

	<p align="center"><b>Community and Wellbeing Scrutiny Committee</b> 5 February 2025</p>
	<p align="center"><b>Report from the Corporate Director, Community Health and Wellbeing</b></p>
	<p align="center"><b>Cabinet Member for Adult Social Care, Public Health and Leisure (Councillor Neil Nerva)</b></p>
<p align="center"><b>Community Health and Wellbeing – Performance update</b></p>	

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	N/A
<b>Open or Part/Fully Exempt:</b> <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
<b>List of Appendices:</b>	N/A
<b>Background Papers:</b>	N/A
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## 1.0 Executive Summary

1.1 This report provides a detailed overview of the performance and key metrics for Adult Social Care and Public Health services for Q3 of 2024/25. It includes narrative on 29 Key Performance Indicators (KPIs), including 9 KPIs that are also reported to Cabinet as part of the quarterly Borough Plan performance update.

## 2.0 Recommendation(s)

2.1 The Committee note the content of the report.

## 3.0 Detail

### 3.1 Cabinet Member Foreword

3.1.1 This report provides detailed reporting against the suite of Key Performance Indicators (KPIs) developed to monitor delivery of Community Health and Wellbeing directorate priorities. This includes KPIs that are directly aligned to Borough Plan outcomes and published as part of the quarterly Corporate Performance update to Cabinet, as well as additional KPIs that are regularly reviewed by lead members and directors.

3.1.2 The Authority regularly reviews the KPIs which are monitored and publicly reported. Feedback from Scrutiny would be welcome on how the scope of these KPIs could be improved in order to best reflect the work of Community Health and Wellbeing, with partners, and its impact.

### 3.2 Performance

3.2.1 This report includes reporting details for **29 KPIs** that monitor delivery of Community Health and Wellbeing priorities for **Q3 of 2024/25**. This includes KPIs for the following departments and services:

- Adult Social Care (ASC)
- Public Health

3.2.2 KPIs are rated Green, Amber or Red depending on their performance against the target for the quarter:

- Green KPIs have met or exceed their target
- Amber KPIs are between 0.01% and 5% outside their target
- Red KPIs are 5% or greater outside their target

3.2.3 Details of performance against each indicator is provided in the following sections. As a summary:

- For Adult Social Care (18 KPIs):
  - 5 are on or above target (green)
  - 9 are off target (red)
  - 4 provide contextual information (do not have a target)
- For Public Health (11 KPIs):
  - 8 are on or above target (green)
  - 1 is just off target (amber)
  - 2 provide contextual information (do not have a target)

#### Adult Social Care

##### Red KPIs

3.2.4 In Q3, the percentage of care assessments completed within 28 days was 23.82%, bringing the year-to-date performance to 26.5%. The target for this is set at 80%. As part of the Adults Mosaic End to End process review which starts in late January 2025, we will be reviewing all assessment forms in use to streamline these potentially into just one assessment (At present, there are

three assessments: Care Assessment, Mental Health Assessment, and Supported Health Assessment ) to ensure the assessment takes place within 28 days of the referral being received and to reduce the internal handoffs within teams during the current assessment process. The new 15-day team remit of the front door service will ensure that assessments are completed in a timely way through robust tracking and monitoring systems in place to track team individual and outputs.

- 3.2.5 The percentage of individuals with a learning disability (aged 18–64) supported into employment was 1.7% this quarter, significantly below the target of 8%. Similarly, the percentage of individuals with mental health needs (aged 18–64) supported into employment was 2.1%, missing the target of 3%. Two staff have been identified to undertake a focussed piece of work to raise the number people employed. This includes increasing volunteering pathways as a route into paid employment.
- 3.2.6 The response time for S42.1 Safeguarding Concerns was 59% in Q3, with a year-to-date performance of 45.5%. Following a clear focus on safeguarding over the last quarter the number of safeguarding concerns completed within 2 days has significantly improved. Further embedding will take place as the adult social care restructure is implemented, due in early March 2025. New mosaic forms have been developed to improve better reporting and ensuring timeliness to safeguarding concerns and enquiries.
- 3.2.7 Response time to Plan and Complete S42.2 Safeguarding Enquiries was 62% in Q3, and 45.5% year to date. Following a clear focus on safeguarding over the last quarter the number of safeguarding enquiries completed within 25 days has significantly improved. Further embedding will take place as the adult social care restructure is implemented, due in early March 2025. Following mosaic changes and the new design of the forms will ensure all teams can progress section 42.2 which will support improved timeliness. Monitoring and internal tracking of sections 42.2 by all teams is being implemented to prevent drift and ensure good decision making.
- 3.2.8 The percentage of individuals assessed to have a care plan was 53% in Q3, with a year-to-date performance of 56.2%, exceeding the target of 30%, resulting in a red KPI rating. Following brief intervention and short-term support, if on-going long-term funded support is required people have an assessment and a care and support plan.
- 3.2.9 The response rate to the adult social care yearly survey was 13.1%. This year we are targeting a greater response level than last year when there were issues around posting out the surveys and people receiving them. Surveys have been sent and additional short-term resource will start in February 2025 for 2 months to support people to complete the survey and follow up with people.

