



BEST VALUE REVIEW

Services to Adults with Physical Disabilities

Panel Report

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1. INTRODUCTION

1. Services to Adults with physical disabilities in Brent are provided through the Physical Disabilities Service Unit (PDSU) within the Social Services Directorate. The Unit consists of the following services/teams:
 - Assessment & Care Management of People with Physical Disabilities;
 - Assessment & Care Management of People with HIV/AIDS;
 - Assessment & Care Management and Rehabilitation and Mobility training for People with Sensory Loss (deaf, hard of hearing, partially sighted and blind);
 - Occupational Therapy Services
 - Joint Equipment Stores.
 - New Millennium Day Centre
 - Carlyon Print Shop
 - Drugs & Alcohol Assessment & Care Management Service.
2. The scope of this review specifically excluded the service provided by Occupational Therapy which is to be the subject of a separate review and the services provided by the Drugs and Alcohol Team, H.I.V Team, the Millennium Day centre and Carlyon Print all of which have been the subject of either recent management reviews or other changes. The focus of this review has therefore been the assessment and care management services provided to adults with physical disabilities including those with sensory impairments.
3. The scope of the review was drafted by the Service Managers and amended by the Best Value Strategic Group to produce the final scope.

2. SCOPE OF THE REVIEW

4. The Scope for the Best Value Review of Physical Disabilities Services was agreed by the Best Value Strategic Group on 16th October 2002 and is reproduced below.
5. **Goal:** to achieve improvements in current assessment and Care management processes and practices, that will lead to better experiences for the service users and maximize value for money.
6. **Purpose:** the purpose of this review is to promote independence improve consistency of Service delivery and provide convenient and appropriate user centred services in Brent by:
 - reducing waiting times for assessment
 - reducing the time in which services are provided
 - improving performance on reviewing cases
 - being clear about roles and responsibilities within Physical Disabilities Service Unit (PDSU).
7. **Objectives:**
 - To challenge how and why current physical disability services are provided

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- To evaluate current policies and strategies with respect to achieving customer satisfaction and national targets as set out in the NHS plan and other government policies
 - To improve the current process and procedures for registration of disabled people
 - To insure that Physical Disabilities Services are working towards *Fair Access to Care Services guidance*
 - To increase the number of people utilizing direct payments and provide customer focused support to those opting for direct payments
 - To evaluate progress of the previous best value Review of adult Disabilities Resources with respect to the Carlyon print shop i.e. is it being managed in accordance with National supported employment programs such as work step
 - To ensure action set at the adult disability resources best value Review in relation to the New Millennium Day Centre is being achieved
 - To identify and strengthen key partnerships with other agencies, community and voluntary sector in the provision of services to physically disabled people aged 18 to 64.
 - To review and improve current commissioning arrangements [planning, procurement, management and review] of Services.
 - To review and improve "Transition" arrangements for people with physical disabilities.
 - To insure that efficient operational activity within the P.D. Service impacts positively on all partner agencies and the delivery of particular the and their services.

3. METHODOLOGY

8. The review methodology was based on the European Foundation for Quality Management (EFQM) Business Excellence Model, which assesses organisational performance and capacity in the following categories. This model was used to provide a structure for the Panel's deliberations because Panel members wanted to take a broad and objective view of the way the services are provided and organised.
 - Leadership
 - Policies and Strategies
 - Processes and Procedures
 - Staffing
 - Service Users and Carers
 - Resources
 - Partnerships
 - Performance management
9. Evidence was considered from the baseline information report (Appendix One) about the services provided by the Unit together with other key documents from Social Services including the Service Development Plan and its recent update.
10. The evidence presented was reviewed in the context of the Service Areas' own aspirations, national guidance and best practice. Service users' requirements were taken into account through the consultation carried out for the review and by the user and advocate members of the Panel.

Other factors

11. Brent Social Services were the subject of a Joint Review by the Audit Commission and Social Services Inspectorate (SSI) during 2002 and the final report of this inspection was received during the course of this review. The Joint Review made several judgements and recommendations about services to adults with physical disabilities that have been incorporated into this report. Most notably the Joint Review states that “services for people with a physical disability have been neglected and there are few resources of any kind.” This assessment has been corroborated by the Best Value Review that found that there is a need for greater priority to be given to these services in terms of support and development.

Interviews

12. The Panel identified the key service providers, partners and consumers under each heading and interviewed them about their knowledge and experience of the service. There was good correlation between the experience of service users and the views of service providers, which facilitated recommendations in many areas. Naturally there are some areas detailed in the body of the report where there were differences of opinion between the Service Managers, users and carers about how the service should be organised. This Review does not adjudicate on these issues but suggests a method for resolution that is both transparent and inclusive.

