

**London Borough of Brent**  
**Executive - 8<sup>th</sup> December 2003**  
**Report from the Executive Director of Social Services**

**BEST VALUE REVIEWS ACTION PLANS FOR THE PHYSICAL  
DISABILITIES ASSESSMENT AND CARE MANAGEMENT SERVICE AND  
OCCUPATIONAL THERAPY SERVICE**

<b>For Action</b>	<b>Name of Wards Affected</b>
	N/A

**1.0 SUMMARY**

1.1 This report outlines the key areas addressed and actions arising from the Best Value Reviews of the Physical Disabilities Assessment and Care Management Service and the Occupational Therapy Service. Improvement action plans of the reviews are appended to this report.

**2.0 RECOMMENDATIONS**

2.1 That Members agree the recommendations within the Improvement Action Plans set out by the Scrutiny Panels for the Physical Disability and care assessment management and assessment services, and Occupational Therapy Service subject to the budgetary process.

**3.0 FINANCIAL IMPLICATIONS**

3.1 A detailed costing exercise was undertaken as part of best value process. This was complicated because of the lack of coordinated information systems on costs and activity. The operational budget 2003/04 for Physical Disability Assessment and Care Management is £665,000. The purchasing budget is £3,452,000 net.

3.2 The report identified improvements could be made in the commissioning and contracting of services to achieve better value. This will be taken forward through the joint commissioning process with the Primary Care Trust. The Panel's report acknowledges that historically the Physical Disabilities Service has been under funded.

3.3 The operational budget for occupational therapy service for 2003/04 is £884,000. The occupational therapy service received 2541 referrals for the 2002/2003 year. Of these 2363 met the criteria for an occupational therapy assessment and 1535 received a service provision.

- 3.4 It also recommended additional funds be made available to the services. Over the past 2 years growth has been allocated from the overall growth for Social Services and resulted in 3.5 w.t.e. Occupational Therapist posts and 1 w.t.e store/person driver post at Stores in the Occupational Therapy Service. There is a growth bid under consideration as part of the Social Services development plan for 2004/05. Developments will therefore be subject to the appropriate resources being made available. Some efficiencies are proposed which would allow resources to be more effectively targeted, such as the post currently registering people with physical disabilities, being changed to focus on reviews of need.

#### **4.0 LEGAL IMPLICATIONS**

- 4.1 Section 1 of the Chronically Sick and Disabled Persons Act 1970 requires the Council to keep itself informed of the number of persons to which section 29 national Assistance Act applies within its area and of the need to make arrangements under that section for such people. The associated Guidance envisages that this will involve the maintenance of “comprehensive lists”. Paragraph 5.10 of this report explains how this requirement will continue to be met if the existing registration procedure is discontinued as is proposed.

#### **5.0 STAFFING IMPLICATIONS**

- 5.1 In order to improve recruitment and retention several initiatives are being developed as part of the Human Resources Strategy. The Best Value Review reports consider minor staffing changes relating to roles and responsibilities, e.g. the introduction of “rotational” posts in the Occupational Therapy Service where an O.T. employed by the Social services department could go to work in an Acute hospital on in a rehabilitation setting in the PCT in order to gain new knowledge and skills; their temporary vacancy could be filled by a member of staff from an Acute or PCT team. This type of opportunity plays a part in “recruitment and retention” of qualified staff.
- 5.2 The use and numbers of differently skilled and qualified staff is being considered as a theme from both reviews. Opportunities are available to unqualified staff to undertake courses leading to qualification as a Social Workers and Occupational Therapists. Again these schemes assist with recruitment and retention and job satisfaction amongst staff.
- 5.3 The responsibilities of the post responsible for registration could change to increase assessments, if on further consultation, the process is changed. (see 5.10). Consultation concerning any change will take place with the post holder in due course as appropriate.

#### **6.0 DETAIL**

- 6.1 The Physical Disability and Sensory Impairment Assessment and Care Management Service under went a Best Value Review in 2002. The review commenced in July 2002 with staff involved in the initial scoping of the review.

The Service Unit Manager is also responsible for the Occupational Therapy Service which forms part of the unit. The Physical Disability Service received 1432 referrals in 2002/03 (including HIV service referrals), 200 resulted in provision of a care package. The 'Fair Access' to care criteria, agreed by Executive in February 2003, provide the criteria for needs eligibility. This was set at meeting critical and substantial needs.

