible. • Ensure the model of inpatient stroke service planned for Brent Emergency Care and Diagnostic Centre delivers services that mirror that of a stroke unit. • Complete the establishment of a psychiatric liaison service at Central Middlesex Hospital to address the staff difficulties in securing psychogeriatric consultations for their patients more quickly.
Capacity	<ul style="list-style-type: none"> • Continue work to identify the model for the planned integration of services for older people and the steps to achieve this aim. • Monitor the move of social services staff to Willesden Hospital to evaluate the benefits of further integration.

Key findings

Person-centred care

Many participants in the consultation exercise praised the care, concern and sensitivity of individual staff and the quality of services they provide. Most of the older people who responded to our questionnaire about the help they receive from social services said they were involved in deciding what help they needed, although carers said they were less well involved. Most older people and carers said staff were easy to contact and treated them with respect.

A number of older people attending the consultation events were concerned about the lack of training of care staff and their limited opportunity to communicate with care workers. More broadly, a number of older people felt the attitudes of some staff in health and social care services needed to improve and they were reluctant to contact their doctor or the council as a result.

Access to information is a key issue for older people and carers in Brent. They say it is difficult to find out what services are available from the council, health and voluntary sector organisations. Information needs to be more accessible and comprehensive. Older people value the minor accident treatment service and nurse led drop-in service. They also like the informality and accessibility of their GPs in smaller practices. The council's initial contact service is popular with older people, carers and other stakeholders. Staff in the council's one-stop shops would welcome closer liaison with the PCT. Older people find local newspapers and *Brent Magazine* useful sources of information. There is an opportunity for health agencies and the council to work together to improve advocacy and information in the borough.

Social services staff have easy access to interpreting services, whereas the PCT reports difficulties due to high demand. In addition, it is not yet embedded practice in all health agencies to use the interpreting service. Individual agencies spend a considerable amount on interpreting and translation, and access and efficiency may be improved through a jointly commissioned service.

Managers acknowledge that the implementation of the single assessment process has been slow. We concluded that the new arrangements would not be fully operational by the deadline of April 1st 2005 for at least four reasons:

- there has been limited piloting of the single assessment process and inter-agency procedures have not been rigorously tested
- the roll out of new assessment and care planning tools to staff in all agencies began only recently
- hospital staff and GPs are not fully engaged in the process and the number of staff and GPs undergoing training is very low
- inter-agency measures to evaluate the effectiveness of the process have not been agreed

The performance of the council and health organisations in reducing the number of delayed discharges from hospital has been better than average for London boroughs over the last year, reflecting the success of a multidisciplinary approach. However, there was frequent mention of problems in the operation of the procedures. Examples included:

- notifications of discharge not made with sufficient time for social services to make plans
- the social services department is slow to respond to referrals
- multidisciplinary discharge planning does not include care managers
- discharges being made without essential services in place to support the older person or their carer, which has led to emergency readmissions

A multi-agency group has been monitoring discharge performance and we recommend this group monitors the quality and effectiveness of discharge planning, as well as ensuring that good performance on delayed discharges is sustained.

Key findings continued

Training was arranged for staff in all agencies to accompany the introduction of the revised vulnerable adults policy and procedures. However, the uptake of training by health staff has been very poor. In addition, some staff are not aware of what they should do if they suspect abuse. Agencies must ensure all staff have a good understanding of their responsibilities for adult protection.

Mental health services

The mental health trust makes good use of limited resources.

The mental health trust uses a range of methods to capture the views of users and their carers, both of whom hold the trust's services in high regard. Carers of older people with mental health needs particularly value the skills of staff in both statutory and voluntary sector agencies.

The mental health trust has reviewed its working practices in the care programme approach (CPA) and the single assessment process in order to minimise duplication of activity, and guidelines for staff are being prepared.

Protocols for dementia and depression are in place and include the appropriate administration of medicines. However, due to a lack of resources, the pharmacy in Seacole Ward only supplies medicines and its clinical input is limited.

Vision

A shared vision for services for older people has been developed, which focuses on outcomes and promotes equal access. Senior managers of all agencies are committed to fulfilling this vision. Frontline health and council staff are broadly aware of the priorities, but their understanding of the context and reasons for change could be improved. The London Ambulance Service and NHS Direct have not contributed to the development of services. A systematic approach which involves stakeholders, and which ensures that all private and voluntary sector organisations contribute to the vision, is needed.

Agencies have key strategic documents in place. Many of the strategies and plans relating to services for older people are new and some action plans are not well developed. It is therefore too early to judge the impact they will have on improving outcomes for older people. Progress on established strategies, such as the carers' strategy, needs to be reviewed and assessed.

In the council, social services' strategies and those of other council services are linked through the corporate priorities. The council's wider responsibilities for education, sports and leisure are linked to the health and social care agenda through work on social inclusion and the introduction of Better Government for Older People¹. However, the needs of older people are implicit in the council's corporate priorities, rather than having a specific focus with identifiable outcomes for older people.

Statutory and independent sector agencies recognise the need to develop a more strategic approach to prevention. This includes widening the range of services for people over 50. Older people have identified fear of crime and community safety as key issues, which the council and police are jointly addressing through the crime and disorder reduction and community safety strategy.