Information Gaps

13. There were some gaps in the information available to the Panel from the base line report and other sources. This has limited the extent to which useful comment can be made other than ‘the mechanics of collecting and reporting such information should be put in place’. There was a particular lack of detailed financial information on which to base a value for money assessment of the services involved. This results from a lack of a supporting infrastructure for the service Unit, which is a theme that recurred in different contexts and on which this report has made a number of recommendations. This information gap means that it is difficult to make a clear objective assessment of whether the service area has adequate resources. However, both Managers and service users were of the view that the service is inadequately resourced to meet the needs of the client group. This is despite the fact that overall spending has now reached the average for Brent’s local authority comparator group.
14. In view of the financial pressures on both Social Services and the Authority in general, the needs of this vulnerable client group require explicit consideration when making funding decisions. There was some concern that the very high priority rightly attached to improving Children’s services in particular should not be allowed to obscure the needs of the physical disability client group. It was the clear view of the Panel that the Unit Manager and staff are to be commended for doing as much as they are within the constraints facing them and that implementing some of the recommendations below will not be

possible unless additional assistance is given. The Panel recognise that the relative priority of this service may be an issue.

15. The Panel particularly noted the following positive aspects of the service on which future improvements can be built.
 - Close strategic relationship with the Primary Care Trust (PCT) and several existing joint working structures established such as the Physical Disability/Sensory Impairment Priority Action Group (PAG).
 - Joint Commissioning Managers appointed with the PCT to promote further and better joint procurement of services.
 - Rigorous self-assessment of the service by managers and compete honesty about current position. There is no complacency about service standards.
 - Good standards of professional supervision of staff is a key priority and being achieved in most areas.
 - Action being taken in relation to the duty roster for example demonstrates management commitment to identifying and resolving very long standing issues
 - Front line staff indicated improved morale since new Unit Manager appointed
 - Staff with disabilities said management were more flexible about accommodating their needs in the workplace than had been the case previously
16. This is not an exhaustive list but is presented because the Panel felt it important to recognise that the service is making progress in difficult circumstances and should be commended for this.
17. The structure of the report follows the criteria of the EFQM Business Excellence Model with a narrative summary of the panel's deliberations and a table under each heading with specific recommendations, responsible officers and timetable. The introductory paragraphs are the framework of discussion from which the recommendations emerged rather than a comprehensive account of everything discussed. These tables together form the action plan for the review.
18. In addition to the assessment under EFQM headings the required review of the services under the four C's (Consult, Compare, Challenge and Compete) of Best Value is included in Appendix Two.

4. LEADERSHIP

19. The improved strategic and operational management of Social Services is repeatedly stressed in the Joint Review Report. The Panel were also convinced of the high level of commitment to service improvement and partnership working in both Social Services and the Brent Primary care trust. Both the Assistant Director for Community Care and the Director for Joint Working (Brent Primary Care Trust) gave clear accounts of their intention that service development should provide services that promote independence, are better quality, more integrated and more responsive to clients' needs and aspirations.
20. This was a convincing picture at a strategic level. However the Joint Review Report found that the Physical Disability service has been neglected and this was also the view of the Panel. These services have not featured in the recognised improvements in other areas of Social Services and are repeatedly singled out in the Joint Review as requiring development and improvement. The joint working between the authority and the PCT, for people with learning disabilities and mental health problems has delivered significant improvements but is in its infancy with respect to adults with physical disabilities.
21. The Panel further found that the PDSU was not yet engaged by the strategic vision for Social Services and whilst clearly covered by the overall strategy had no clear place within it. This was illustrated by the fact that Unit Managers were unable to state what the Unit objectives were in either measured targets, general aspiration or written policies. The Unit is represented in the Social Services Service Development Plan but does not have a Unit specific document and this must make it difficult for staff to work to clear objectives or Unit managers to clearly measure progress.
22. This is an issue already identified by the Director of Social Services in the update to the Service Development Plan which sets out the hierarchy of service documents that should be in place. These documents are not yet in place for the PDSU but the service area target is that they should be by April 2003.
23. To set the context for the service plan the Panel felt that a clear statement from the Administration and the Social Services Directorate would be useful. The point of this is to set boundaries on what the service is expected to achieve in the short and medium term and its position with numerous priorities competing for resources. Various interviewees expressed the view that the service was currently operating at an absolute minimum level required to meet the authorities legal obligations. The implementation of the Fair Access to Care Services guidance will clarify that services will be provided to clients with '**critical**' and '**substantial**' levels of need. People with moderate and low levels of need will not meet the eligibility criteria. The Panel were of the view that the implementation of fair access must include publicity material that

manages expectations of service users such that the authority as takes responsibility for these criteria rather than staff in the Unit. Similarly the options in available for those people who do not meet eligibility criteria for services should be clearly publicised.

24. The lack of a clear service plan for the Unit was identified as a key requirement by the Unit Manager, but due to constant operational pressures “fire fighting”, there had not been the opportunity to put one in place. The Panel was impressed by the Service Managers’ clarity of understanding and forthright acceptance of the many areas where the service needed development and improvement and the commitment to making those improvements. However it is the view of the Panel that specific and additional assistance to the Unit will be required to put some key structures and documents in place.

