

RECORD OF PERFORMANCE ASSESSMENT FOR ADULT SOCIAL CARE

Name of Adult Services Authority

Brent

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Part 1: Performance Review Report

Summary of Improvements

Brent Council established an Adults and Social Care Department on July 4th 2005 and prior to this recruited to three new Assistant Director posts. The new department is designed to ensure that the Council has the infrastructure to work in partnership with the health service and the voluntary sector to help vulnerable people to lead full and independent lives.

A joint inspection of Older Persons services conducted by CSCI, the Audit Commission and the Healthcare Commission concluded that social care services were serving most people well and that the capacity for improvement was promising. The inspection report noted that older people benefit from a range of services that reflect the rich ethnic diversity of the borough, and most were pleased with the care they receive. Inspectors noted the commitment from managers and staff to provide quality services.

The former Social Services Department had achieved Investors In People across the whole of the department and there had been notable improvement in infrastructure systems and human resources capacity.

Summary of Areas for Improvement

There has been some deterioration in a number of key performance indicators including those in key areas such as waiting times for assessments and for the delivery of care packages, and the number of delayed discharges from hospital. The Council has recognised this and is taking steps to address the issues.

The evidence suggests that the promoting independence agenda is not fully embedded. All helped to live at home indicators are below the outer London average and all but those for people with mental health problems show deteriorating performance since 2003-04. Despite significant increases in 2004-05 very few clients are in receipt of Direct Payments.

Whilst the number of admissions of supported residents to residential and nursing care has decreased and the number of people in receipt of intensive home care has increased, other alternatives to residential care, such as extra-care housing and intermediate care are less well developed in comparison to other authorities.

STANDARD 1: National Priorities And Strategic Objectives

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

Improvements achieved/achievements consolidated since the previous annual review

- The Council has made some progress in implementing the National Service Framework for older people; it has identified risk management procedures with health partners to reduce the risk of falls, identified resources for a multi-agency stroke prevention team, established a specialist mental health for older people post, and has set up schemes with partners to promote healthy active ageing of older people. However, the Joint Inspection of Older People's Services in Brent identified difficulties in the operation of joint procedures for discharge planning, including the fact that both notifications to the Social Services Department, and the Department's response times were slow, that discharge planning did not always include care managers and that discharges were made without essential services in place, resulting in emergency readmissions.
- The Council is on target to implement most of the components of the Single Assessment Process during the early part of the coming year, and has provided appropriate training to professionals to enable them to undertake the task. Local hospitals are now using Single Contact Assessments
- Good use has been made of the Learning Disabilities Development Fund in contributing to outcomes for people with learning disabilities and their families, such as the appointment of a Personal Care Plan Coordinator, an advocate and a Housing Support Worker
- A Joint Partnership Board and pooled budget have been established in respect of Integrated Community Equipment Services
- Good progress has been made in implementing the National Service Framework for people with mental health problems. For example, an Assertive Outreach Service, a Crisis Resolution Team and Advocacy Service are now in place.
- The Council ensures that, via a variety of different groups, users and carers are able to participate in consultation on service development. For example, there has been consultation with the Moslem Health Group to review the availability of services for older people in the Moslem community, stakeholder events are planned to discuss the model for an integrated older people's mental health service, user surveys of older people, and the inclusion of service users on steering groups and recruitment panels.

Areas for improvement

- There has been an increase in the number of delays of people discharged from hospital and an increase in the number of reimbursable days that are attributable to social care. The Council attributes the figures to problems associated with data capture. The Action Plan following the Joint Inspection of Older People's Services identifies the completion of the establishment of a specialist multi-disciplinary and multi-agency falls services as a priority.
- Commissioning strategies for people with learning disabilities reflect local and national priorities, including those set out in Valuing People. There is a new Strategy for People with Learning Disabilities, but performance is not strong with regard to Person Centred Planning. For example, the percentage of care leavers who are referred to adult services with a Person Centred Plan is below the outer London average (DIS 2224), and the percentage of people in hospital who have received social services and are in receipt of a Person Centred Plan is low (DIS 2223).
- The successful development of partnerships at a strategic level for older people needs to be reflected at an operational level.
- Identified gaps in the current provision to enable people with physical and sensory disabilities to obtain employment will need to be filled
- Further implementation of the National Service Framework for People with Mental Health Problems is necessary, particularly with regard to the modernisation of day services, in order to develop employment and training opportunities

STANDARD 2: Cost and efficiency

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

Improvements achieved/achievements consolidated since the previous annual review

- The Council delivered a balanced budget at the end of the last financial year.
- Despite the fact that the Auditor's letter did not make any specific recommendations with regard to social care, the Council has a plan to improve its budget setting methods, its demand projection and its risk management and review systems.
- The Council currently operates integrated services for people with mental health problems, learning disabilities and for the provision of integrated community equipment services with the Primary Care Trust.
- Unit cost indicators are broadly in line with the outer London average for the cost of residential, nursing and home care.