- 6.2 A joint (with OT services) Service User consultation event was held in September 2002. This exercise was carried out jointly because a significant number of service users access both services.
- 6.3 The completed Physical Disability and Sensory Impairment review was scrutinised by a Panel in December 2002; the Panel's report and action plan were received in April 2003 (Appendix 1). An updated Action plan is attached as Appendix 2.
- 6.4 The completed Occupational Therapy Review was scrutinised by Panel in February 2003; the Panel's report and Action Plan was received in June 2003 (Appendix 3). An updated action plan is attached as Appendix 4. The Occupational Therapy Service has 2541 referrals 2002/03 and Linda to provide resulted in services. There has been historically concern over lengthy waiting times, due to difficulty in recruiting OT's because of national shortages. Additional resources and improved recruitment has helped deal with the waiting list, but referrals continue to be high.
- 6.5 For both service areas the review process involved several stages:
  - 1) Scoping - determining the extent of the review
  - 2) Consultation with staff and Service Users
  - 3) Self assessment/analysing the current state of the service (a process helped and informed by the fact that the Social Services Department had already undergone Joint Review in 2002)
  - 4) Gathering and critically evaluating internal and external service based evidence, including costs and performance data. Comparison was carried out with Brent's "Audit Commission Family of Boroughs", including Newham, Ealing, Hounslow, Waltham Forest and Kensington & Chelsea.
  - 5) Writing and presenting the reports.
- 6.6 Both reviews were presented to the Council's Best Value Review Group in July 2003.
- 6.7 The respective panel reports provide a detailed analysis of the work undertaken in the review processes. The conclusions and action plans have been agreed with the service areas as a fair and accurate assessment of the services. Staff in the respective service areas and organisations are actively working on the areas for improvement identified in the Action Plans.

Physical Disability Action Plan

6.8 The Physical Disability Review Action Plan provides a comprehensive service improvement plan covering the following areas: Strategic Vision, Developing Stronger Partnerships, Performance Management, Fair Access, Service Development Plan, Commissioning Strategy, Information Technology, Communication, Direct Payments, Complaints, Consistency between Social Services PCT and Acute Trusts, Training, Recruitment and Retention, Staff Appraisal, Pilot Skills mix, User and Carer Awareness, Management Information, Consultation and Communication, Referral and Assessment, Monitoring and Review, Policy Development and Financial Management.

6.9 Key themes in these areas are highlighted below:

- Strategic Vision

The development of this will be overseen by the Health and Social Care Partnership, developed through the Priority Action Group and reflect corporate and PCT principles. It will be subject to consultation and link into the joint commissioning strategy. Currently there is no Department of Health National Service Framework although there is an external reference group to advise on NSF standards for long term conditions. It is to be published by December 2005 for implementation 2005 -10

- Staff in the Physical Disabilities Assessment and Care Management Service are involved in developing a Strategic Vision for Physical Disabilities Services in partnership with colleagues from Brent PCT, Acute Hospital Trusts, Service User representatives and Voluntary Sector Organisations.

- A Joint Commissioning Strategy is being developed alongside this wider strategic vision. The Joint Commissioning Strategy will provide a framework for closer working with the Supporting People Team. It will also consider implications and ways of developing and promoting direct payments for users.

- Service Planning

- This takes forward the services development and improvement plan. Staff are engaged with a process of Service Planning that provides clear targets for teams that link to the achievement of the higher level strategic vision.

- Performance Management

Improvements to the systems and processes of Care Management were also recommended by the Panel. A review of the Physical Disabilities Duty Service is currently underway; this will embed improvements in response times, waiting times for assessment and improvements to the overall quality of the care management.

Managers within the Unit are developing a training programme for all Assessment and Care Management Staff; it is anticipated that this course will enhance skills and improve the quality of assessments carried out.

The unit has worked to complete processes to achieve Investors in People and is currently being assessed. All staff are being appraised within the Council's performance management framework. Individual objectives are linked to the achievement of targets and objectives in the Service Unit Plan. Individual learning objectives are identified and fed into the Departmental Learning and Development Plan.

- Management Information

Quality and availability of management information has been a weakness. The introduction and implementation of new IT systems will assist with data capture and analysis in the medium to long term. In the short term every effort is being made to improve existing paper systems and encourage and increase the use of current IT systems.

- Financial Management

The introduction of tighter controls on financial decision-making has assisted with the overall financial picture. The anticipated improvements to Management Information will further assist the Unit's ability to link Financial and Activity data to provide more accurate forecasts.

#### User/Carer Consultation

A User/Carer Consultation strategy needs to be developed to bring together (where ever possible) consultation exercises that are currently being run separately by the Council and the Primary Care Trust in order to avoid "consultation overload or fatigue". This will be developed as part of the joint commissioning strategy and monitored through the priority Action Group reporting to the Health and Social Care Partnership.

- Resources

The Panel's report acknowledges that historically the Unit has been under funded and recommends that additional funds are made available to the Unit in order to improve service provision and performance (Panel Report Section 9 Resources) Appendix 1.

#### 6.10 Registration of people with physical disabilities

In order to comply with the Guidance in respect of section 1 of the Chronically Sick and Disabled Persons Act (1970) to keep informed of the number of disabled people in their area for planning purposes. In 1973 many authorities including Brent, built up the register based on people known to them to be on the register. One reason for this was, before information systems were computerised, there was a need for manual systems for keeping this specific information. In Brent people were given identity cards as well for life. Registration, of itself, is voluntary and provides no direct service access as this is based on needs assessment.