| | Recommendations | Responsible Officer | Timetable |
|----------|--|----------------------------|------------------|
| | Strategic vision | | |
| 1 | Identify strategic vision for the Adult Physical Disability Service in partnership with Brent Primary Care Trust, users and carers that firmly sets out what the service will ‘look like’, how will users and carers experience the service. The NHS Plan provides much of this vision but needs to be adapted for the specific functions of the PDSU. | | |
| 2 | Prepare mission statements and associated strategies for Physical Disability Service Unit and ensure that they complement departmental strategies by 2003. | | |
| 3 | Leaders need to clearly communicate the vision, aims and objectives of a jointly managed service. There is consensus at a strategic level through the Health & Social Care Partnership, but this needs to be communicated by senior managers to all members of staff. This could be achieved by a formal launch of the document above when completed. | | |
| 4 | Ensure that pooled funds, lead commissioning and integrated provision are a central part of the corporate strategy of the Council and the Local Delivery Plan of Brent Primary Care Trust (PCT) and that the specific effects of this on services to people with physical disabilities are identified and publicised. | | |
| | Developing stronger partnerships | | |
| 5 | Facilitate the development of stronger links with other departments such as housing at all organisational levels particularly at the Adult Physical Disability/Sensory Impairment Priority Action Group. | | |
| | Performance management | | |

| | Recommendations | Responsible Officer | Timetable |
|----------|---|----------------------------|------------------|
| 6 | Identify a lead Officer with responsibility for developing a strong culture of performance management in Adult Physical Disability Unit, identifying targets for achievement, measures for those targets and reporting processes. | | |

5. POLICIES AND STRATEGIES

25. Formal policies and strategies to govern and direct the activity of the Service Unit are not in place. This is recognised by Unit Management as being required for the better direction of operational activity. Social Services does have policies and plans in most key areas which apply to the services provided by PDSU but these do not seem to be fully translated into local policies or plans to guide the activity of the Unit. For example, managers could not establish a clear connection between the Departments' Equalities Action Plan and the services provided by their Unit.
26. There also appears to be a critical lack of information on which to base service planning and little research or analysis being carried out to attempt to quantify the scale or nature of future demand. There seemed to be little co-ordination in terms of needs planning with other parties involved. It was not clear to the Panel whether the PCT has information on services that could facilitate better planning. There also seemed to be scope for more sharing of information with Housing Services in relation to housing supply. It was pointed out and is accepted that it is difficult to predict demand for services when the need is often because of essentially random events like car accidents or degenerative illness. The Panel felt however that there is scope for a more systematic analysis of future demand and that this kind of work should be undertaken (although not necessarily by the Unit itself) so that some kind of projection of required resources can be built into the service plan.
27. Other areas where there is significant activity but no future planning or developed strategy, is that of commissioning and procuring services for home care. The Joint Review Report identified that Social Services in general requires a commissioning strategy to be developed and PDSU will be part of this when put in place. Given that the provision of services via external providers is a major activity of this Unit, the lack of a strategy is likely to impede the delivery of services and fail to meet organisational objectives or provide value for money.
28. Other key gaps include the lack of a strategy to increase the number of people receiving direct payments, despite managers indicating that it was a priority.
29. It is essential that the service develops its consultation policy with service users in relation to the design, provision, monitoring and evaluation of services. Both Managers and staff express a commitment to the principle of consultation. Excellent work was done in preparation for the review, but there is no consistent structure for ensuring that it takes place or how consultation should be organised, how often it will be carried out and how feedback will be provided. One area for urgent consultation is in relation to the disabled registration service where users and carers receive considerable benefits, but is costly to administer and does not yield useful management information for the service.

30. The absence of formal documents does not suggest a lack of activity in any area. The Unit seems to be delivering a service in the best way that it can guided by the overarching objectives of Social Services and a clear commitment to the best services for the client group. However, the lack of service planning and structure for work place activity will reduce the effectiveness of the service.
31. The Unit Management, the Joint Review, services users on the Panel and the Panel as a whole unanimously agree on this point. The question is how can it be put in place. It was clear to the Panel that the capacity of the management structure within the Unit to develop the service in this way was limited due to operational demands.
32. In particular the Panel was concerned that the Unit Manager, whose responsibilities include line management of Team Managers supervising front line staff, appears to have no personal administration support. Care Assessment is only one aspect of the services provided by the PDSU, which has several teams covering a wide range of different client groups. At the time of the Review, one team manager post was vacant in the care management team, the other team manager was recently filled on an acting basis. There are also vacancies for Care Managers across the two teams.
33. The net effect of this is that, in addition to managing other services provided, the Unit Manager is supervising front line staff and service delivery in care assessment and this is necessarily taking precedence over service development. The recruitment and retention issues pertinent to this situation are discussed further under staffing. In this context this Unit must be given external assistance if these basic service structures are agreed to be necessary and are to be put in place in the short term.
34. The Director of Social Services in her assessment of the strengths and weaknesses of the Service areas identifies that some Units have no resources for service development and on the face of it this applies to PDSU with detrimental effect.