Areas for improvement

- The current extent of use of spot purchases should be reviewed and consideration should be given to the adoption of block and "cost and volume" contracts as a means of promoting better value for money

STANDARD 3: Effectiveness of service delivery and outcomes

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

Improvements achieved/achievements consolidated since the previous annual review

- The joint inspection report noted that older people benefit from a range of services, which reflect the rich ethnic diversity of the borough.
- The provision of intensive home care has increased (PAF D54), thus enabling more people with a higher level of need to remain in their own home
- The Council has been involved in a pilot project with the Department of Health and Action on Elder Abuse in developing performance indicators in regard to the protection of vulnerable adults

Areas for improvement

- The range of service alternatives to residential care needs to be expanded. Levels of Direct Payments, Extra-care housing and intermediate care are all lower than those of comparable authorities. Helped to live at home indicators for all client groups are below the outer London average, although the Council reports some difficulty in the manner in which these figures are recorded (PAF C29, C30, C31 and 32)
- Although there has been an increase in the number of service users in receipt of direct payments from last year, the figures remain well below the outer London average, despite the fact that the council has a contract with a new provider to increase the take up of this service (PAF C51)

STANDARD 4: Quality of services for users and carers

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

Improvements achieved/achievements consolidated since the previous annual review

- Performance is strong on the percentage of items and adaptations delivered within seven working days (PAF D54)

Areas for improvement

- Users of services and their carers need to be more involved in assessment and care management procedures. The Action Plan following the Joint Inspection of Older People's Services aims to ensure that older people are effectively involved in strategic development and commissioning.
- Domiciliary care services for older people need to be provided in a more flexible manner at times when users are in most need of support, and services should be increasingly aimed at enabling people rather than directly providing services for them.
- Waiting times for assessments and for the receipt of services on completion of assessments for older people are long (PAF D55 and D56).
- The number of service users receiving a review of their services has decreased slightly from last year, and remains well below both the outer London average and the Council's own plan for 2004/05. Its plan for 2005/06 is considerably lower than that of the previous year (PAF D40).

STANDARD 5: Fair access

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

Improvements achieved/achievements consolidated since the previous annual review

- The proportion of older people from black and ethnic minority groups who receive assessments and care packages is proportionate to the composition of the local population.
- The Council has continued to promote diversity by the publication of a number of reports, enabling staff to attend disability awareness courses and has continued to implement its equalities action plan.
- The charging arrangements are working effectively, with visit officers providing advice and assistance with benefit claims.
- The council has taken up the recommendation of the older peoples inspection report with regard to discontinuing the points systems of eligibility and has now changed to a system that is in line with Fair Access to Care Services.
- Fair Access to Care Services eligibility criteria are well embedded into the assessment and care planning arrangements for older people
- The new domiciliary care contract provides enhanced flexibility to meet service users' cultural needs

Areas for improvement

- Although the Council has issued training and written guidance on equality impact assessments it has reported below average progress on completing the assessments in respect of all its policies.
- Records of assessment and care plans need to more adequately address diversity issues.

STANDARD 6: Capacity for improvement

The council has corporate arrangements and capacity to achieve consistent, sustainable and effective improvement in social services

Improvements achieved/achievements consolidated since the previous annual review

- The Council's cabinet has now approved an agreement under section 31 of the Health Act with regard to joint commissioning of services with the Primary Care Trust. A Joint Commissioning Strategy has been agreed, and progress has been made on jointly managed and jointly funded services for older people.
- In response to an inspection of older peoples services conducted earlier in the year, the council has adopted a wide-ranging action plan in order to address any outstanding issues.
- The council has a clear human resources strategy which ensures that there is compliance with key areas such as equalities legislation, monitoring diversity and promoting life chances for disabled staff. In consequence, there has been a decrease in staff turnover from 10.6% to 9%, but this is still higher than the outer London average. However, the council maintains a vacancy rate of 4.3%, which is considerably lower than the outer London average.
- There is a high level of investment in staff training and the joint inspection report on older people's services concluded that staff were well motivated and committed to working for the Council.
- A new ICT system has been operational for over a year and this incorporates a client database, a care management workflow system and performance management and financial information. This is linked to a performance management system that incorporates individual team and corporate objectives.
- The whole of the former Social Services Department has achieved accreditation under Investors In People.
- The Council has continued to implement its "Improving Brent" Agenda, which is aimed at the improvement of all Council services with a view to achieving an 'excellent' category in the Comprehensive Performance Assessment by 2006.
- Managers and staff continue to receive strong leadership and direction from councillors. The lead member for social care has recently completed a peer review of services with another Council under the auspices of the Improvement and Development Agency.

Areas for improvement

- The number of days spent on practice learning for qualified staff has increased, but remains below the outer London average (**PAF D59**).