- 3.2.10 The percentage of non-Care Act assessments completed within 28 calendar days of referral was 50% in Q3, with a year-to-date performance of 48%. To improve the performance on this target we are currently embedding the target with practitioners, ensuring that they are aware of the requirement which they need to work towards. It will be used in the next appraisal cycle as a target to work towards and we will work with Mosaic to put a pause on assessment if for any reason it can't be completed in the timeframe.
- 3.2.11 The time taken to create an adult contact was 70.4% in Q3, with a year-to-date performance of 72.4%. Further work is required to ensure adult contacts are created on Mosaic in a timely matter. This will be part of the change programme to design and implement a new adult social care front door model. In addition, further work is planned with the wider service in terms of their understanding of completing adult contacts in a timely way

### **Green KPIs**

- 3.2.12 The reablement sequel to service was 80% in Q3, exceeding the target of 75% and resulting in a green KPI rating. Thorough screening of cases to ensure customers receiving Reablement are appropriate and will benefit from the service. Working with referring teams to ensure they understand what Reablement potential is and identifying an increasing number of customers who would benefit including extending the inclusion criteria.
- 3.2.13 There were 7 new admissions to residential and nursing care homes for individuals aged 18–64 in Q3, bringing the year-to-date total to 26, which meets the annual target. Ongoing close monitoring of all referrals to residential or nursing care for this cohort of clients and supporting frontline staff to identify alternatives.
- 3.2.14 There were 38 new admissions to residential and nursing care homes for individuals aged 65+ in Q3, bringing the year-to-date total to 112, well within the target of 187. Brent continues to perform well in this area, ensuring older adults are offered alternatives to residential and nursing care such as extra care housing or further community care support to remain at home. In addition, we are ensuring that where people are admitted into residential and/or nursing care on short-term placement e.g. to support hospital discharge and recovery that they are able to return home once recovery is complete. . Robust use of quality assurance meetings to review placement requests, with strong emphasis on promotion of independence at home and a strong emphasis on equipment and reablement. Work continues with teams to look at creative solutions to keep people at home rather than long term care.
- 3.2.15 The percentage of services purchased within 28 calendar days of a completed Care Act assessment was 91.4% in Q3, with a year-to-date performance of 83%, exceeding the target of 80% and achieving a green KPI rating. There is continued strong performance in this area with over 90% of packages

purchased and set up within 28 days from the completed assessment. We expect to see continued improvement in this area as we implement our new team structures with a focused approach to support packages commissioned proactively.

3.2.16 The percentage of requests from new clients resulting in a service was 19.7% per 100,000 population in Q3, with a year-to-date performance of 23.2%. This is within the target of 25%, achieving a green rating. The Hospital discharge team are ensuring that all new (and existing customers) are considered for Reablement utilising the home first pathway where possible. This will mean that anyone who has had a temporary service post discharge and has the potential to functionally improve is facilitated to do so often leading to the service being eliminated after a recovery or rehabilitation period. The mental health and learning disability service provides a maximum of 6 weeks of Reablement service to people who are discharged from hospital to help them manage their needs and re-able to be independent, where they do not need a long-term service.

### **Contextual KPIs**

3.2.17 The rate of younger adults with long-term support needs admitted to residential and nursing care homes was 7 per 100,000 population in Q3, bringing the year-to-date performance to 10.1 per 100,000 population. Ongoing close monitoring of all referrals to residential or nursing care for this cohort of clients and supporting frontline staff to identify alternatives.

3.2.18 The rate of older adults with long-term support needs admitted to residential and nursing care homes was 38 per 100,000 population in Q3, bringing the year-to-date performance to 194.1 per 100,000 population. Brent continues to perform well in this area, ensuring older adults are offered alternatives to residential and nursing care such as extra care housing or further community care support to remain at home. Robust use of quality assurance meetings to review placement requests, with strong emphasis on promotion of independence at home and a strong emphasis on equipment and reablement.

3.2.19 The total expenditure of the adult social care budget on care and support for this quarter was £30.63 million, bringing the year-to-date spend to £97.94 million.

3.2.20 Additional NHS and external investments into the borough's health and care services amounted to £9.03 million in Q3, bringing the total investment for the year to £27.49 million. This represents the quarterly income from Better Care Fund, all funding streams, plus costs for projects delivered in the quarter funded by S256.

## **Public Health**

### **Amber KPIs**

3.2.21 NHS health checks are one of the 'prescribed' local authority public health functions. The programme invites residents aged between 40 and 65, who do not have a preexisting health condition, to have a check at their GP practice every five years. Performance is measured through the percentage of those invited who have had their health check. The overall percentage of NHS health checks completed was 57% for Q3 and 54.4% year-to-date, narrowly missing the target of 55%. It is expected that the year-end target will be reached. The Public Health team plan to commence monitoring uptake by deprivation in order to assess how the programme is addressing health inequalities. The current data provider is unable to report in this form, but work is in hand to address this.