| | Recommendations | Responsible Officer | Timetable |
|-----------|---|----------------------------|------------------|
| | Fair Access | | |
| 7 | Implement the Fair Access to Care Services guidance in partnership with the community and voluntary sector with a clear strategy for those not eligible for services. | | |
| 8 | Develop with partners, a strategy for physical disability services across Council Services. | | |
| 9 | Develop single assessment in line with Fair Access. | | |
| | Service development plan | | |
| 10 | Develop a clear business plan setting out the mission statement, service objectives and based on a clear | | |

| | Recommendations | Responsible Officer | Timetable |
|-----------|--|----------------------------|------------------|
| | analysis of the incidences of disability using national statistical information complemented by housing needs survey, local outreach work and user consultation. | | |
| | Commissioning strategy | | |
| 11 | Develop a commissioning strategy and procurement plan based on a robust evidence base, a clear picture of existing services, consulting with users, carers and service providers. | | |
| 12 | Establish a forum of service providers to develop and improve the commissioning strategy, improve performance and raise standards. | | |
| 13 | Develop a clear strategy for meeting the needs of hidden vulnerable groups i.e. deaf/blind users and their carers. | | |
| 14 | Improve flexibility in contracts by developing block and spot contracts with providers. | | |
| | Information Technology | | |
| 15 | Plan and implement new IT systems incorporating the need to allow information to be shared with Brent Primary Care Trust and North West London Hospitals Trust. Improve arrangements for shared information. Improve and develop IT systems. Ensure that information is accurate. Develop IT system for joint equipment store. | | |
| | Communication | | |
| 16 | Develop and implement clear user-focused communications and consultation strategy in partnership with Brent PCT, the community and voluntary sector. | | |
| 17 | Review whether the disabled registration scheme should continue after consultation with users. Consider more efficient ways of operating the scheme. | | |
| 18 | Develop a local equalities plan | | |
| | Direct Payments | | |
| 19 | Develop a clear policy and strategy for implementing direct payments across all user groups, with their full involvement. | | |
| | Complaints | | |
| 20 | Develop a strategic overview of complaints and ensure effective responses and information is fed back into the commissioning and service planning process. | | |
| 21 | Instigate review of existing agreements with service providers. | | |
| 22 | Consult widely with users about developing a disabled registration service that is more cost effective and efficient. | | |

| | Recommendations | Responsible Officer | Timetable |
|-----------|---|----------------------------|------------------|
| | Consistency between social services, PCT and acute trusts | | |
| 23 | Ensure consistency between acute and primary care trusts (i.e. consistency of interpreting service) with clarity at the interface between the medical and social care models. | | |

6. STAFFING

35. PDSU suffers from the same recruitment and retention problems as many other parts of Social Services. Various measures have been taken to encourage recruitment and stabilise turnover and these will no doubt have a positive impact on PDSU in the longer term. This is not a problem that can be remedied overnight and many of the factors involved, including the cost of living in London and national staff shortages in particular areas are outside the control of the Service Unit. The point was made that recruitment drives across London Borough's are circulating rather than increasing the workforce. In addition, one manager indicated that contract staff who wished to become permanent were frustrated by the time taken to carry out police checks.
36. Efforts are therefore being focused on developing existing staff and devising training options for new staff. A view was expressed that the requirement for qualifications, which had been adopted as a policy by Social Services, should be reviewed because it was inhibiting recruitment and not delivering the right mix of skills in the workforce.
37. The user and carer representatives on the Panel in particular were concerned about staff morale, which they expected to be low. In fact that staff group interviewed by the Panel was very positive and suggested that morale had measurably improved since the new Unit Manager had been appointed. One Officer commented that their Manager was much more flexible in providing facilities required in relation to his/her disability and this was a considerable improvement. Staff also confirmed that professional supervision of casework was taking place and was effective.
38. There are some local issues that require resolution including a complaint from one group of staff that their posts have not been re-graded as some apparently comparable posts in Social Services have been.
39. It is also apparent that training and development in the Unit is being squeezed by operational pressures and that time needs to be taken to carry out a formal training needs analysis and produce a local training plan. The training budget appears to be completely inadequate for a Unit of this size even allowing for the fact that there is additional support from Social Services.
40. Use of information technology and management systems was identified through the review process as a key area of training need which will have to be addressed if the services' information deficit is to be remedied. This point was illustrated by the fact that the existing service software system is underused and that this is one of the reasons that the information reports derived from it are qualified. For the replacement system to be effective staff need to be fully trained in its use and managers are able to supervise staff use of the system.

| | Recommendations | Responsible Officer | Timetable |
|----|---|----------------------------|------------------|
| | Training | | |
| 24 | Develop joint training with Housing, Brent Primary Care Trust and service providers, where appropriate in order to break down professional barriers | | |
| 25 | Provide complaints training in partnership with the Social Services Complaints Officer and the Corporate Complaints Team. | | |
| 26 | Improve staff training in needs-led assessment and care management skills | | |
| 27 | Ensure all supervision and training opportunities are accessible to all disabled staff e.g. providing sufficient notice to book a BSL interpreter. | | |
| 28 | Provide staff training on how to offer carer's assessments appropriately. | | |
| 29 | Ensure supervision evaluates the knowledge and understanding of the training programme. | | |
| | Recruitment and retention | | |
| 30 | Establish a monitoring system to identify why staff leave and what are the local 'retention' factors (flexible working etc.) in partnership with the departmental HR strategist. | | |
| 31 | Investigate the feasibility of secondments between Social Services, Brent PCT and Acute Trusts. | | |
| 32 | Develop a joint 'signposting' protocol to encourage staff to move between local health and social care agencies. | | |
| 33 | Evaluate the feasibility of joint recruitment with Brent Primary Care Trust and Acute Trusts. | | |
| 34 | Produce workforce development strategy in partnership with local colleges. | | |
| 35 | Complete salary review for care managers | | |
| | Staff Appraisals | | |
| 36 | Ensure that staff appraisals and training fit within service objectives when defined. | | |
| | Pilot skills mix | | |
| 37 | In partnership with HR managers pilot 'skills mix' project, to maximise the use of experienced staff, assessing cost effectiveness, safety and satisfaction of staff, users & carers. | | |
| | User and carer awareness | | |
| 38 | Programme of staff awareness to instil culture that the views of service users and/or their advocates' are important and should be respected. | | |
| | Management Information | | |

