



Scrutiny Committee – revised agenda

Wednesday 24 February 2016 at 7.00 pm

Boardroom 3/4 - Brent Civic Centre, Engineers Way,
Wembley HA9 0FJ

Membership:

Members

Councillors:

Kelcher (Chair)
Colwill (Vice-Chair)
Daly
Farah
Long
Miller
Stopp
Tatler

Substitute Members

Councillors:

Agha, Hector, Khan, J Mitchell Murray, Nerva,
Ketan Sheth and Thomas

Councillors:

Kansagra and Maurice

Co-opted Members

Ms Christine Cargill
Mr Alloysius Frederick
Dr J Levison
Mr Payam Tamiz
Iram Yaqub
Vacancy

Observers

Ms J Cooper
Mrs L Gouldbourne
Ms J Roberts
Brent Youth Parliament representatives

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The press and public are welcome to attend this meeting

Agenda

Introductions, if appropriate.

Apologies for absence and clarification of alternate members.

Item	Page
1 Declarations of interests	
Members are invited to declare at this stage of the meeting, any relevant financial or other interest in the items on this agenda.	
2 Deputations (if any)	
3 Minutes of the previous meeting	
To follow.	
4 Matters arising (if any)	
5 Education Commission update including the Annual Standards and Achievement report 2014-2015	1 - 20
The Brent Education Commission report, <i>Ambitious for All: a shared responsibility</i> , was endorsed by elected members in June 2014. This report updates members on progress against the priorities identified by the Commission and presents evidence of the commission's impact, through the significant improvement in Brent's inspection outcomes, standards and achievement, and the improved outcomes for most groups of pupils including the disadvantaged group which is supported by the Pupil Premium Grant.	
6 SEND reforms and implementation	21 - 52
This report sets out the key changes arising from The Children and Families Act which came into effect on 1 st September 2014, and provides an update on Brent's progress in delivering the national programme of special educational needs and disabilities (SEND) reforms.	
7 Adult Social Care Local Account 2014/15	53 - 90
The purpose of Brent's Local Account is to communicate priorities and to provide Members, residents and service users with a key accountability mechanism by which self-regulation and improvement activities can be systematically monitored and reported. The document attached at	

Appendix A is the full version of the report.

8 Brent Safeguarding Adults Board - governance arrangements 91 - 120

The purpose of this report is for the Independent Chair to present the Safeguarding Adults Board's Annual Report for 2014-15.

9 On-Street Parking Service Offer and Charges in Controlled Parking Zones; and Parking Statutory Guidance 121 - 152

This report is being submitted to Cabinet on 14 March 2016 and sets out a series of changes to the way in which the council manages, and charges for, on street parking.

10 Data request log 153 - 158

11 Scrutiny forward plan 159 - 162

12 Any other urgent business


Notice of items to be raised under this heading must be given in writing to the Head of Executive and Member Services or his representative before the meeting in accordance with Standing Order 64.

Date of the next meeting: Tuesday 5 April 2016



- Please remember to **SWITCH OFF** your mobile phone during the meeting.
- The meeting room is accessible by lift and seats will be provided for members of the public.

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 Brent	<p>Scrutiny Committee 24 February 2016</p> <p>Report from the Strategic Director of Children and Young People</p>
<p>For Information and comment</p>	<p>Wards Affected: ALL</p>
<p>Education Commission update -including the Annual Standards and Achievement report 2014-2015</p>	

1 Introduction

1.1 The Brent Education Commission report, *Ambitious for All: a shared responsibility*, was endorsed by elected members in June 2014. The Education Commission identified six priorities:

1. Improve strategic leadership of education across the borough
2. Planning school places
3. Knowing Brent schools
4. Promoting and supporting school-to-school networks
5. Providing challenge to address weaknesses including targeting of pupils in receipt of the pupil premium grant
6. Improving school governance

Priority 5 was amended following the publication of the scrutiny committee task group's report 'Use of the Pupil Premium Grant in Brent'. The Education Commission Action Plan September 2014 – August 2016 has addressed each of these priority areas and is closely monitored by the Strategic School Effectiveness Partnership Board which was established as an action under priority 1. There is already evidence of the commission's impact, through the significant improvement in Brent's inspection outcomes, standards and achievement, and the improved outcomes for most groups of pupils including the disadvantaged group which is supported by the Pupil Premium Grant.