### **Green KPIs**

3.2.22 Health visiting services are commissioned by public health from Central London Community Health Care NHS Trust (CLCH). A range of KPIs are monitored as part of contract management. There is a statutory requirement for the health visiting service to contact all new parents within the first 30 days after birth. Locally we require 95% of these contacts to be within 14 days. Achieving this has been challenging due to difficulties with the recruitment and retention of health visitors (reflecting the national shortage of health visitors). However concerted efforts and focus by CLCH and public health have resulted in significant improvement and the percentage of new birth visits within 14 days was 96% for Q3.. The contractual KPI of 95% has been exceeded on a YTD basis (Apr to Nov) at 96.3% and each quarter in the period has exceeded target. Furthermore 98.9% (YTD) received a visit within 30 days, against a 98% target.

3.2.23 The National Drug Strategy 'From Harm to Hope' set local authorities ambitious targets to increase the numbers of residents who are in treatment for substance misuse. Additional funding was provided to Councils to support this expansion of treatment and recovery services. In Brent drug and alcohol services are commissioned by public health from ViA. ViA and public health have worked with partners including the criminal justice system and B3 the local service user organisation to bring more people into treatment. In Q3, the total number of adults in structured treatment YTD was 1347 (rolling 12-month figure to the end of Oct 2024) which exceeds the target of 1275.

3.2.24 As well as a focus on numbers in treatment, public health and ViA work to improve the quality of the service. A widely accepted headline measure of the quality of drug and alcohol services is the percentage of clients who successfully complete their treatment in a planned manner. The percentage of all opiate clients completing and not re-presenting was 9.1%. Brent services were therefore well above target on a YTD basis (rolling 12 month period to

Nov 2024) being at 9.1% against the target of the England average performance of 5.2%.

3.2.25 Brent Health Matters (BHM) is the joint NHS / public health team created during COVID to address health inequalities. An important aspect of BHM's work is to take services to those communities who mainstream health services find it difficult to reach through running health events in the community for example in mosques, temples, factories and other community settings.

3.2.26 A total of 243 community events were held in Q3, bringing the year-to-date total to 685, which exceeds the target of 500. 2024/25 Q3 figures are significantly higher than last year, and the quarter-by-quarter increase is maintained

3.2.27 The BHM team addresses physical and mental health. The team have proactive conversations at the outreach events with residents on their emotional wellbeing and signpost them to mental health services available if appropriate. There were 250 emotional well-being interactions recorded at BHM and public health events this quarter, contributing to a year-to-date total of 1,205 interactions. This performance significantly exceeds the annual target of 300 interactions. Q3 figures are lower than the previous quarter due to the holiday period.

3.2.28 We need to focus our outreach work in our most deprived areas to increase awareness and support early diagnosis of long-term conditions. The number of attendees at outreach events from the most deprived communities is therefore monitored. The number of attendees at health events from IMD 1 and 2 areas was 115 in Q3, with a year-to-date performance of 578, surpassing the target of 100. Q3 figures are lower than the previous quarters due to the holiday period.

3.2.29 At some outreach events health checks are offered. These include measurement of BMI, blood pressure, heart rate and diabetes risk score. The number of health-checks completed at events was 576 in Q3, bringing the year-to-date total to 3024, well above the target of 2500. Q3 figures are lower than the previous quarters due to the holiday period and the team doing more targeted work with communities involving smaller events

3.2.30 The number of organisations reached out to and engaged with for Q3 was 1347. The same organisation may be engaged on multiple occasions in the period. BHM use the ladder of engagement to assess the quality of their contact with community organisations. We have seen community organisations generally move from the informing stage to the empowering stage which meets our aim.

### **Contextual KPIs**

3.2.31 As another measure of how well BHM and public health are addressing inequalities, the completion of health checks by ethnicity of monitored.

Percentage of Health checks completed at events split by ethnicity, was 35% for Black ethnic groups for Q3, with year-to-date performance of 26%. This KPI is contextual and currently does not have a target. The Q3 figure of 35% reflects the more targeted work undertaken in Q3.

3.2.32 Women have traditionally been under-represented in drug and alcohol services. The public health team therefore monitor the percentage of women in the service. The percentage of female clients on a YTD basis was 24.4%, similar to previous levels.

#### **4.0 Stakeholder and ward member consultation and engagement**

4.1 The KPIs included in this report were developed in consultation with Lead Members and Directors.

#### **5.0 Financial Considerations**

5.1 There are no financial implications as a result of this report.

#### **6.0 Legal Considerations**

6.1 There is no statutory duty to report regularly to Cabinet on the Council's performance, however under the Local Government Act 1999 a best value authority has a statutory duty to secure continuous improvement in the way in which its functions are exercised having regard to a combination of economy, efficiency and effectiveness. Regular reports on the Council's performance assist in demonstrating best value.

#### **7.0 Equity, Diversity & Inclusion (EDI) Considerations**

7.1 There are no direct EDI implications.

#### **8.0 Climate Change and Environmental Considerations**

8.1 There are none.

#### **9.0 Human Resources/Property Considerations (if appropriate)**

9.1 There are none.

#### **10.0 Communication Considerations**

10.1 There are none.

**Report sign off:**

***Rachel Crossley***

Corporate Director, Community Health and Wellbeing