Only few Social Services have continued with a register. Planning for services is best done through all clients known to Social Services and the PCT, and the 'register' has not been used for this for sometime, as it only reflects those who want to be registered. Furthermore the implementation of the new Social Services data base system from April 2004 will enable numbers of those known to Social Services with a physical disability to be captured electronically. The Primary Care Trust will also have data for projecting future needs as well as current needs.

- 6.10.1 The resources involved are that each individual registration takes approximately 8 hours of (care manager and administrative officer) time to complete and is estimated to cost approximately £120. Discontinuing PD registration would free up approximately one day per week of care manager time which would enable a further 2/3 assessments to be carried out each week. The saving in administrative time would be similar and that time would be redistributed to carry out essential administrative tasks. The Panel report recommends that further work is undertaken to consult with Service users on this matter and to ensure that "a transparent process is put in place that attempts to maintain the benefits users feel they derive from registration even if in a different form." (Panel Report, page 26). It is proposed to look at alternatives which are cost effective.
- 6.10.2 As the Best Value Report states users do appreciate the fact registration gives them a card which they can use for some discounted activities. However other ways of achieving this for individuals could be explored at no cost to the council. It would only affect new requests as anyone currently with the card retains it as it is not subject to renewal.

## 6.11 Occupational Therapy Best Value Review

- 6.11.1 The Occupational Therapy Best Value Report is to be commended for its originality, as it was the first time that a joint review of both Social Services Department and Primary Care Trust (PCT) Occupational Therapy Services has been carried out. This made the review process more complex, particularly comparison with other boroughs as most PCTs have not benchmarked or costed services.
- 6.11.2 The Occupational Therapy Review Action Plan provides a comprehensive service improvement plan covering the following areas: Leadership, policies and strategies, users and carers, resources, performance management, people management, care management and partnerships. Many of the recommendations identified by the Panel Report are being considered and implemented as part of the ongoing work involved in the implementation of the Government's Integrating Community Equipment Services Agenda.

Key themes in these areas are highlighted below:

### 6.12.1 Leadership

The links with the national agenda on Integrating Community Equipment Services and the Best Value review carried on Brent's Joint Equipment Store are highlighted alongside the need to improve existing information technology at the store.

### 6.12.2 Policies and Strategies.

Recommendations in this area concentrate on identifying demand for Occupational Therapy services and laying down long-term strategies for effective management of demand alongside efficient management of existing waiting lists for assessment. Considerable staff time and effort are deployed in developing and implementing strategy to reduce waiting times for assessment. Longer term strategy regarding levels of joint working and integration with PCT Occupational Therapy services are also required.

### 6.12.3 Users and carers

Development of a consultation strategy as described in 5.10.6 will cover the Occupational Therapy Service's requirements. Other information requirements are being addressed. Issues around Complaints management and feedback systems are being addressed.

### 6.12.4 Resources

Further work is required to consider costs of Brent's O.T. service compared with other boroughs as well as the numbers of staff required to meet assessment and service delivery targets.

### 6.12.5 Performance management

Improvements in data capture and IT systems along with the identification and implementation of local performance indicators will enable the O.T. service to benchmark itself more effectively with other boroughs.

### 6.12.6 People management

A range of recruitment and retention initiatives are being actively implemented as suggested in the Panel's recommendations, such as an analysis of skill and qualifications of different levels of O T staff, to increased availability of both qualified and unqualified staff.

### 6.12.7 Care management

Working relationships between the One Stop Shop Service and the Social services Department as a whole are currently being reviewed. Other recommendations are being implemented within the O.T. Service. Actions to manage the waiting list include improved screening of needs ensuring critical and urgent cases are responded to within 24 hours, individual

OT's have performance targets, and ensuring the level of response relates to the priority of need.

#### 6.12.8 Partnerships

The report recommends further work is done on integrating the 2 O T services to look at opportunities to improve coordination. This will be taken through the relevant Priority Action Group reporting to the Health and Social Care Partnership. As occupational therapy services are also provided by the Acute Trusts their services need to be closely involved.

In developing a more coordinated service with the PCT, both services have already made improvements in sharing information for users reducing duplication and speedier responses. Further work is ongoing. The O T service is working closely with Private Housing services to improve customers' experience of the Disabled Facilities Grant process.

The role of "trained assessor" is being developed with Older People's Service staff and consideration is being given to other personnel being trained as appropriate, to provide equipment.

The O.T. is involved in detailed work regarding Fair Access to care and the proposal around Single assessment Process.

Specific

6.13 Recommendations made in relation to Brent PCT's Occupational Therapy service have not been considered in this report, but are attached for information and will be taken forward by the PCT.

#### 6.14 Conclusion

Both services have started, and will continue, to make improvements in assessment, response times and service delivery. This will be facilitated further through the development of the Joint Commissioning Strategy which will give greater clarity to needs analysis and commissioning of services over the next 5 years. The implementation of the DoH NSF will assist in setting out how local and national priorities should be developed from December 2005.



## **7.0 BACKGROUND INFORMATION**

Copies of the full Best Value Self Assessment are available on request.

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