| | Recommendations | Responsible Officer | Timetable |
|-----------|---|----------------------------|------------------|
| 39 | Promote awareness in staff of importance of entering client information into SSID, ensuring that it is accurate and comprehensive and can be used to manage the service more effectively. | | |

7. CARE MANAGEMENT

41. An objective assessment of the economy and effectiveness of process management in PDSU is impeded by the chronic lack of reliable information about service outcomes. This is another area where the Unit lacks what are the basis tools of effective operational management. Again this is not to suggest that the service is poor either qualitatively or economically. It is just not possible to make a robust statement about the quality of the service and this in itself is unacceptable. As with the issues described above local management are well aware that information systems and management reporting are a clear weakness for the Unit. The replacement software being procured to replace SSID (the Social Services Information Data Base) will assist with information and facilitate service monitoring.
42. However the information required to evaluate the effectiveness of the service should relate directly to service objectives and these are not clearly defined. Information and service monitoring cannot be developed in isolation from other aspects of service development. For example, it would be in line with Social Services' overall objectives to have service users interests reflected in local performance indicators. This requires effective consultative structures based on a clear policy for user involvement.
43. Information provided on the existing measured performance further illustrates the inadequacy of collection mechanisms because performance information is sometimes qualified by suggestions that there is under-reporting or inaccurate measurement. The service may actually perform better than it looks, but this cannot be demonstrated with any confidence.

The One Stop Shop & Contact Centre

44. Referrals for services are made through the One Stop Shop (OSS) and Contact Centre (CC). The Joint Review has identified some room for clarifying and improving this relationship and the evidence to the Panel supported this view. For example even after discussions with OSS/CC staff it was not clear to the Panel how far the initial referral process was intended to be a gate keeping access to services as opposed to gathering information so that the gate keeping can be done in PDSU. The Joint Review is critical of the fact (in relation to older people's services) that so few referrals result in services being provided but on the other hand there was concern in the Panel about the OSS/CC refusing to refer and what the process of appeal would be if they did.
45. Those OSS staff interviewed were generally positive about the service and their role but wanted more information about services and suggested there could be better liaison. They requested additional information to send out to users and carers but indicated that the only available information was the Community Care Charter, which has only recently been updated. They were confident that they always entered all the relevant information onto SSID,

whereas PDSU staff indicated that there were often gaps i.e. Ethnicity of service users. There appears to be a need for management of this relationship through formal liaison or a service level agreement to clarify how it is working and how it should work.

46. This agreement should be monitored against robust performance indicators such as *'the number of referrals where SSID 'fields' are empty'*. An improved relationship with the One Stop Shop and Contact Centre is also contingent on improvements in other areas, particularly what kind of information is provided about access to services for service users and carers. Current information is out of date and will be updated in the preparation for the implementation of Fair Access to Care Services.

Management of case work.

47. Whilst urgent cases are dealt with within 24 hours, service users are experiencing significant delay in getting a home care assessment. The average current delay is 8 to 12 weeks against a local target of four weeks. This is against a backdrop of high staff turnover and vacancies and may not reflect a true under capacity in the Unit. In the immediate term this is unacceptable given the degree of need of the client group. Changes to the current duty system, which includes a review of the backlog, may assist. The possibility of a short-term increase in resources should be considered by the Social Services Directorate to resolve the immediate backlog. Furthermore implementation of Fair Access to Care Services requires a periodic review of the care plan. Although this should be part of the current system of care management, it does not actually take place. For this reason, many users are seen as 'cases to be closed' when they should actually still be subject to review. It is doubtful whether this requirement can be delivered by a service struggling to meet the demand for initial assessments.

Management of Service Providers

48. The contract procurement and monitoring functions need specific review. Currently contracts are procured in the Older People Services Unit and the formal contract management processes are also vested in that Unit. The lack of a commissioning strategy, identified by the Joint Review is a weakness that will be dealt with a departmental level against an agreed timetable. The Panel was anxious that the procurement of services for people with physical disabilities should be specifically identified within this strategy rather than as a perceived *add on* to the needs of other parts of the service.
49. Furthermore the commissioning strategy should address not only the procurement of providers but also their management. There was a view from PDSU staff that the current structure, which places the procurement and contract monitoring function in another Service Unit (Older Peoples Services), indirectly undermines the extent to which PDSU can manage the services they are responsible for. There would be costs to replicating this role within PDSU and this matter requires service wide consideration to determine the best way of empowering all Units to manage their services. The economy

and practicality of creating a central commissioning/contract team in Social Services should be considered.