¹ The Cabinet Office issued guidance on better government for older people in 1999

Key findings continued

Health agencies and the council use a variety of methods to consult with older people and carers, ranging from specific consultation on service proposals, to broader involvement in developing services to support healthy living and quality of life issues. However, further work is needed to ensure older people and carers are effectively involved in planning processes:

- the function of the older people's forum and its relationship with older people's planning groups need to be reviewed
- carers say their involvement in planning is not as effective as in earlier years
- patient and public involvement (PPI) activities need to be embedded in consultation and planning

Partner agencies will be able to address these issues through Brent Better Government for Older People, an initiative that shows considerable promise.

The Census² records that 66% of older people between the ages of 60 and 74 in Brent are from black and minority ethnic groups. Diversity issues are a priority for all agencies in Brent. Managers and staff are confident that issues for black and minority ethnic groups are prioritised.

A wide range of agencies are now working together effectively at a strategic level, for example work by the housing department PCT on the Supporting People programme. More older people are being supported at home with a range of community-based services commissioned and provided by social services and the PCT. A relatively low proportion of older people are admitted to residential and nursing care. Rehabilitation services are well established. The proposed model for rehabilitation and intermediate care services is based on an integrated and whole systems approach, with flexible working across traditional organisational boundaries.

² Office of National Statistics 2001 Census

However, some significant difficulties need to be addressed in order to fully implement a joint strategic approach:

- The need to meet national targets and address a financial deficit are two key drivers for the acute trust. In some instances we found that constant pressure to achieve efficient throughput has impeded the delivery of individual, needs-based care.
- There are some good individual relationships between health and social care staff, but the majority of health staff report a lack of responsive and timely support from social services, which is attributed to a lack of capacity.

There are plans for the social services department's older people's service to move to Willesden hospital. At present, it is anticipated that staff will work alongside health colleagues but will remain under separate line management. This affords a good opportunity to improve joint working. The move needs to be supported by a strong commitment from all agencies, preferably with a clear plan to work towards closer alignment of the management of services.

While senior managers share key issues and planning intentions, joint business plans and joint performance management are not yet in place. There is a general lack of outcomes-focused performance indicators to measure the effectiveness of services for older people.

Mental health services

All health agencies acknowledge that mental health services have been and continue to be poorly resourced. Furthermore, within the mental health trust, services for older people are not as well resourced as those for younger adults. However, despite these constraints, the mental health trust participates fully as a strategic partner.

Commissioning

The council and PCT acknowledge that joint commissioning is in the early stages of development. Partner agencies have recently agreed a joint commissioning strategy, which lays good foundations for the future commissioning of services by the council and PCT. The appointment of a head of joint commissioning has helped agencies address strategic commissioning, and managers report significant improvements in the commissioning of older people's services in the last year.

A number of voluntary sector organisations have been involved in the development of the joint commissioning strategy through membership of the older people's local implementation team. However, there is a need to ensure there are effective channels of communication with all providers. We met with a range of private and voluntary sector providers. With the exception of domiciliary care providers, they said they did not feel that they were working in partnership with the council and PCT. For example, they said they have not been involved in the development of the commissioning strategy and are not aware of commissioning priorities.

The joint commissioning strategy contains an analysis of the health and social care needs of black and minority ethnic older people and their use of social care services. Not all health agencies monitor the take up of acute and community health services by older people and carers from black and minority ethnic groups. The social services department has a new client database, Framework-i, which will enable better use to be made of monitoring information in planning and delivering services.

The effectiveness of new initiatives in meeting policy aims has not yet been evaluated, for example to find out how successful intermediate care and extracare developments has been in helping people to continue to live independently.

Mental health services in Brent

A mental health strategy for older people has recently been drafted. This followed a workshop in 2004, which involved all relevant clinicians, managers and commissioners and is seen as the first significant step towards addressing historical and current funding and resource anomalies. The strategy outlines an action plan, including the selection of a service model. However, we recommend further analysis of the current and future needs of older people with mental health problems before final decisions are made.

Range of services

We believe that older people benefit from the range of services in Brent, both those provided by statutory agencies and commissioned by the council and PCT. These services reflect Brent's commitment to meeting the diverse needs of its communities. Many older people told us they are pleased with the care and treatment they receive. We had the opportunity to visit some noteworthy services and there are ambitious plans for further developments. Implementation of the commissioning strategy will lead to further improvements and better coordination of the use of resources.

Older people, carers and health and social care staff highlight many services which they particularly value. These are just some of the services that were given as examples:

- The collaborative care team is praised for its work in preventing hospital admission and facilitating discharge. The development of the care coordination service has been commended.
- The integrated community equipment service is a responsive, efficient and effective service.
- Extracare accommodation is helping older people, who would otherwise need residential care, to live independently.
- The council has a range of positive initiatives to meet the specific needs of adults over 50, including access to parks and dedicated exercise classes.
- The council's provision of access to free transport and the community transport scheme are highly valued.

Home care services help many older people remain in their own homes. However, home care continues to be provided in traditional ways, with carers providing services for older people, rather than enabling older people to make the most of their own abilities. Some older people said care was inconsistent and unreliable and carers needed better training and guidance.

Key findings continued

Older people's independence could be supported in other ways:

- the number of older people using direct payments is small and carers are not offered the opportunity to use the scheme
- assistive technology is not used to help maintain and protect older people living independently

There are long delays in providing wheelchairs, which cause delays in discharge from hospital. The commissioning of the service is currently being reviewed.

Progress on implementing the National Service Framework for Older People is mixed. There is good access to community-based rehabilitation and intermediate care services and the PCT's single point of access is supported. Although a falls coordinator has recently been appointed, there is only a skeletal falls service which does not meet the national service framework standard. The stroke service meets a broad interpretation of the standard. However, there is no designated stroke unit at Central Middlesex Hospital and the stroke unit at Northwick Park Hospital cannot accommodate all patients who would benefit from the service. Central Middlesex Hospital is planning a stroke unit, which has nine beds.