1.2 The Strategic Framework for School Effectiveness in Brent draws on the findings and recommendations made in the Education Commission report. The framework reflects the emphasis placed by the commission on the responsibility of the wider education community for the education of all children and for school effectiveness, fulfilling objectives in the Education Commission Action Plan. It reflects the local authority's ambition that all Brent children achieve as highly as they can in good and outstanding schools. To deliver the framework the School Improvement Service became the School Effectiveness Service in January 2015. The role of the service is now focused on the local authority's strategic responsibility to promote high educational standards for all children and young people.

1.3 Under priority 4, the local authority has supported the growth of collaborative arrangements, and this is now a key feature of the local landscape with improvement increasingly being driven by local schools. The Brent Schools Partnership (BSP) which includes Woodfield Teaching School Alliance and Brent Teaching School Alliance, has continued to develop its role in offering school-to-school support, and from September 2015 became the main local provider of professional development courses for teachers. In addition, in Brent, there are seven headteachers who are National Leaders of Education and one who is a Local Leader of Education, and there are two chairs of governors who are National Leaders of Governance. Where the local authority needs to intervene in schools

to bring about rapid improvement, increasingly, it is commissioning and brokering services from Brent's school-to-school support partners: the two teaching school alliances and the BSP.

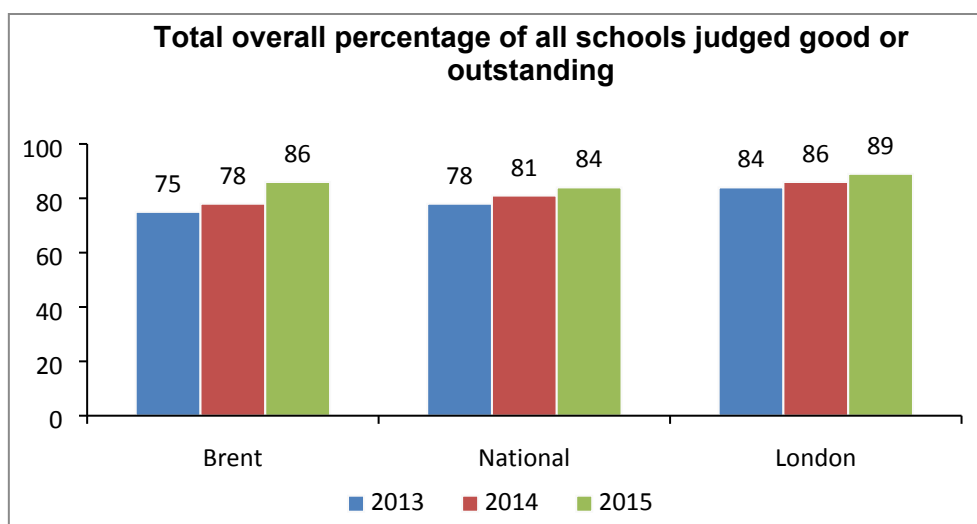
- 1.4 The type and number of schools in Brent has continued to change over the last year because of the reorganisation of local schools together with national policies which have encouraged the conversion of schools to academies and the introduction of free schools. There are currently 85 schools:

Type of school	Nursery	Primary	Secondary	All-through	Special	Pupil Referral Unit	Total
Maintained Community	4	32	0	0	3	2	41
Maintained Voluntary-aided	0	18	2	0	0	0	20
Maintained Foundation	0	4	0	0	0	0	4
Sponsored Academy	0	3	3	1	0	0	7
Converter Academy	0	2	6	2	1	0	11
Free School	0	1	1	0	0	0	2
Total	4	60	12	3	4	2	85

- 1.5 Whilst the performance of academies and free schools is the responsibility of the Regional Schools Commissioner, the local authority has a statutory duty (Children Act 2004) to act as the champion for all children and young people in the borough, and is responsible for maintaining an overview of the effectiveness of all schools including academies. The local authority therefore continues to monitor all local institutions regardless of their form of governance.