50. The effect of this contract management structure is that service provision to clients is not formally monitored or managed within PDSU and there is therefore a lack of information about the quality of services. PDSU currently uses a large number of service providers. For example, 63 placements in residential/nursing home care are provided by 39 different care homes, over half of which are located outside the borough. The difficulties associated with monitoring such a large number of providers means there is little assessment of the relative effectiveness or quality of provision between providers.
51. Service providers interviewed felt that although procurement processes are fair, there is an absence of communication after letting. Essentially they are given the work and left to get on with it, and they would welcome:
- the establishment of a provider forum to facilitate the exchange of information;
 - case conferences over clients with complex needs or where complaints have been made;
 - A role in the formal mechanism for reviewing the adequacy of care packages taking into account the views of service users, their carers and advocates.
52. The low level of complaints provides some reassurance that basic services are being provided but this is not an adequate performance measure and in a sense abdicates responsibility for service quality to the service user. Conversely the low level of complaints could be due to an 'inaccessible' complaints procedure or under reporting. The Panel recognises the difficulty for some users to make complaints about the provider of their personal care, an issue that is addressed more fully under customer care.

| | Recommendations | Responsible Officer | Timetable |
|-----------|---|----------------------------|------------------|
| | Information, Consultation and Communication | | |
| 40 | Maximise user involvement in shaping services through implementation of a user and carer consultation strategy | | |
| 41 | Establish of a system to ensure regular and appropriate communication between care manager, users and carers ensuring that they are aware of the status of their case, when their care package will be subject to a review etc. | | |
| 42 | Introduce clear exit strategy for staff who are leaving to include handover periods, reviewing case records and informing users and carers of changes. | | |
| | Direct payments | | |
| 43 | Review the direct payments scheme with a view to having one scheme with a manager employed by LBB. | | |
| 44 | Improve the time taken from assessment to first payment (Direct Payments Scheme). | | |

| | Recommendations | Responsible Officer | Timetable |
|-----------|--|----------------------------|------------------|
| 45 | Ensure that all care managers understand the current status of Direct Payments and the current drive to increase the number of users receiving direct payments. | | |
| 46 | Set clear targets for increasing the number of users receiving direct payments. | | |
| | Referral & Assessment | | |
| 47 | Define clear boundaries between Adult Physical Disability, OSS and Contact Centre. Improving co-ordination between Adult Physical Disability Services, One Stop Shops and the Contact Centre particularly ensuring accurate information on OSS/CC referrals (ethnicity, gender). Improve quality control of OSS/CC referrals. Develop liaison with the OSS through regular meetings. | | |
| 48 | Ensure staff enter client information into the Social Service Information Database | | |
| 49 | Investigate the reasons for low take up of carer's assessments by ensuring that all client's assessments record the reasons for refusal. Introduce recording, monitoring and audit systems. | | |
| 50 | Develop clear documented policies and procedures for joint social and health care assessments, monitoring and evaluation. | | |
| 51 | Ensure assessments are holistic, sign-posting users and carers to other community services that promote independence, i.e. employment, leisure etc. | | |
| 52 | Complete review of Duty System, identify key performance indicators and evaluate after 6 months to test effectiveness. | | |
| | Monitoring & Review | | |
| 53 | Ensure clear targets are set for reviewing care packages under Fair Access to Care Services Guidance | | |
| 54 | Ensure a speedy response to requests for changed care packages through the review system. | | |
| 55 | Review the effectiveness of contract monitoring and compliance being based in Older People's Service or as a centralised Unit | | |
| | Complaints | | |
| 56 | Ensure accurate recording of complaints and joint resolution with service providers. Complaints information to be used to improve service and for future provision. | | |
| 57 | Ensure all contracts with external service providers include requirement to train staff on complaints procedures. For example, Stage 1 complaints are dealt with in 15 days and complainants are advised how to go to Stage 2. | | |

8. USERS AND CARERS

53. One of Social Services' over arching objectives is that users and carers should be fully involved in the development of services, and on an individual level should be offered the maximum possible choice about how services are delivered.
54. These policy objectives are clearly of critical relevance to people with physical disabilities receiving services, particularly in relation to personal care packages and also to the Direct Payments scheme through which people are able to purchase their own personal support.
55. As in other aspects of the services provided, the PDSU has demonstrated its commitment to these principles through, for example their engagement with service users in preparation for this review. The survey carried out as part of this review indicates that users are satisfied with the service once they have received it. However, it is the time taken for an assessment that causes frustration. In addition, the service-wide strategic objectives are not reflected in local plans or structures and this limits the effectiveness of consultative arrangements.
56. There is a need to develop formal consultative opportunities through regular meetings with users, carers and their advocates but there is also a need to integrate consultation and assessment of service satisfaction into day to day working processes. This is particularly the case for performance of third party providers and should form part of contract monitoring processes where users views should be pro-actively sought. There was consistent criticism from some Panel Members about poor day to day communications with both clients and advocates, which suggests that even informally there is a limited testing of satisfaction with services.
57. The very low number of recorded carer assessments is illustrative of the problem. It is considered that the numbers of carers offered an assessment is much higher than the 8% recorded as receiving one. Most carers are said to refuse the opportunity but this is not recorded and cannot therefore be credibly demonstrated. A process agreed through a consultative structure and monitored through adequate management information reports would clarify the issue of carers' assessments and help build trust between the service Unit and carers.
58. The position in relation to Direct Payments is one where policy and practice diverge. There is a clear policy to promote Direct Payments, however only 8 physically disabled people are receiving direct payments. Direct Payments are rendered useless unless there is an adequate *independent living* support scheme. In Brent, the independent living support scheme is administered by Brent Association for Disabled People (BADP) which is funded through Lottery funds. At this moment, Brent Council is unable to contribute towards the support scheme. BADP are of the view that a significant expansion of numbers receiving Direct Payments could only be achieved through:

additional 'management' staff, financial resources, streamlined processes and procedures to access direct payments.

59. One specific issue which clearly has the potential to undermine relationships between PDSU and service users and their advocate organisations is that of the Disabilities Register. There is no statutory obligation to maintain a Register although Brent has done so for many years. There are clearly anxieties within the Unit that the cost of registration does not represent the best use of resources. On the other hand, the ability to access a registration card is clearly valued by many service users and offers them tangible benefits in terms of access to, for example, reduced rates in leisure facilities and assistance from transport networks. This is a dilemma which needs to be carefully resolved through a transparent process which attempts to maintain the benefits users feel they derive from registration even if in a different form. The Panel was strongly of the view that abolishing the scheme without recognising the value that users place on it even though motivated by value for money considerations will signal to service users that the policy commitment to consultation is only theoretical.

| | Recommendations | Responsible Officer | Timetable |
|-----------|--|----------------------------|------------------|
| | Information and consultation | | |
| 58 | Consult users and carers about their information needs and develop and publicise an accessible, information i.e. plain language directory of services, care standards, complaints procedures etc. These should be distributed at key community locations, the One Stop Shop, Contact Centre, audiology, ophthalmic units, clinics, GP's etc. | | |
| 59 | Develop and disseminate clear information (response times, standards, service objectives, eligibility criteria) in a range of forms (leaflet etc.) at key community locations, particularly the One Stop Shops. | | |
| 60 | Introduce processes to keep customers informed about progress/likely waiting times etc. | | |
| 61 | Support advocacy for vulnerable people who make complaints | | |

9. RESOURCES

Financial

60. The urgent need to rapidly improve financial information in Social Services has been highlighted by Joint Review and is repeated here. However it has to be noted that the limited resources available to this service area is a theme in virtually every aspect of discussion of what the service does and how it can be improved. It has been recognised that historically the service has had below average levels of spending compared to Brent's local authority comparator group but that these have now reached average levels.
61. The budget for Adult Physical Disability services is broadly divided into two areas:
- **Operational** covering salaries (staff and agency), premises, transport, supplies and services.
 - **Purchasing** covering residential, respite, daycare, domiciliary care, drugs & alcohol services, transport, occupational therapy equipment, talking books etc.
62. The key areas where budgets have been exceeded are agency staff and domiciliary care. In 2001/02, these two areas accounted for unbudgeted expenditure of £636,000 (Agency staff: £358,000; Domiciliary Care: £278,000).
63. The reasons for this include:
- Difficulties in recruitment and retention of social care staff and an over reliance on *costly* agency staff;
 - Increasing demands on social care service providers to improve the quality of residential and daycare facilities and raise professional standards through training is being translated into increasing costs;
 - A lack of financial control with respect to care packages and an over reliance on spot contracts.
64. Possible options for tackling recruitment and retention include:
- creating a 'bank' of agency staff that are employed directly by Social Services where agency staff are offered the same rate of pay, flexibility etc. but saving on the 'commission' charged by recruitment agencies;
 - working with other boroughs and service providers to share costs for training care staff.
65. However the Panel was of the view that because of the historic neglect of this service, average levels of resources will not be adequate for the improvements identified by the Joint Review, service managers and the Panel are to be achieved. The operational budget of the Unit for 2001/02 is £2,355,000 staffing costs. These staff are almost entirely operational with

caseloads currently up to 30% higher than the Unit Managers view of an optimum level. The poor communication between the service and users & carers highlighted in previous sections must be exacerbated by staff workloads.

66. It may also be that once the required infra structure for the service is in place average spending can deliver better than average services but in the short term this is not considered a real prospect. It is recognised that this will be an unwelcome conclusion from this Review given the multiple calls on the Borough's resources but it was the only conclusion that could be drawn from the evidence. Additional support to this Unit could be straightforward additional money for staff or physical support from other parts of Social Services, consultant support or corporate support. This is not necessarily on a huge scale or on an indefinite basis.
67. One financial issue which was of particular concern to the Panel is that the Unit is apparently incurring expenditure to provide assistance to asylum seekers under the National Assistance Act (1948) on a regular and annual basis for which there is no budget. This creates an unavoidable deficit in this area. The Panel take the view that the authority must make provision for this expenditure in the Unit and that not to do so dis-empowers the Managers in respect of financial control and undermines financial discipline generally.

