

Adult Social Care Services

**Council Name:** Richmond

This report is a summary of the performance of how the council promotes adult social care outcomes for people in the council area. 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 2008/09 in the Performance Assessment Guide web address below, for more detail.

**Poorly performing** – not delivering the minimum requirements for people

**Performing adequately** – only delivering the minimum requirements for people

**Performing well** – consistently delivering above the minimum requirements for people

**Performing excellently**- overall delivering well above the minimum requirements for people

We also make a written assessment about

**Leadership** and **Commissioning and use of resources**

Information on these additional areas can be found in the outcomes framework

To see the outcomes framework please go to our web site: [Outcomes framework](#)

You will also find an explanation of terms used in the report in the glossary on the web site.

## Delivering Outcomes Assessment

**Overall** Richmond council is performing:

**Well**

Outcome 1:

[Improved health and well-being](#)

The council is performing:

**Well**

Outcome 2:

[Improved quality of life](#)

The council is performing:

**Well**

Outcome 3:

[Making a positive contribution](#)

The council is performing:

**Well**

Outcome 4:

[Increased choice and control](#)

The council is performing:

**Excellently**

Outcome 5:

[Freedom from discrimination and harassment](#)

The council is performing:

**Well**

Outcome 6:

[Economic well-being](#)

The council is performing:

**Well**

Outcome 7:

[Maintaining personal dignity and respect](#)

The council is performing:

**Well**

*Click on titles above to view a text summary of the outcome.*

## **Assessment of Leadership and Commissioning and use of resources**

### **Leadership**

#### **What the council does well:**

- There is effective leadership and direction in the council, elected members set out a strong vision for the future of adult services and put in place sound business processes to deliver improvement
- Richmond has made significant progress around personalisation, implementing full self directed support by 2010
- Performance management is used to demonstrate trajectory and information on performance is readily available

#### **What the council needs to improve:**

- Progress plans to develop floating support services for people with mental health needs
- Continue to improve quality assurance and record keeping methods

### **Commissioning and use of resources**

#### **What the council does well:**

- The council has undertaken extensive and impressive work around financial projections in relation to the impact of self directed services over 5 years
- The council continues to deliver good budget management, complimented by a well-established medium term financial plan that effectively links strategic objectives with available resources
- The council has an understanding about the local social care market and undertake their own quality-based analysis

#### **What the council needs to improve:**

- Continue to implement risk based approach to assist in the improvement of poorer performing providers

## Summary of Performance

Brief overview of performance and progress

There is a clearly defined and well developed strategic vision for Adult Social Care in Richmond, based on the delivery of personalisation and a strong focus on ensuring better outcomes for service users and their carers. This vision includes equal access to information, advice and guidance, early intervention and prevention, increased choice and control for services users and carers, and the development of social capital within the context of robust partnership arrangements. There has been a shift towards Self Directed Support (SDS) as the default operating model for Adult Social Care, which has been rolled out to all service groups. The key to successful delivery of the Transformation of Adult Social Care into a system of SDS is the development of independent Support Planning and Brokerage.

Over 800 people are receiving a Personal Budget. SDS is seen as a central component of delivering on the mental health recovery model, and the next step includes developing a programme for the full roll out of SDS in Mental Health, following a successfully pilot. The Richmond Independent Brokerage Service (RIBS) service has been developed jointly with the Council, with the aim of providing effective independent support planning and brokerage to offer service users choice and independent support.

Service improvement is driven forward through the council's revised Performance Framework, which monitors performance on a regular basis. All key service delivery areas have a delivery plan in place, which makes the council aware of performance problems and where there are issues of capacity in the organisation. The risk management framework is fully embedded within adult social services, and a new framework for auditing case files was introduced in 2008, with emphasis on auditing safeguarding files, supervision practice, and to quality assure SDS assessment and support planning practice. The shift towards whole system SDS has required a considerable focus on training staff, providers and voluntary sector partners regarding SDS.