2 The Overall Effectiveness of Brent Schools

- 2.1 The overall effectiveness of Brent schools has improved in particular in the primary and nursery phases. Of significant concern is the relatively low percentage of good or outstanding secondary schools in Brent. This corresponds to the national decline in secondary schools judged as good or outstanding by Ofsted. However, Brent was below the national average and was well below the London average at the end of last year. This will change by the end of this academic year because one secondary academy previously judged inadequate was judged by Ofsted as good in the autumn term. In February 2016, there are only two out of the fifteen secondary schools which are maintained by the local authority; the remainder are academies plus one free school. One of the maintained schools is judged good and one requires improvement.



Data taken for each academic year at the end of July

- 2.2 At the end of the last academic year, 86 per cent of Brent schools were judged good or outstanding, an increase of eight percentage points on the previous year's figure of 78 per cent. This put Brent two percentage points above the national average of 84 per cent, but below the London average of 89 per cent and the Education Commission's target of 90 per cent for 2015. All nursery and special schools, and pupil referral units have been judged as at least good, and the proportions of good and

outstanding primary and secondary schools have increased. (Refer to Appendix 1 for the overall effectiveness graphs for each phase)

- 2.3 During the last academic year, the Ofsted judgements increased at six schools (five requires improvement (RI) to good and one good to outstanding). The judgements on two schools were lowered (one good to RI and one outstanding to RI). At both of these schools, the School Effectiveness Service had established rapid improvement groups to monitor and challenge the schools' leaders, and at one an application to the Department for Education to replace the Board of Governors with an Interim Executive Board had been made. Eight schools maintained their judgements: one outstanding; six good; one inadequate. This was the first year for five years that no further schools were judged inadequate by Ofsted.
- 2.4 Ofsted revised its inspection framework over the last year and introduced from September 2015 a new common inspection framework for all providers of education to children and young people. To date just five inspection reports have been published. One secondary academy previously judged inadequate has been judged as good, one good maintained primary school has stayed good and two have become outstanding, and a primary academy moved from good to requires improvement.

Key issue – Overall Effectiveness

- 2.5 In the 2014-2015 academic year, Brent did not meet its target for schools judged good or outstanding. However, the more rigorous approach to monitoring, challenging and supporting schools outlined in the Strategic Framework for School Effectiveness has led to accelerated improvement. In the previous year the 85% target was missed by seven percentage points and last year the 90% target was missed by four percentage points. The Ofsted inspection cycle of one and a half years to two and a half years for schools judged RI and inadequate means that some Brent schools currently judged less than good are not due an inspection until the 2016-2017 academic year.