Information Technology

68. The lack of management information was attributed to the inadequate use of the Social Services Information Database (SSID), which is currently being replaced. Of major concern to the Panel was the migration of poor quality data from SSID to the new system. All information should be reviewed prior to transfer.
69. All staff must be made aware of the importance of databases such as SSID for effective management of the service and delivering outcomes for users and carers.

| | Recommendations | Responsible Officer | Timetable |
|-----------|---|----------------------------|------------------|
| 62 | Review Adult Physical Disability Services staffing resources with a view to providing additional support for service development. | | |
| 63 | Continue caseload reviews through supervision sessions. | | |
| | Policy development | | |
| 64 | Improve strategic support for policy development from Quality & Support Unit. | | |
| | Financial management | | |
| 65 | Tighten financial systems to relate activity data to budgets and project expenditure accurately. | | |
| 66 | Prepare estimates of expenditure likely to arise under National Assistance Act (1948). | | |

| | Recommendations | Responsible Officer | Timetable |
|-----------|---|----------------------------|------------------|
| 67 | Evaluate the training budget against service objectives to ensure that sufficient funds are available to meet operational targets. | | |
| | Information Technology | | |
| 68 | Ensure staff are fully committed to use of the replacement for SSID. Verify all information migrating from SSID to replacement system. | | |

10. PARTNERSHIPS

70. The Panel received an impressive account of the progress to joint working with the Primary Care Trust (PCT) at a strategic level together with concrete examples of what has been achieved in some areas. There is a clear commitment to improving the value of joint working through the single assessment process and theoretical commitment to pooled budgets. Both the PCT and Social Services accepted that there is still the potential for tension between the medical and social care models of care which the single assessment may overcome.
71. There was also some concern that the joint working implementation is a top down strategy and that it is not as effective at the front line as it is impressive at a strategic level. This was viewed as a common problem by the Panel and one that requires multiple solutions in staff development, communication strategy and training. It was also clear that there are good informal relationships but there is room for these to be reflected in formal protocols which can define expectations and processes.
72. Brent PCT is a key partner in delivering these services but there are many other partner relationships including those with service providers, other statutory agencies and the voluntary sector that are critical to the performance of the service.
73. Housing in particular has a key role to play in providing services to people with physical disabilities and it was striking how many of the users and carers who took part in the Panel days raised housing issues as major problems. The fact that there is insufficient housing supply to meet demand in Brent is obviously part of the problem but within that caveat it does seem that there is room for better communication and sharing of information at both a strategic and day to day level. In relation to supply side planning in particular both services appear to have information that would be useful to the other but is not necessarily passed across.

| | Recommendations | Responsible Officer | Timetable |
|-----------|--|----------------------------|------------------|
| 69 | Ensure housing representation on the Physical Disability/Sensory Impairment Priority Action Group Ensure that <i>housing needs</i> information is considered as a part of the service planning process for this Unit. | | |
| 70 | Develop joint protocols with Mental Health Trust, Learning Disability Partnership Board, Children & Families Unit. | | |
| 71 | Establish closer links with Supporting People Team. | | |
| 72 | Develop inter-Unit planning structures and information sharing. | | |
| 73 | Improve communication between Adult Physical Disability, Learning Disabilities, Mental Health Team, Housing etc. | | |

11. PERFORMANCE MANAGEMENT.

74. Staff supervision is systematically organised and integrated into management systems. However, the lack of an infrastructure supporting the service and the absence of clear service objectives and reliable management information means that as a Unit performance management is underdeveloped. There was also no clarity about where performance is reported and what role service users have in scrutinising performance information. These mechanisms are required to build the performance-orientated culture to which management are committed and which service users need. Once the tools described above are in place this will change but it is not susceptible to a quick fix.
75. The other key issue is the lack of management information for the service extends to any assessment of likely future demand. Service planning financial or otherwise requires some kind of demand forecast and work needs to be undertaken, not necessarily within the Unit to provide this.
76. One specific area that the Panel felt should be given priority for improvement was the recording management and monitoring of complaints. The service receives very few formal complaints and this could indicate that despite the difficulties a reasonable standard of service is being delivered to most clients. However, the Panel are concerned that some people may feel reticent about making a complaint about providers of personal services on whom they may be very dependent. This should be compensated for by a well publicised complaints process supported by advocacy and independent monitoring of service standards.
77. Finally, assessment of service provision in relation to meeting the needs of Brent's diverse community should be built into the Units performance management scheme and be part of the regular reporting framework.

| | Recommendations | Responsible Officer | Timetable |
|-----------|---|----------------------------|------------------|
| 74 | Establish clear service objectives, service standards outcomes and local performance indicators. | | |
| 75 | Establish a performance monitoring framework and review performance against agreed outcomes and indicators. | | |
| 76 | Promote a culture of performance management amongst staff, particularly recording information that is essential for managing the service effectively. | | |
| 77 | Ensure that PDSU is working in line with corporate strategy, develop measurable outcomes and a quality audit system. | | |
| 78 | Review the complaints process to in order to identify whether people are indirectly excluded. Record, analyse and monitor complaints as part of performance management. | | |

APPENDIX ONE - BASELINE REPORT