

# Assessment of Performance Report 2009/10

## ADULT SOCIAL SERVICES ASSESSMENT OF PERFORMANCE 2009/10 :Brent



Contact Name	Job Title
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<p>The report will produce a summary of the performance of how the council promotes adult social care outcomes for people in the council area.</p> <p>The overall grade for performance is combined from the grades given for the individual outcomes. There is a brief description below – see Grading for Adult Social Care Outcomes 2009/10 in the Performance Assessment Guide web address below, for more detail.</p> <p><b>Performing Poorly</b> - not delivering the minimum requirements for people. <b>Performing Adequately</b> - only delivering the minimum requirements for people. <b>Performing Well</b> - consistently delivering above the minimum requirements for people. <b>Performing Excellently</b> - overall delivering well above the minimum requirements for people.</p> <p>We also make a written assessment about</p> <p><b>Leadership</b> and <b>Commissioning and use of resources</b></p> <p>Information on these additional areas can be found in the outcomes framework To see the outcomes framework please go to our web site: <a href="#">Outcomes framework</a> You will also find an explanation of terms used in the report in the glossary on the web site.</p>	

## 2009/10 Council APA Performance

<b>Delivering outcomes assessment</b> Overall council is:	<b>Well</b>
<b>Outcome 1:</b> Improved health and well-being	<b>Well</b>
<b>Outcome 2:</b> Improved quality of life	<b>Adequate</b>
<b>Outcome 3:</b> Making a positive contribution	<b>Well</b>
<b>Outcome 4:</b> Increased choice and control	<b>Adequate</b>
<b>Outcome 5:</b> Freedom from discrimination and harassment	<b>Well</b>
<b>Outcome 6:</b> Economic well-being	<b>Well</b>
<b>Outcome 7:</b> Maintaining personal dignity and respect	<b>Well</b>

### Council overall summary of 2009/10 performance

The council made good progress implementing and consolidating its strategic plans for sustainable solutions. Partnership working with NHS Brent is now structurally sound with positive benefits for people's independence and safety. Progress has been made implementing self directed but few have requested a different type of service. Transforming adult social care is one of the council's top priorities. A new One Stop information and access point opened and further changes are underway to redesign assessment and improve responsiveness and delivery. Delivery times for major adaptations were accelerated for people newly referred and the waiting list much reduced. Three new and more personal homes opened for people with learning disabilities and complex needs, replacing an older care home. People receiving support and their carers were more involved in commissioning and reviewing services. Safeguarding practice has been strengthened and public and stakeholder awareness increased. The council is realistic about the further improvements it needs to make and has set itself a purposeful programme to deliver them. It also needs to develop ways to more systematically collect and demonstrate positive outcomes and experiences for people using new and expanded community support. Re-ablement is being extended and developed during 2010 with the expectation that it will be a common and fundamental service for all newcomers to support. The second phase of the customer journey work programme is underway and longer term plans for extra care housing are being progressed.

## Leadership

*"People from all communities are engaged in planning with councilors and senior managers. Councilors and senior managers have a clear vision for social care. They lead people in transforming services to achieve better outcomes for people. They agree priorities with their partners, secure resources, and develop the capabilities of people in the workforce".*

## Conclusion of 2009/10 performance

The council described this as a year of change and consolidation but also marking a move towards longer term and sustainable solutions to longstanding issues. New access and self assessment arrangements were introduced and new prevention and re-abling community support services started. However, much of this new service development is recent and still being built up and it is early days to yet demonstrate the full benefits for people. There is also a need to develop and implement a systematic outcomes frame work based on people's experiences to demonstrate the effectiveness of personalisation to support choice and independence. There is corporate and political support to transform services in line with the Putting People First agenda and recognition that the next challenge will be to change in-house services, both buildings and approaches. Whilst there has been increased commitment to and success in engaging people who use services and their carers in developing services, continuing to involve them in reshaping support in a difficult financial climate will be challenging.