The Local Involvement Network (LINKs) was established during 2008/09, which is a key mechanism in ensuring involvement of the wider community in informing service development and improvement.

The council aims to approach commissioning with a strategic and long-term view, and a clear focus on delivering improved outcomes for services users. Commissioning practices are informed by comprehensive needs analysis across all service user groups, and services users and carers are engaged in all commissioning initiatives. The vision for Adult Social Services has been focused on delivering Personalisation within health and social care services and responding to the needs identified by the Joint Strategic Needs Assessment (JSNA). The council has been working with NHS Richmond to strengthen borough based commissioning and to deliver more integrated health and social care services. There are partnership arrangements in place to improve outcomes and tackle joint priorities.

A challenge at the council is to ensure that at the most senior level and governance structures within the NHS Richmond and the local authority the common vision and direction of travel is formally ratified and also reflected in agreements in the Local Strategic Partnership and drivers for change through local area agreements.

The council's approach to procurement is aligned to Personalisation and focuses on more flexible service delivery and increased options using framework agreements, which offer service users more choice and control. The council is working with partners across South West London to strengthen the local market place and ensure efficiencies in commissioning services and value for money.

The Quality Assurance (QA) team merged with the Contract Monitoring Team in 2008. This team plays a significant part in both quality assurance and contract compliance, with a focus on a consistent and robust approach across all commissioned services and user groups. A risk based approach to contract monitoring was introduced in 2008, where information is gathered monthly on the number of late or missed visits, safeguarding referrals, repeat concerns, staff turnover and CQC ratings.

The new way of working with residential care providers was introduced, including working proactively with all less than 'good' providers. Following council engagement with two poorer performing care homes, one has improved their rating from poor to good, and one has improved from adequate to good after they were re-inspected.

## **Outcome 1: Improved health and well-being**

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The council is performing: **Well**

There is a wide range of information, support and leisure activities available to promote healthy lifestyles and growing evidence of people directly benefiting. People are supported through public health campaigns, including the Change for Life programme. Richmond Direct acts as a single point of access to information, advice and guidance on health and social care matters.

Hospital admission rates, length of stay and emergency bed days are decreasing, as have mental health admissions and occupied bed days. There has been an increase in Delayed Transfers of Care (DToC), but integrated health and social care services are well established and assist in supporting high numbers of people with intensive needs at home with increasing numbers supported to die at home. An End of Life Care Strategy and Action Plan is being overseen by a steering group, and there has been a focus on the development of the Gold Standard Framework for palliative care within the primary care settings.

There has been significant progress of joint working around self directed care, and the council is working to roll out a phased approach to reablement, with the aim of maximising independence, following a review of Intermediate Care (IC). The Richmond Short Term Assessment and Reablement (STAR) Service commenced as a pilot in April 2009.

There is one person still in NHS Campus accommodation who is included in the re-provision plans for supported living at the site. The Community Learning Disabilities Team monitors progress and ensures the client's needs are included in the project plan and his transition is smooth and achieved.

A Crisis and Home Treatment Team (CHTT) was created with the aim of providing crisis home treatment to support people to manage their mental distress in their home environment. A sub group of the Mental Health Joint Commissioning Group is developing a joint local Dementia Strategy involving the PCT and Third sector partners in line with the requirements of the National Dementia Strategy. The group is also developing a Joint Older People's Mental Health Strategy, to be completed in March 2010.

### **What the council does well**

- People who use services and their carers are helped to understand how to stay healthy and maintain their emotional well-being
- Joint working is progressing around self-directed care and a review of intermediate care services has informed a phased approach to reablement
- Community packages for people with alcohol problems are working well

### **What the council needs to improve**

- Continue to further reduce delayed discharges
- Continue to monitor progress of the person living in NHS Campus accommodation until transition into supported living is made

## **Outcome 2: Improved quality of life**

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The council is performing: **Well**

More people in Richmond are benefiting from personalised approaches to meet their needs. Information and advice services are increasingly coordinated and improving in terms of quality and accessibility so they are accessible to all. Personalised approaches have ensured there is better access to mainstream education, culture, sport and recreational activity including work related education and support services. A range of effective preventative services are in place, including the Joint Falls Prevention Strategy which reached over 600 people in 2008/09.