Mental health services

The lack of funding limits the mental health trust's capacity in all areas of service provision, for example there is only one day hospital for the whole of Brent. However, carers confirm that the mental health trust provides good quality services within available resources, although these are stretched. The PCT has recently identified funding to enable the mental health trust to develop a mental health liaison service with Central Middlesex Hospital.

Joint work between the mental health trust and other health agencies is reported to be good. Staff in the mental health trust report that their inpatients have excellent access to all physical health tests, clinics and consultations from Central Middlesex Hospital. Staff in the acute inpatient mental health service and community mental health service work well together to ensure they are providing patient-centred care. Northwick Park and Willesden hospitals have good access to psychogeriatric services and GPs report that joint working with the community mental health service is good.

Staff in the mental health trust who provide community mental health services would like to extend the operating hours of their service and believe this would help prevent admissions, facilitate discharge and provide appropriate carer support.

Social services provides a range of specialist day services and residential care placements for older people with mental health needs. Approved social worker services are only available through the adult mental health services and managers recognise the need to develop mental health expertise in the older people's service.

Capacity

The health and social care partnership board is able to provide leadership in the development of services for older people. There are regular opportunities for chief officers of health and council services to meet. Joint planning between the council and health communities is improving, but is not yet systemic. Senior managers have taken action to improve the effectiveness of the older people's local implementation team (LIT), which is now better placed to drive forward the development agenda.

Managers are cautious about integrating health and social care services too quickly. A target date of 2009 has been set but a detailed strategy on what the services will look like and how this will be achieved, has not been developed. A strategic group has been established to deal with integration issues.

The council is considering plans to establish an adult services directorate in line with guidance issued by the Department of Health³. The director will also be responsible for strategic issues relating to older people across the council. This will provide a coherent focus for the development of services for older people across the council and with partner agencies. Although senior managers in health are aware of the plan, they have not been involved in discussions about the opportunities and implications at an early stage.

³ Guidance was issued by the Department of Health on November 11th 2004 on the role of the director of adult social services

Key findings continued

The role of champions is generally under-developed and champions do not meet regularly. There has been a six month absence of a non-executive director lead for older people in the acute trust and the position remains vacant. The development of Brent Better Government for Older People will be led by older people's champions and the monitoring committee should ensure that champions from all sectors are involved in the process.

Councillors have scrutinised a range of council and health services for older people and are clearly committed to improving services for older people and carers. Scrutiny task groups have carried out a number of cross-cutting scrutiny reviews and a review of intermediate care has recently been completed. The findings support the proposed joint model for rehabilitation and intermediate care, with important caveats about adequate resources for the service and its organisation.

We met many committed and enthusiastic staff in health agencies and the council. They are well supported by their managers and view their organisations as having open, learning cultures with leadership that allows and encourages innovation.

The plans for Brent Emergency Care and Diagnostic Centre are well developed and offer an opportunity to provide a more streamlined and targeted service. Staff are confident about the proposal, despite the considerable changes which would be needed. The proposal involves a radical reappraisal of the provision of treatment, and risk management and monitoring arrangements during treatment have been developed. The safety of vulnerable older people and their carers relies on the robustness of these arrangements. There is some concern whether Willesden Hospital will have the staff mix and experience to deliver sub-acute rehabilitation services in time for the opening of Brent Emergency Care and Diagnostic Centre.

The council monitors the ethnic profile of its workforce, which broadly reflects the composition of the local population. However, not all health agencies have an equivalent monitoring system.

Agencies have difficulties in recruiting and retaining staff in some posts. Some staff work across professional boundaries, for example in rapid discharge home care and collaborative care team. Managers recognise the need for a joint workforce strategy, which is planned for the coming year.

Most staff in health agencies and social services say they have good access to training and professional development. However, further work is needed to promote access and the take up of joint training by some groups of health, social care and independent sector staff.

Health agencies acknowledge that further work is required to produce reliable information on health needs, expenditure and outcomes for older people. This will help ensure that resources are being deployed equally and provide valuable baseline information for the planned integration of services.

Detailed information is available on the council's expenditure on services for older people, with evidence that resources are shifting to meet changing needs. Resource panels are used to approve requests for community care packages and residential care placements, as well as determining continuing care responsibility. Social services staff report that the panels operate effectively. However, some staff from other agencies fear that panels are occasionally used to delay decisions for financial reasons.

The PCT and acute trust do not record spending on older people's services separately, a factor which will be important in planning the future integration of services. The introduction of Payment by Results⁴ in April 2005 will be a further incentive to undertake this work.

Mental health services

Both strategic and operational staff in the mental health trust acknowledge that with a more appropriate level of resources, they would be able to provide a more timely and comprehensive response to referrals.

⁴ The Department of Health's 'Payment by Results' is being extended to all NHS trusts in April 2005

Appendices

Summary report on the social care aspects of the joint inspection of services for older people in Brent

Introduction

This inspection of social care services provided to older people in Brent is part of a broader joint inspection of the range of services for older people by the council, health agencies and other partners. This report focuses on the implementation of Government policy relating to the social care needs of older people and is the sole responsibility of the Commission for Social Care Inspection (CSCI).