### **Key strengths**

- Good progress implementing and consolidating strategic plans for sustainable solutions.
- Partnership working with NHS Brent is now structurally sound with positive benefits for people's independence and safety.
- Transforming adult social care is one of the council's top priorities.
- Progress implementing self directed assessments and support for people with learning disabilities and mental health needs.
- Safeguarding practice has been strengthened and public and stakeholder awareness increased.
- Auditing and quality assurance being used more widely to drive improved practice.

### **Areas for improvement**

- Need to develop and implement a systematic outcomes frame work based on people's experiences to demonstrate the effectiveness of personalisation to support control and independence.
- Need to change in-house services, both buildings and approach, to enable people to exercise greater choice.

## Commissioning and use of resources

*"People who use services and their carers are able to commission the support they need. Commissioners engage with people who use services, carers, partners and service providers, and shape the market to improve outcomes and good value".*

## Conclusion of 2009/10 performance

The council continued to work with partners to raise standards in independent sector care services and to ensure value through the use of cost indicator tools. Brent worked collaboratively with other west London councils to secure savings from its commissioned home care services. It also commissioned a new re-ablement service and continued its longer term programme of developing alternatives to residential care. People who use services and their carers were more involved in service development, tendering and commissioning. The council had made dynamic use of the national benchmarking comparisons of council spending produced by the Audit Commission. This essentially confirmed their intended direction of travel to shift the balance of care and to implement new types of services and support. The commissioning strategies, particularly for care homes for older people, would benefit from clearer projected numbers of anticipated future places and type. The Joint Strategic Needs Assessment, developed in partnership with Public Health at NHS Brent, is reported to have informed key commissioning initiatives such as the Health and Well Being Plan. However, at present a revised assessment is awaited following a refresh.

### **Key strengths**

- Continued to work with partners to raise standards in independent care services.
- Use of cost indicator tools to ensure value in residential care placements.
- Commissioned a new re-ablement service.
- Worked collaboratively with other councils to secure home care savings.

### **Areas for improvement**

- Complete the updating of the Joint Strategic Needs Assessment.
- Clarify projected numbers of anticipated future residential places needed for older people.



## Outcome 1: Improving health and emotional well-being

*“People in the council area have good physical and mental health. Healthier and safer lifestyles help them lower their risk of illness, accidents, and long-term conditions. Fewer people need care or treatment in hospitals and care homes. People who have long-term needs and their carers are supported to live as independently as they choose, and have well timed, well-coordinated treatment and support”.*

## Conclusion of 2009/10 performance

The council together with its NHS partners has significantly reduced the number of older people delayed in transfer from hospital and the time they waited. This has been the result of a whole system approach and the development of joint intermediate care and early intervention and prevention. There has been detailed evaluation of the pilot Integrated Care Co-ordination Service (ICCS) demonstrating its impact on A&E attendance, hospital admissions and stays. This service has now been mainstreamed. The joint intermediate care service (STARRS), although not yet fully operational, began providing re-ablement at home or residential care. The Rapid Response Service, a nursing and therapy led service to avoid unnecessary admissions, has also demonstrated significant impact in the last year. However, the new re-ablement service has only recently started with a small core team and although showing evidence of early success, needs to continue to develop and expand to deliver expectations. There is also a recognition that intermediate care services need to be more effectively co-ordinated to get the best results for people. Services for people with dementia continue to be developed with a sufficiency now reported of specific residential care places and increased investment in diagnosis and early intervention. However, there remains a shortage of extra care and floating support for people who challenge and the joint commissioning strategy for dementia needs to be finalised and implemented. Progress was made on further developing standards for end of life care with partners.

### **Key strengths**

- Delivered a more fully integrated range of intermediate care services with positive impact.
- Demonstrated positive impact of ICCS, STARRS and Rapid Response services.
- Significantly reduced number of older people delayed in transfer from hospital.
- Secured local availability of sufficient residential care places for people with dementia.
- Further developed standards with partners for end of life care.

### **Areas for improvement**

- Further develop and expand re-ablement and intermediate care services as planned and ensure effective co-ordination.
- Further develop outcome measures for re-ablement to demonstrate positive experience for people using them.
- Finalise and implement joint commissioning strategy for people with dementia and their carers.