Integrated teams are able to provide more coordinated support with more people accessing equipment, adaptations, and Telecare in a timely and effective way. There has been a decrease in waiting time for major adaptations due to extra resources to fund additional staff and streamline processes. However, waiting times for minor adaptations increased slightly, due to sub-contracting some minor works. Last year it was said that there should be more use of assistive technology, so the council undertook a range of methods to improve these services, such as increasing public awareness, and as a result there has been an increase of 512 people receiving Telecare services during 2008/09.

There has been a focus on bringing people with a learning disability back into the borough that are currently placed outside of the borough, and an increased number of service users are accessing supported living options. There have been reductions in care home placements and attention to quality assurance has supported raising the quality of standards in these care homes.

There is an effective Direct Payment support service and a range of neighbourhood care groups which offer support to all residents. People are in control through use of self assessment questionnaires, allocation of a Personal Budget, and outcomes focused support planning using a variety of media.

People who are carers are offered advice, training, voluntary opportunities, and support through the Richmond Carers' Centre. Carers are able purchase services through a Small Carers Payment to help support them in their caring role, and to purchase home based flexible respite.

### **What the council does well**

- Carers have been supported better during 2008/09 through the provision of assessments, services and direct payments
- Carers have access to emergency respite and a high number of breaks were provided to people who are carers
- People are offered a range of non-care managed opportunities and moving towards self directed care

### **What the council needs to improve**

- Continue to increase the number of people supported through assistive technology
- Implement action plans to further widen support for carers, including 24 hour helpline

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

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The council is performing: **Well**

The council ensures that people are positively supported to take part in community life by commissioning for advocacy, befriending, education and employment related services to develop independence and choice for personal care on rehabilitation, reablement and treatment. Service user and care involvement in service planning and development is now embedded in business processes, and includes consultations, partnership events, service reviews and commissioned surveys. A Community Engagement Team was created in April 2008, which ensures there are strong links between community engagement and consultation across the borough. Evidence of influence is wide ranging, and includes substance misuse reviews and development of the 2009/10 Treatment Plan.

The Richmond Carers Strategy emphasises the importance of identifying and engaging hard to reach carers. All GP surgeries now hold information for carers and have a carers' register. An analysis on the needs of carers is being carried out to look at how services are meeting needs and to identify gaps in provision or funding. All findings will be incorporated into voluntary sector funding alongside national and local priorities and fed into the development of the new Carers Strategy for 2009-11.

The council has a well established voluntary sector, with over 800 voluntary organisations and a joint investment of £6m annually. Key services provided by the voluntary sector through grant funding include information, advocacy, advice and guidance, one to one support and befriending, public promotion and awareness, social activities, accessible transport, training and support for volunteers and counselling.

### **What the council does well**

- People who use services and their carers contributed in service reviews and have influenced changes in service specifications
- People are provided with more opportunities for training and volunteering
- Feedback by people from service reviews has led to changes to specifications for new services

### **What the council needs to improve**

- Improve carer service provision through learning from the carers analysis

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

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The council is performing: **Excellently**

There is a good range of information available to people which is easily accessible. The council has a reader's forum, used to quality control and feedback on council literature. The council provides a Self Directed Support (SDS) Information Booklet to all potential clients following a contact assessment, and it is also available on their website.

From the first point of contact, assessments are provided to three in four older people in a timely manner, and more older people are receiving timely services following an assessment.