Overall conclusion

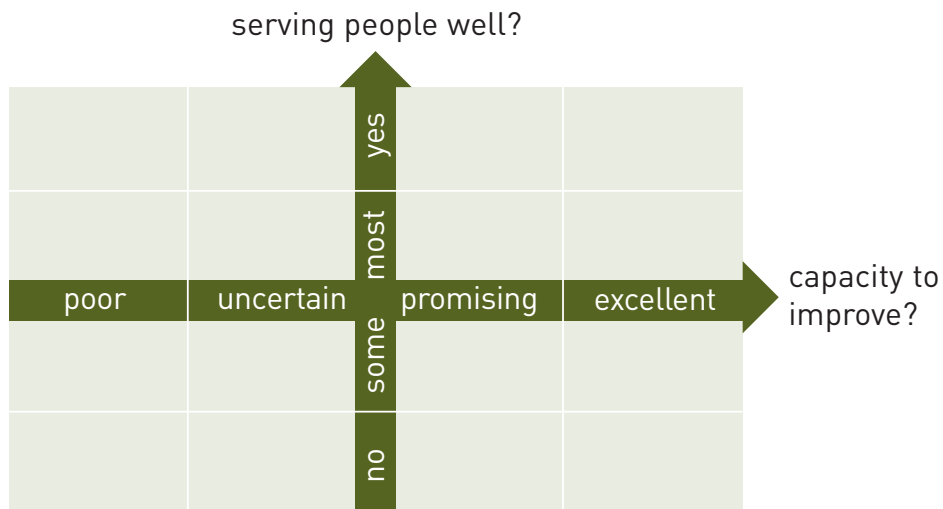
Older people in Brent have access to services, that support independent living and reflect the rich cultural diversity of the borough. This is supported by the social service department's performance against national indicators and is confirmed by the older people who participated in this inspection.

Managers and staff are committed to providing good quality services, which are responsive to the needs of older people and carers. The council and partner agencies have used this joint inspection as an opportunity to raise the profile of services for older people. In the last year, considerable progress has been made in developing a strategic framework. A joint commissioning strategy was drawn up and it forms a sound base for coordinating the development of services.

The department is making progress with partner agencies in developing jointly managed and jointly funded services, although the completion of the planned integration of services remains some way off. Relationships with partner agencies are good at a strategic level, but the department needs to address some operational issues with health colleagues. Some voluntary sector organisations would like to see an improvement in partnership working with the council. The implementation of the single assessment process has been delayed and there is further work to do to improve the quality of assessment and care planning.

Appendix 1 continued

Overall, we conclude that Brent social services is serving most people well and that its capacity for improvement is promising. This judgement is illustrated in the following matrix:



Although the joint inspection uses new combined inspection criteria, this judgement is derived from CSCI’s national standards and criteria, which have been developed from legislation, guidance, research and understanding of good practice. These standards are available on CSCI’s website, www.csci.gov.uk.

We make the following recommendations, which the social services department should implement:

Standard	Recommendation
Standard 1 National priorities and strategic objectives	<ul style="list-style-type: none"> Review the range of performance information produced for the performance board and other meetings of senior managers and councillors.
Standard 2 Effectiveness of services delivery	<ul style="list-style-type: none"> Ensure systems are in place to monitor the quality of home care, together with other commissioned and directly provided services. Ensure the improvement in waiting times for the provision of adaptations and outcomes and equipment is sustainable. Consider commissioning independent surveys of user satisfaction.

Standard	Recommendation
<p>Standard 3 Quality of services for users and carers</p>	<ul style="list-style-type: none"> • Improve the involvement of older people, carers and care providers in assessment and care management processes. • Undertake detailed monitoring of waiting times and case transfers across the older people's service. • Address the backlog of care management reviews and ensure systems are in place to manage reviews in future. • Ensure there is good practitioner involvement in planning the introduction of new assessment and care planning formats. • Establish a system of case file audit to provide management information on the quality of services.
<p>Standard 4 Fair access</p>	<ul style="list-style-type: none"> • Ensure the method of determining eligibility is in line with the Department of Health's guidance on fair access to care.
<p>Standard 5 Cost and efficiency</p>	<ul style="list-style-type: none"> • Consider delegating authority to approve some aspects of care management expenditure.
<p>Standard 6 Management and resources</p>	<ul style="list-style-type: none"> • Review the role and capacity of staff involved in improving data quality. • Review the skills mix in care management teams.

Standard 1: National priorities and strategic objectives

The council is working corporately and with health and other agencies to ensure the delivery of national priorities and objectives for social care, the National Service Framework for Older People and their own local strategic objectives.

Partnership working

Brent social services department plans and develops services for older people through a multi-agency local implementation team for older people. The health and social care partnership is responsible for approving plans. The local implementation team is made up of a range of social services staff with strategic, operational and planning responsibilities. Senior managers from all agencies report that these arrangements are working effectively.

Partnership working between health and social services is strong at a strategic level, but the arrangements for involving older people, carers and independent sector agencies need to be improved. The joint report contains additional information on these issues.

Plans to integrate health and social care services for older people are due to be completed by 2009 and a steering group has been formed to take this work forward. A number of joint working initiatives are currently being developed, although plans beyond the next year have not been detailed. We support continued work towards integrating the management of services wherever this will deliver better outcomes for older people. Continuing to develop jointly managed individual services will also help to highlight the benefits and potential of whole service integration.