## Outcome 2: Improved quality of life

*“People who use services and their carers enjoy the best possible quality of life. Support is given at an early stage, and helps people to stay independent. Families are supported so that children do not have to take on inappropriate caring roles. Carers are able to balance caring with a life of their own. People feel safe when they are supported at home, in care homes, and in the neighborhood. They are able to have a social life and to use leisure, learning and other local services.”*

## Conclusion of 2009/10 performance

A new One Stop contact centre opened to further improve information and access at initial contact. Whilst practice has been guided by what people said they wanted to know, positive feedback is yet to be demonstrated. People who need small pieces of equipment and minor adaptations continue to receive them quickly. Delivery times for major adaptations were accelerated for people newly referred and the waiting list much reduced. However, further progress in reducing waiting times is needed and the national survey of people receiving community equipment also showed there was a need to improve people’s experience of assessment and their perceptions of the benefits of the equipment provided. More people received assistive technology (Telecare) and it is planned to integrate this provision with the development of re-ablement- services. However, the council has yet to systematically demonstrate positive outcomes for people from the increased provision of Telecare. Development continued towards the opening in the next two years of three new extra care schemes for older people, with a clear investment plan in place. There was a significantly reduced use of residential care for people with learning disabilities and those with mental health needs with an increase in supported living opportunities. Three new and more personal homes opened for people with learning disabilities and complex needs, replacing an older care home. However, again there is a need for the council to demonstrate positive outcomes for the people using the new services. To support carers there has been a joint and increased pooled budget with influence from them on how it’s being spent. More carers had a Direct Payment and respite breaks. Assessments of carers needs are being strengthened and a Self Directed Support questionnaire was introduced following consultation. However, some carers reported difficulties with the process and issues with the quality and consistency of assessments. A new Quality Assurance process has been introduced to improve this.

### **Key strengths**

- Delivery times for major adaptations were accelerated for people newly referred.
- More people received assistive technology (Telecare).
- More supported living opportunities for people with learning disabilities and mental health needs.
- Increased support available for carers.

### **Areas for improvement**

- Continued improvement in provision of major adaptations
- Realise plans to provide sufficient extra care housing for older people
- Systematically collect and demonstrate positive outcomes for people using new and expanded community services.
- Improve consistency and quality of carer's assessments.

### **Outcome 3: Making a positive contribution**

“People who use services and carers are supported to take part in community life. They contribute their views on services and this helps to shape improvements. Voluntary organizations are thriving and accessible. Organizations for people who use services and carers are well supported”.

### **Conclusion of 2009/10 performance**

The council has ensured that its Service User and Carer Involvement Strategy and action plan has driven forward engagement. There has been increased engagement in commissioning and monitoring services. The council highlights the decision of where to site a redeveloped resource centre for people with learning disabilities as attributable to the significant influence of carers. The changes made to improve and simplify the Self Directed Support questionnaire are cited as evidence of the positive impact of its engagement with people with mental health needs and with carers. Concerns received from people receiving Direct Payments about the need for improved and consistent information are being addressed through revising available materials and a training programme for staff. More support to participate in decision making at Partnership Boards is also reported. Advocacy provision was increased and access widened and strengthened for people with learning disabilities and mental health needs but impact was less clear as was sufficiency for other groups of vulnerable people. The council acknowledges it needs to develop a more systematic way of feeding back to service users and carers the results and changes made as a result of engagement. The council also recognises the challenge of retaining support and engagement as it embarks on major changes to provided social care services in a challenging financial climate.

### **Key strengths**

- User and Carer Involvement Strategy and action plan has driven forward engagement.
- Influence of carers on location for a redeveloped resource centre for people with learning disabilities.
- Allocation of carers pooled budget influenced by them.
- Increased engagement by people in commissioning and monitoring services.
- Advocacy provision was increased.

### **Areas for improvement**

- Develop a more systematic way of reporting back to people receiving support and their carers the results of engagement.
- Demonstrate the impact and sufficiency of the available advocacy support.

#### **Outcome 4: Increased choice and control**

“People who use services and their carers are supported in exercising control of personal support. People can choose from a wide range of local support”.