The close relationship between advocacy and Self Directed Support (SDS) has continued with the development of the Richmond Independent Brokerage Service (RIBS), which aims to develop cohesive advice, information and Support Brokerage Services to users and carers accessing SDS. The provision of advocacy services was reviewed during the year, which highlighted a need to strengthen the advocacy resource available for younger physically disabled people and older people.

Richmond is a total transformation council working towards the provision of self directed care, and this new social operating model is being phased in. The council routinely and systematically makes people aware of self-directed care options, individualised budgets and direct payments. There has been extensive work in developing a self-assessment questionnaire and resource allocation tool to produce indicative budgets for people and good work with external agencies in exploring the impact of self directed care on a wider scale. There has been positive evidence of impact around people's ability to have control over their own support and be actively involved in shaping and developing services. The rate of people receiving Self Directed Support is 485.8, which is one of the highest rates in London.

There are a range of support options available to service users and their carers. The People with Learning Disabilities Change Programme continues to deliver on a variety of innovations in both commissioning practices and service delivery for people with learning disabilities. All people placed in residential care within the borough have been involved in a project whereby (through having an Individual Budget or Individual Service Fund) they have been able to work with their residential care provider to develop 24/7 support plans which include a range of personalised community activities rather than the use of day centres.

The overall balance of care for older people showed a continuing rise in the numbers supported through the Voluntary Sector and reducing numbers admitted to residential care. However, rates for people in nursing care have increased by around 9% since last year, which might indicate that people are entering care later in life when nursing placements can become more appropriate than residential placements.

The number of complaints increased significantly, mainly due to the increase in mental health complaints and due to the inclusion of Forensic Services complaints. Most complaints are handled promptly and systems to ensure learning from complaints have been enhanced.

### **What the council does well**

- Richmond is a total transformation council working towards the provision of self directed care
- The council routinely and systematically makes people aware of self directed care options, individualised budgets and direct payments
- Referral and initial response arrangements are generally sound and user focused
- The Department has a good range of information, there is an impressive service directory and leaflets are produced to a high standard

### **What the council needs to improve**

- Continue to improve advocacy services

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

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The council is performing: **Well**

The council is committed to offering fair and equal treatment to all residents of the borough, and equalities are built into core business plans. There is continuing emphasis on training and work with Providers through contract specification, award and quality assurance. The council maintains providing services within the moderate band entitlement under Fair Access to Care Services (FACS) criteria, and means access to social care support is relatively easy for residents. All service users are provided with information around NHS Continuing Care and a checklist is used to fairly screen all service users assessed as having a FACS banding of substantial or above as part of the assessment process.

The Older Persons and Disability Continuing Care Panel ensure consistency and quality of decision making around NHS Continuing Care, which is a transparent process. In 2008/09 around 25% of cases had service user / carer representation. There were 245 cases and almost half were awarded full NHS Continuing Care funding, with only seven appeals.

The council achieved Level 3 of the Local Authority Equality Standard in 2008/09 and they aim to achieve Level 4 by April 2010. Good practice is being embedded into the development of service and team plans, and outcomes of Equality Impact Assessments (EIAs) are being incorporated into individual service developments.

### **What the council does well**

- There is access to assessments for all people who live in the borough, and information in relation to assessments can be found on the Richmond website
- Self-funders are aware of the choices and options, which are available to them, and individual support plans are provided
- The council has achieved Level 3 (out of 5) of the Equality Standards for Local Government (ESLG), which has been captured by the ESLG

### **What the council needs to improve**

- Fully implement EIA outcomes into service development
- Continue work towards gaining Level 4 of the Local Authority Equality Standards

## **Outcome 6: Economic well - being**

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The council is performing: **Well**

The council and its partners work to assist people to maximise their benefit entitlement and offer independent support to assist those with a Personal Budget to manage it effectively. People are supported into employment and training opportunities through vocational support from commissioned services; the council began commissioning vocational services for people with mental health needs from Imagine in April 2008, which focuses on supporting people to access mainstream employment, education/training or voluntary work/work experience. Power Employment (an in house supported employment agency for people with learning disabilities) supports people to find employment, as well as providing on the job support to those who are in employment. Carers are also supported to gain and maintain employment through new carer services and respite. The council is also committed to employing local vulnerable people, especially younger Not in Education, Employment, or Training (NEET) adults and those with learning disabilities.