Performance improvement

The council's Improving Brent action plan records key activities to improve the standard of all council services with a view to achieving an 'excellent' rating in the next comprehensive performance assessment by the Audit Commission. Improving the performance of the social services department is central to this plan. All the department's managers have good awareness of performance and have opportunities to engage in the annual service planning process. Initial work has been done on developing a performance matrix for the 2005/2006 unit business plan for the older people's services. This now needs to be shared widely with managers across the service.

The performance of the social services department on the Department of Health's performance assessment framework has shown steady improvement in older people's services over the last four years. Eight of 18 indicators relating to older people show very good or good performance, with a further five at an acceptable level.

Regular reports on the department's performance are provided for managers. The council's executive group receives a quarterly report on departmental performance. Three of the indicators relate to social care services for adults, of which only two reflect the Department of Health's six key thresholds for adult services. While the quarterly report is not intended to be detailed, these indicators provide a very limited view of whether social care services are being delivered fairly and are successfully meeting the council's policies and priorities.

Standard 2: Effectiveness of service delivery and outcomes

Older people receive social services that promote independence. These services promote independence and support older people to make the most of their own capacity and potential.

Views of older people and carers

We sent a questionnaire to 100 older people receiving services from the social services department and received 29 replies. We sent a similar questionnaire to 50 carers and received 13 replies. Responses from older people were favourable, slightly less so from carers:

- 22 older people and eight carers said services were always or usually helpful
- 24 older people and nine carers said staff were respectful
- 24 older people said staff were easy to contact
- 23 older people said help was provided quickly after the decision was made to provide services, but only six carers said this
- 19 older people said changes were made to fit in with their needs, but only five carers said that services were adaptable

Further detail of the responses to these questionnaires is contained in appendix 2.

Home care and day services

Some services have not been provided in a way which reflects an enabling approach, particularly home care and day care. Managers have recognised this issue, which is addressed in the new home care contract and the review of day services.

Brent's performance on the ratio of older people supported at home during 2003/2004 was acceptable, and was an improvement on performance in earlier years. The latest information suggests performance continues to improve. The ratio of people receiving intensive home support has been consistently good.

Staff told us they have no difficulty in arranging home care during the day. However, they find it difficult to arrange home care after 8pm and we met some older people who did not receive care when they preferred to have it. Some of the older people we interviewed and those attending the consultation event said their home care was not consistent, due to, for example, carers failing to turn up, or carers rushing through their visit. These are longstanding issues, which the department intends to address through improved monitoring.

Home care based on cultural needs is available and new services are being commissioned, for example a home care service for Gujarati speaking older people.

Residential and nursing care

Brent's performance on the indicator measuring the ratio of people admitted to residential and nursing care during 2003/2004 is very good. The department's figures indicate that the number of people being admitted in the current year has continued to fall. Although we found no evidence to suggest that the needs of older people are not being met, this will lead to a lower performance rating.

Like other boroughs, it is difficult to find nursing homes and places for older people with mental health needs in Brent.

Equipment and adaptations

The department's performance in delivering equipment within seven days is good. The waiting time for assessing the need for equipment has been reduced with the introduction of trusted assessors.

The joint review¹ in 2002 noted unacceptable delays in the provision of adaptations and an under-resourcing of occupational therapy services. The department has improved the staffing of the team and successfully reduced the number of people waiting for an assessment. However, some older people and staff still believe there are delays and it may be some time before managers can demonstrate that the service is operating effectively.

Joint working

Of the 24 staff who responded to our questionnaire, most said the arrangements for rehabilitation and promoting independence were good, with similar comments on the availability of information and access to services. Responses were less favourable about joint work with health and housing staff.

Staff in a wide range of health services commented that the social services department was often slow to respond to referrals. Further detail of issues relating to joint working is contained in the main report.

Evaluating services

The council has undertaken many surveys of older people's satisfaction with services, which provide valuable information about the quality of services. Surveys are conducted in-house, which may limit the willingness of older people and carers to speak freely.

Modernising the council's services has led to the development of new types of service, for example collaborative care, intermediate care and extracare accommodation. These are positive developments, which extend the range of choices to enable people to continue living independently. Continued work is required to develop an understanding of the effect these services have on improving outcomes for older people.

¹ A joint review of the social services department was carried out by the Audit Commission and Social Services Inspectorate in 2002

Direct payments

The social services department has taken steps to improve the take up of direct payments, with the appointment of a specialist support agency and greater management oversight of performance. As a result, managers predict that they will meet the target for this year. However, the number of older people using the scheme remains small and carers are not offered direct payments in their own right. There is a need to improve information and support for older people, as they are not currently tailored to meet their specific needs.

Vulnerable adults

Agencies agreed a policy and procedures for the protection of vulnerable adults in 2004, in line with national guidance. Policies and procedures are of a good standard.

Of 57 referrals made between April and December 2004, 27 related to older people. Abuse was established in over half of the total number of referrals. The main type of abuse reported was financial, followed by neglect.

A good range of data is collated quarterly and reported to the adult protection committee and senior managers.

Standard 3: Quality of services for users and carers

Older people and their carers benefit from convenient and person-centred services, through effective care management arrangements.

Views of older people and carers

Of the 29 older people and 13 carers who responded to our questionnaire:

- 22 older people and seven carers said their social worker was easy to contact
- 17 older people said they had received written information about services compared to only five carers who said this
- 16 older people and seven carers said they were involved in deciding which services they received
- 15 older people said they were told what was happening at each stage, but only five carers said this was the case
- only two carers said they were invited to attend meetings

Assessment, care planning and review

In 2003/2004, the department's performance on the length of time older people wait for an assessment was considered acceptable. Latest information suggests that performance has improved slightly. Brent's performance on the time taken to provide a care package following assessment was good. However, performance during the current year shows it is now taking longer to provide a care package, which will lead to a lower rating. We found from consultation and interviews that older people and carers still consider long waiting times to be a problem.