#### **Conclusion of 2009/10 performance**

The council has increased the overall numbers of people receiving Self-Directed Support and Direct Payments with a marked increase for carers and people with mental health needs. A high proportion of younger people with learning disabilities continued to receive a Direct Payment and take-up by disabled people was in line with other similar councils. However, take up by older people slowed and comparatively fewer older people were in receipt of a Direct Payment. Whilst progress has been made on the depth and spread of Self-Directed Support, issues of quality and consistency were still serious issues in March 2010. Overall there was still a dependence on traditional service models and a lack of creativity. Stronger scrutiny and case auditing recently started to improve the quality and consistency of support planning.

A survey of 53 people receiving Direct Payments found they were positive about the benefits of using them and were beginning to use them creatively to fund leisure activities, holidays, and to access training and job preparation. However, people also said they needed more information; that support and training were issues and that staff needed a better understanding of their needs. The timeliness of assessment and reassessment were also issues and the lack of identified contact persons for routine follow-up. Subsequent feedback from people receiving Direct Payments confirmed these concerns which the council is addressing through a current work programme.

Since March and the introduction of weekly quality assurance and scrutiny, there is increasing evidence of improved creativity and personalisation in support planning but this is recent and needs to be fully embedded in the practice and culture of Brent. A systematic outcomes frame work is still under development and the national Resource Allocation System only about to be piloted. Whilst the council implemented the first phase of a redesign of assessment and care management and the number of reviews increased, fewer assessments were completed on time, particularly for older people, and Brent was the slowest London council. Almost half of the older people assessed did not then receive a service suggesting the need for much clearer information for them

about eligibility. The One Stop initial contact centre opened but promptness of response and staff skills are still being developed. The speed of delivering social care following assessment also slowed. The council is continuing to implement changes to how people get support in future with re-ablement followed by Self-Directed Support offered to all.

There has been a shift away from previous over reliance on residential care towards community support with fewer older people newly placed in care homes and no-one with mental health needs being placed long term. Commissioned services are starting to become more personalised and the next challenge for the council is to develop new types of in-house services.

### **Key strengths**

- More people received Self-Directed Support and Direct Payments with a marked increase for people with mental health needs, learning disabilities and carers.
- Good financial support for people receiving Direct Payments.
- Began the redesign of assessment and care management and more people had their support and needs reviewed.
- Self Directed Support questionnaires were co-produced with people using services and their carers.
- Continued to shift the balance of care towards commissioning more community based support.

### **Areas for improvement**

- Improve the information about eligibility for services and initial screening of requests for support.
- Increase the timeliness of assessments, particularly for older people.
- Fully implement the national Resource Allocation System to ensure more consistency of budget allocation.
- Increase take-up of Direct Payments by older people and provide more information about Personal Budgets.
- Develop staff to be more creative and consistent in their approach to support planning.
- Address the issues of concern identified from the Direct Payment User Survey.
- Implement a systematic outcomes frame work based on people's experiences to demonstrate the effectiveness of personalisation to support choice and independence.



### **Outcome 5: Freedom from discrimination and harassment**

“People who use services and their carers have fair access to services. Their entitlements to health and care services are upheld. They are free from discrimination or harassment in their living environments and neighborhoods”.

### **Conclusion of 2009/10 performance**

The council continues to assess itself as excellent under the revised Equality Standard for local government and strengthened its programme of equality impact assessments to ensure effective targeting and any under representation in services. Analysis of people receiving Direct Payments shows a good spread of take-up amongst BME communities (58% of users) and an equal take-up by women. There has been close monitoring of take-up of services provided by the voluntary sector and an audit targeting their equality training needs. More than 51 community organisations were supported and more than half of the council's grants programme went to specific BME community groups.

Examples of changes as a result of Brent's programme of equalities development work included locality groups for older people; care planning made more culturally sensitive for people detained in and transferred from mental health hospitals; and the Hope Project for mental health recovery. Positive work also took place with the newer BME communities in Brent to raise awareness of safeguarding issues and information leaflets about it were translated.