Funding for an independent brokerage service was approved in June 2008 (RIBS), which consists of Age Concern Richmond upon Thames, RUILS, Advocacy Partners, Richmond AID, Richmond Crossroads, Richmond Carers Centre, CORLD, Richmond Homes for Life Trust, Richmond Mencap and Richmond Borough MIND

The new Carers' Assessment has incorporated an employment section to ensure that formal monitoring around employment can take place from Autumn 2009. Work has begun with Richmond Volunteer Service to start monitoring individuals referred to them after receiving a Carers' Assessment. Resource allocation questions are embedded within The Carers Self Assessment Questionnaire in the Carers' Assessment, which have been designed by care management and carers themselves (via consultation) and aims to be user friendly and to enable the flexibilities of Personal Budgets to be extended to Carers.

### **What the council does well**

- There are good pathways to paid employment, for all clients, except carers
- The council invests well in preventative services and continues to provide services to people with moderate need
- The charging policy disregards welfare benefits, providing increased income for a significant number of people

### **What the council needs to improve**

- Ensure monitoring of carers in employment informs service improvement

## **Outcome 7: Maintaining personal dignity and respect**

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The council is performing: **Well**

Safeguarding has been a significant priority at the council. There has been progress made around raising awareness and improving practice with its partners, and improvements have been made following the 'adequate' rating given to the council in the January 2008 Service Inspection. A challenging improvement plan was in put place and all targets have been achieved except the case management system (Framework-i) development of the Safeguarding Adults component, which is now in the final stages. There have also been improvements to strategic partnership, which is evidenced through the refresh of the Safeguarding Adults Partnership Board (SAPB) and appointment of an independent Chair.

A review of progress and lessons learnt (January 2009) informed a new Safeguarding Adults Performance Framework for implementation in 2009/10. The SAPB has been involved in ensuring that the council's approach to Self Directed Support (SDS) ensures safeguards are in place to prevent abuse.

There has been an increase in safeguarding alerts, with financial abuse the most common complaint. As a result the council and the SAPB has been prompted to focus on awareness raising and campaigning for 2009/10, and will be the focus for the annual Elder Abuse Conference. Monitoring of decision-making, time standards and case file audit analysis also reveals that immediate safety needs are being addressed, that outcome decisions are being made, and appropriate Protection Plans are being implemented.

The council are involved with all registered care homes within the borough that have an adequate or poor rating, offering practical support and guidance to assist them in improving the quality of service. There is a council policy to not place care with poor providers and they do not recommend placements with adequate providers. An external Case File Audit was undertaken which indentified that safeguarding practice is improving with beneficial impact to service users. Good record keeping continues to be the more problematic factor for the council, but the council is making improvements with further progress anticipated in 2009/10 through the new case management system.

The Training sub group is well established and reports to the SAPB and the Safeguarding Adults Training Strategy was implemented in April 2008, which sets out the competency framework linked to policy and procedures.

The council has successfully launched the Deprivation of Liberty Safeguards (DoLS) and a designated DoLS office is situated within the Safeguarding Team.

### **What the council does well**

- Commitments of partner agencies within inter-agency safeguarding procedures have been strengthened and the council intends to ensure regular reporting to the Safeguarding Board members, Health and Wellbeing/Community Safety Partnership takes place
- Almost all people who are admitted to care homes have access to single rooms if they choose
- The work programme for the Adults Safeguarding Partnership Board has raised awareness and there have been increase in referral rates

### **What the council needs to improve**

- Continue to improve record keeping practice
- Implement DoL safeguards