The 2003/2006 service operational plan for older people's services referred to 250 cases where initial assessments had been completed, but were awaiting allocation to a named care manager. We heard that workload pressures cause delays in transferring work between teams, with cases either waiting to be transferred or held, pending allocation. Managers cannot yet use the new client database, Framework-i, to track transfer times. However, individual team managers know the position in their own teams.

We were concerned that workload pressures have led to a practice of completing assessments of older people in hospital without face-to-face contact with a care manager, unless their needs are complex. The arrangements for deciding which agency takes primary responsibility for an assessment should be clarified.

We read the case records of sixteen older people receiving services and talked with care management staff and staff from other agencies about care planning. Recording was up-to-date, both on case files and electronically. The department makes good use of summaries and provides overviews of its work. Social work reports prepared for panel discussions provided summaries of the key casework issues.

The department does not perform well on carers' assessments. Only four of the 13 carers who responded to our questionnaire knew they could have a separate assessment of their needs and only two had received an assessment.

Care plans lack detail of the aims of the care package and do not include a record of services provided by all involved, including carers.

Most older people said they had received a copy of their care plan, although carers said they were less well involved. Some providers said they were told they could not have access to the care plan because it was confidential. We support the introduction of the new care planning tool, My Shared Care Plan, which sets a clear standard for ownership of the care plan by the older person and access by carers and care providers.

Although it is evident from discussions with staff that they are sensitive to cultural issues, the recording of assessments and care plans does not sufficiently address diversity issues.

The department's performance on completing reviews in 2003/2004 was poor and there is evidence that this remains a significant problem. Unscheduled, unplanned, reviews are given priority and only a third of annual reviews of placements in residential and nursing homes have been carried out.

Electronic client database

The department is changing paper case files to electronic records. We found the new client database easy to use. Only recent information has been transferred from the old system and there are gaps in the information provided. The care management assessment is recorded on the client database but this does not include assessments made by other agencies and other sections of the department.

The electronic format of assessments and care plans does not encourage accurate recording of the views and wishes of older people and carers. Care management staff have found ways of getting round the limitations of the current system, for example by using supplementary reports to support applications taken to panel. We found that these reports give a more rounded picture of an older person's needs. We were advised that this issue would be addressed with the introduction of the new assessment tool, which can be tailored to meet specific needs.

The client database does not record whether people have been given information on how to complain, charges for services or their right of access to information.

Auditing

An independent audit of the quality of assessment and care planning was carried out which identified areas of good practice and the need for further work to improve the quality of care planning. The supervision policy requires that case files are audited under supervision but records of the audit are not put on the case file. The findings of case file audits are not aggregated and reported. Managers and staff are therefore unable to use the information gained from these audits to help improve the quality of services.

Standard 4: Fair access

Social services act fairly and with consistency about who gets what social care services, and how charging works.

Eligibility

Managers have identified that the criteria for determining whether an older person is eligible for help from social services are not being applied consistently. In addition, the use of a points-based system in the assessment of eligibility had recently been discontinued because it was recognised that it did not meet the requirements of Fair Access to Care Services (FACS)². The arrangements were changing at the time of the inspection.

Equality and diversity

The proportion of older people from black and minority ethnic groups who receive assessments and care packages is in line with the composition of the local population.

The department records the take up of services by black and minority ethnic groups through reviews and other activities, for example the use of home care and meals on wheels. There is a need to extend this to other areas, such as intermediate care, where access to services by older black people in minority ethnic groups is not monitored.

The council's self assessment places the council at level 1 of the Equality Standard for Local Government. Managers are working towards achieving level 2 next year and we support this.

² Guidance on Fair Access to Care Services was issued by the Department of Health LAC (2002)¹³

Access

Most of the council's buildings comply with the access requirements of the Disability Discrimination Act 1995. Progress on plans to improve access is monitored by the council's executive group.

Complaints

The annual complaints report for 2003/2004 records that, of a total of 231 complaints received during the year, 64 were about services for older people. This is comparable to the number received in the previous year. Most stage one investigations were completed within the department's target time of 15 days but performance could be improved.

The complaints procedure was operating effectively and the recording of complaints information is comprehensive. Senior managers receive quarterly monitoring reports.

The complaints report details the lessons learned and action taken by senior managers to address stage two and stage three complaints. Most of the complaints at stage one related to quality of services. An increasing number of these were investigated locally but the findings report does not show the action taken or provide learning points.

Charging

The charging arrangements appear to be working effectively. Older people are visited to assess the charge for services provided to them and they are notified of the cost within five days.

Visiting officers provide benefit advice and help with claims. Benefits advice is also provided by social workers, one stop shops, Age Concern and CAB.

The department's charging policy was updated in line with the requirements of Fairer Charging³.

³ The Department of Health published practice guidance on fairer charging for home care and other non-residential social services in August 2002

Standard 5: Cost and efficiency

Social services commissions and delivers services to clear standards, covering both quality and costs, by the most effective, economic and efficient means available.

Financial management

There is evidence of substantial investment in services for older people in recent years, and of resources being reallocated to support the modernisation of services. For example, the budget for residential care has been reduced to support greater expenditure on care packages to support people in their own homes.