### **Key strengths**

- The council maintained excellence under the Equalities Standard for local government.
- Take-up of Direct Payments was high amongst people from BME communities.
- 4 new locality groups for older people.
- More culturally sensitive care planning for people with mental health needs from BME communities.
- Hope Project group established to support recovery.
- Work to promote awareness of safeguarding in BME communities.

### **Areas for improvement**

- Develop a more systematic way of reporting back to local people and communities the results of equalities monitoring and development work.

## Outcome 6: Economic well-being

*“People who use services and their carers have income to meet living and support costs. They are supported in finding or maintaining employment”.*

## Conclusion of 2009/10 performance

The council supports a wide range of activity across service areas and with partners to promote employment, volunteering, training and income maximisation. In mental health, employment specialists based in Brent in 2 Work supported 110 people into work. This includes people working for the mental health trust itself as well as for Community Networks. Comparator information (NI 150) suggests a high proportion of people in contact with mental health services are in employment.

Many black people with mental health needs were also supported into volunteering. Job brokerage for working age people with disabilities is provided at Wembley Works. Two people with learning disabilities are employed as apprentices in the council's Human Resources team and another is on work experience in Housing and Community Care. However, comparator information (NI 146) suggests there is further work to be done in this area.

Brent successfully bid for extra government money to further develop the available support. This followed a positive assessment and report by the Department of Communities and Local Government focussed on the quality of supported housing but including work finding support. It reported a clear commitment with an emphasis on partnerships and much good practice overall. However, despite case studies showing some individual success stories and the high number of mental health service users finding work, the council has yet to systematically demonstrate positive impact and benefits for people with disabilities and their carers from the employment support available.

### **Key strengths**

- Strong focus on supporting people with mental health needs towards employment as part of the recovery model. High numbers were helped to become volunteers or to find work.
- Work opportunities for people with disabilities further developed.
- Employment initiatives are corporately and politically well supported with successful bid for extra government resources.
- Wide range of employment finding projects supported in the Voluntary Sector.

### **Areas for improvement**

- Further systematically demonstrate positive impact and benefits for people with disabilities and their carers from the employment support available.
- Continue to develop and support paid employment opportunities for people with learning disabilities.

## Outcome 7: Maintaining personal dignity and respect

*“People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life”.*

## Conclusion of 2009/10 performance

The council completed implementation of the actions resulting from recommendations the of the 2008 Service Inspection with meaningful results. Awareness of safeguarding issues was promoted, particularly amongst Brent’s BME communities, and the leaflet translated into several languages. There were increased safeguarding training opportunities for the independent sector although increasing take-up by partners remains a priority. Referrals increased across service use groups and more were made from health partners. However, despite rising, the rate of safeguarding referrals remains lower than comparable councils. The Brent Safeguarding Board reviewed this and suggests this may be linked to differences in thresholds. Brent reports that the majority of its referrals proceeded to investigation with few screened out on initial contact. The number of completed cases in year increased across all user groups except in mental health where the number and rate fell. The quality of practice continued to improve through a regular programme of quarterly case audits, close monitoring and the use of a review template. The council also report that user audits show that people going through the safeguarding process felt supported and listened to. More cases went to case conference and the police now provide updates on investigations. However, regulatory feedback suggests that completion timescales can sometimes be overlong and communication uneven. Membership and participation by partners on the Brent Safeguarding Board is stronger with work underway to increase engagement with users and carers as experts and also on outcomes for perpetrators. The Board receives summary results of the quarterly audits and a new independent chair has been appointed. Work to raise standards in local care homes has also had benefits for the safety and dignity of residents.

### **Key strengths**

- Meaningful progress on completing recommendations from 2008 Service Inspection.
- Improved safeguarding awareness and increased referrals.
- Regular audits show improving professional practice.
- People report feeling supported and listened to.
- Stronger partnership arrangements and oversight.
- Raised standards in residential care.

### **Areas for improvement**

- Continue to monitor and review referral numbers and thresholds.
  - Continue to improve consistency of completion timescales, especially in mental health services.
  - Further promote communication with partners during investigations.
  - Continue to develop engagement with people as experts by experience of safeguarding.
-