In the 2003/2004 performance assessment return, the average unit costs of home care and intensive social care in Brent were rated as good. The unit cost of residential and nursing home care was above the recommended level.

Managers have addressed a weakness in the link between financial systems and activity data, which was noted by the Audit Commission's comprehensive performance assessment in 2002. There is a need to develop the system for costing care packages, which will be possible at a later stage in the implementation of Framework-i.

Finance management accountants are based in units to improve budget monitoring.

Budgets are monitored appropriately and the most volatile budgets are scrutinised the closest.

Resource panels are effectively used to approve resources, including placements, care packages, continuing care and extracare accommodation. Some changes to care packages, for example respite care, also need to be agreed by a panel. Care managers do not attend panel meetings to present their applications but say the process works efficiently.

Further delegation of financial responsibility is being considered. At present, staff have little information about the cost of care packages. The separation of responsibility for allocating resources from the agreement of the care plan has contributed to this.

Commissioning

The department is strengthening its commissioning role with independent sector providers. The relationship with block contracted private domiciliary care agencies is very positive and based on a good level of trust between commissioners and providers. However, many of the private residential care and voluntary sector representatives we met said they did not feel fully involved and were unaware of the provider forum.

The arrangements for funding voluntary sector organisations are changing following a review in 2003. Voluntary sector organisations said there has been a lack of consultation about these changes. They also gave examples of some contracts being unwieldy and too complex for the amount of money involved. These changes have caused some tension and the council needs to re-establish a positive relationship across the voluntary sector. This could be achieved by involving the voluntary sector in developing a prevention strategy which reflects corporate, departmental and health priorities.

A placements officer has been appointed to assist with finding placements and negotiating terms. This role is valued by staff and private sector care providers.

Private sector providers say that social services is prompt in making payments for services.

Best value reviews

Two best value reviews have been done on services which affect older people - care management and assessment, and the meals service.

There is evidence of a commitment to continuing improvement in services for older people. The day services review is an example of a review process, which has engaged a wide range of stakeholders and makes clear proposals to reshape the range of provision to meet changing needs.

Standard 6: Management and resources

Social services has management and accountability structures that commission and provide effective services

Departmental structure

The senior management team consists of a director of social services and four assistant directors. An assistant director is responsible for community care services for older people and younger adults. Two assistant directors are responsible for finance and resources, and quality and support services. The department's structure has helped to develop a staff awareness of performance. The strategy, planning and performance section is responsible for producing performance information, but also works directly with operational managers to improve performance in key areas.

Change management

Managers have a clear understanding of national and local priorities. Staff are generally aware of the direction of travel for older people's services and are committed to improving the quality and responsiveness of services. They say they have sufficient contact with senior managers, although many say that meetings are used to inform, rather than involve. We believe there will be benefits if senior managers create more opportunities to communicate the vision directly and engage staff in this process.

Performance management systems

The council has made progress in improving performance management by systematically linking service activity to corporate objectives through a hierarchy of service and team plans. Managers and staff say the rigour of this process has increased their awareness and provided a helpful structure to support their activities. Individual performance is managed through supervision and appraisal, both of which are well established across the department. However, the link between appraisal and departmental priorities could be strengthened with more consistent and specific use of objectives and targets.

At present, managers cannot easily obtain information from Framework-i on the performance of their unit. When fully operational, Framework-i will be able to produce better management information for managers at all levels. Managers will need to have additional training, guidance and practice to make good use of the system.

Staff have adapted well to the new IT system. Although still learning, most staff know how to use the system. IT support staff work directly with teams to improve the quality of data and can see the benefits of extending this approach. However, there are only a small number of staff able to do this work and resources need to be well coordinated.

Role of councillors

The council has adopted a leader and executive model. A councillor on the executive group has lead responsibility for social care services.

From our meeting with Labour councillors and reading documents submitted by the council, we believe that their scrutiny function appears to operate effectively.

The main report refers to the need to develop and promote the role of older people's champions across the borough. Older people's champions could, for example, have a significant role in the scrutiny of health and social care services.

Supervision, training and development

All the staff we interviewed receive supervision at regular intervals. Policy and procedures detail what is expected and managers and staff are satisfied with the operation of the policy. However, some said it was difficult to find rooms where supervision could be held in privacy.

Most of the staff we interviewed have received an appraisal, including a number of agency staff who have been with the department for a long time. Managers use an agreed format for appraisal, which assesses performance against personal objectives and identifies development needs.

Staff told us there is a good range of high quality training. Training needs are identified through appraisal and feed into learning development plans. Individual training plans are kept and attendance at training courses is monitored.

The department provides a two day induction course for new staff and joint induction with the PCT is planned. As yet, older people and carers are not involved in developing or providing training for staff.

Workforce

Managers recognise the need for a more strategic approach to recruitment and retention. Social services has considerable difficulty in recruiting and retaining care managers with a professional social work qualification, and the benefits of appointing and developing unqualified staff, or staff with other qualifications, should be explored.

Staff from black and minority ethnic groups told us that the department's managers respect their cultural needs, for example with flexible working and leave arrangements. Brent has a scheme to provide mentoring and career development advice for black and Asian staff, who are under-represented at senior levels of management.

Women are well represented throughout the department, including at senior management level.

Summary of findings from user and carer questionnaires

Older people

We sent questionnaires to 100 older people receiving services from the social services department and received 29 responses.

Making contact				
Is your care manager (or social worker) easy to contact?				
Always	Usually	Sometimes	Never	Not stated
7	15	6	-	1
Are the staff who provide your care services easy to contact?				
Always	Usually	Sometimes	Never	Not stated
11	13	1	3	1
Your involvement				
Are you asked what you think about the services you receive?				
Always	Usually	Sometimes	Never	Not stated
4	9	9	4	3
Do staff treat you with respect?				
Always	Usually	Sometimes	Never	Not stated
16	8	2	1	2
Do social services staff take note of any important matters relating to your race, culture or religion?				
Yes	No	Not applicable	Don't know	Not stated
11	1	6	9	2
Do you know that if you wish, you could have an interpreter/translator?				
Yes	No	Not applicable	Don't know	Not stated
7	6	12	-	4

Your involvement continued				
Do you know that if you wish, you could have a friend/adviser/advocate to support you?				
Yes	No	Not applicable	Don't know	Not stated
10	7	6	-	6
Do you know how social services work out the charges for your services?				
Yes	No	Not applicable	Don't know	Not stated
9	17	2	-	1
Do you think charges are fair for the services you get?				
Yes	No	Not applicable	Don't know	Not stated
14	3	5	-	7

Informing you				
Are you given written information about the services you receive in the form you need?				
Always	Usually	Sometimes	Never	Not stated
8	9	3	6	3
Are you told what is happening at each stage?				
Always	Usually	Sometimes	Never	Not stated
5	10	3	6	5
Do you know how to make a complaint?				
		Yes	No	Not stated
		19	8	2
Do you know that you can see your records if you wish?				
		Yes	No	Not stated
		9	18	2

Appendix 2 continued

Quality of service				
Did you get help quickly after a decision was made to provide the services?				
	Yes	No	Not applicable	Not stated
	20	3	4	2
Were you involved in deciding about the services you receive?				
Always	Usually	Sometimes	Never	Not stated
5	11	8	2	3
Are charges made to fit in with your needs?				
Always	Usually	Sometimes	Never	Not stated
7	12	5	1	4
Have you had the services that you agreed with your care manager?				
Always	Usually	Sometimes	Never	Not stated
12	6	7	-	4
Have the services helped you?				
Always	Usually	Sometimes	Never	Not stated
13	9	3	-	4

Source: CSCI survey of service users

Carers

We sent questionnaires to 50 carers of older people and received 13 responses.

Carer Assessment				
Do you know that you can have a separate assessment of your needs as a carer?				
	Yes	No	Not stated	
	4	9	-	
Have you had a separate carers' assessment?				
	Yes	No	Don't know	Not stated
	2	11	-	-
If you had a carers' assessment, has it resulted in more support for you?				
Yes	No	Not applicable	Don't know	Not stated
-	1	11	1	-
Are you satisfied with the outcome of your assessment?				
Yes	No	Not applicable	Don't know	Not stated
-	1	11	1	-

Making contact				
Are the care manager(s) easy to contact?				
Always	Usually	Sometimes	Never	Not stated
2	5	3	2	1
Are the staff who provide care services (yours and those for the person you support) easy to contact?				
Always	Usually	Sometimes	Never	Not stated
3	5	4	-	1

Appendix 2 continued

Your involvement				
Are you asked what you think about the services?				
Always	Usually	Sometimes	Never	Not stated
1	1	5	6	-
Are you invited to and enabled to attend meetings about your care and that of the person you support?				
Always	Usually	Sometimes	Never	Not stated
1	1	-	11	-
Do staff treat you with respect?				
Always	Usually	Sometimes	Never	Not stated
5	4	1	2	1
Do social services staff take note of any important matters relating to your race, culture or religion?				
Yes	No	Not applicable	Don't know	Not stated
3	1	2	7	-

Informing you				
Are you given written information about the services you and the person you support receive, in the form you need?				
Always	Usually	Sometimes	Never	Not stated
1	4	-	7	1
Are you told what is happening at each stage?				
Always	Usually	Sometimes	Never	Not stated
-	5	3	4	1
Do you know how to make a complaint?				
		Yes	No	Not stated
		5	8	-
Do you know that you can see your records if you wish?				
		Yes	No	Not stated
		-	13	-
Do you know that, if you wish, you could have an interpreter/translator				
	Yes	No	Not applicable	Not stated
	2	4	7	-
Do you know that, if you wish, you could have a friend/advisor/advocate to support you?				
	Yes	No	Not applicable	Not stated
	2	6	4	1
Do you know how social services work out the charges for services?				
	Yes	No	Not applicable	Not stated
	1	9	2	1

Appendix 2 continued

Informing you continued				
Do you think the charges are fair for the services you and the person you support get?				
	Yes	No	Not applicable	Not stated
	4	3	3	3

Source: CSCI survey of carers

Quality of service				
Did you get help quickly after a decision was made to provide the services?				
	Yes	No	Not applicable	Not stated
	6	5	1	1
Were you involved in determining the services you receive?				
Always	Usually	Sometimes	Never	Not stated
3	4	4	1	1
Are charges made to fit in with changing needs?				
Always	Usually	Sometimes	Never	Not stated
2	3	3	3	2
Are you satisfied with the quality of services you receive?				
Always	Usually	Sometimes	Never	Not stated
2	5	3	1	2
Have you had the services that you agreed with your care manager?				
Always	Usually	Sometimes	Never	Not stated
4	3	3	1	2
Have the services helped you?				
Always	Usually	Sometimes	Never	Not stated
6	2	3	-	2

Source: CSCI survey of carers

આ માહિતી વિનંતી કરવાથી અન્ય રૂપે અને ભાષાઓમાં મળી શકે છે.
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