3 2014-2015 Key Stage Standards and Achievement

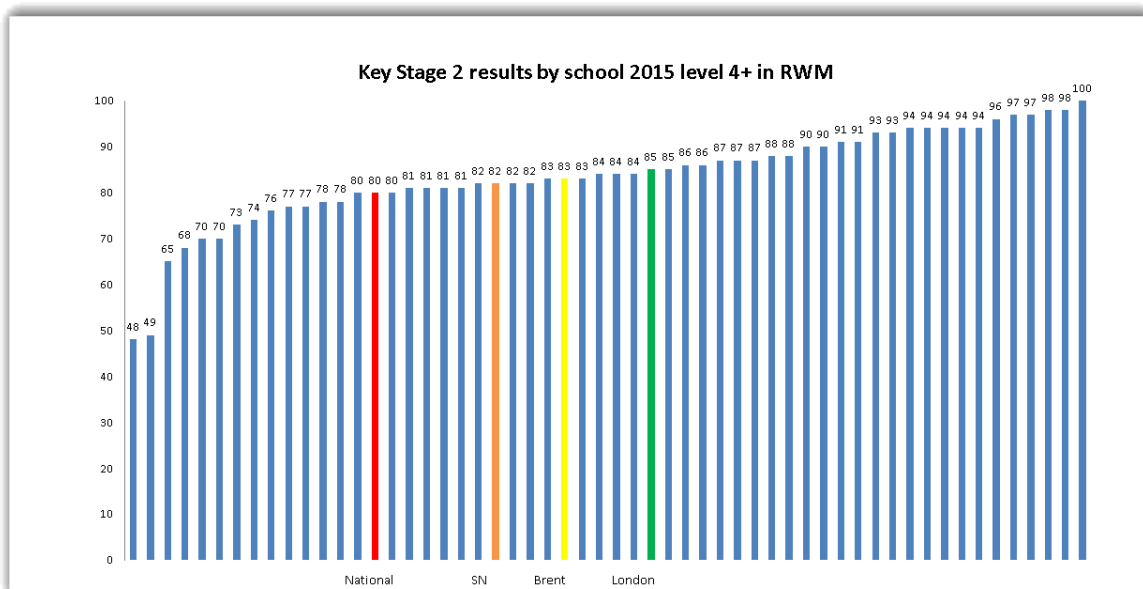
- 3.1 Brent performed well against the national average in 2015 and has improved its performance against statistical neighbours and London averages at most key stages. The outcomes for the borough though are just below the London averages with the exception of Key Stage 5. To meet the expectations of the Education Commission there will continue to be challenge and support for the schools where outcomes are still not high enough.
- 3.2 The data on groups is still provisional. Boys' average attainment in Brent has improved with the gap being closing with girls at the end of both the primary and secondary phases. The gap between Brent's disadvantaged pupils' average attainment compared to Brent's average for non-disadvantaged pupils closed at the end of both the primary and secondary phases, but remained high at the end of Key Stage 4 and high for Children Looked After. While the average attainment was positive for the majority of Brent's significant ethnic groups, there is still relative underperformance of the Black Caribbean group, and attainment for the Gypsy/Roma group and Travellers of Irish Heritage were poor at all key stages.

3.3 Primary Standards and Achievement (Refer to Appendix 2 for detailed data)

- 3.3.1 In 2015, Brent was close to the national, London and statistical neighbour averages for all primary school headline indicators. The attainment of children at the end of the Early Years Foundation Stage and the attainment for pupils at the end of Key Stage 1 have been improving over the last three years. However, Brent was just below or in line with the averages for England, London and statistical neighbours for all of the headline indicators.
- 3.3.2 The attainment at the end of the primary phase of education has also improved over the last three years and in 2015 was above the national average and statistical neighbours, and just below London. The progress pupils make at Key Stage 2 was also above the national averages and just below London.

Key issues – Primary Phase

- 3.3.3 The attainment at the end of the Early Years Foundation Stage has not increased fast enough to close the gap with the national, London, statistical neighbour averages. Brent Council's early years quality improvement team has introduced an effectiveness strategy similar to the Strategic Framework for School Effectiveness, and to align the way council officers work with all types of education provision, the team will become part of the School Effectiveness Service in April 2016.
- 3.3.4 A key issue is the wide variation between the outcomes of pupils at different primary schools. The School Effectiveness Service is working with the schools where outcomes are a concern to ensure rapid improvement¹.



- 3.3.5 At Key Stage 2, the difference between the school with the highest proportion of pupils attaining the headline measure (Level 4 and above in reading, writing and mathematics) and the school with the lowest proportion was 52 percentage points. At one school 100 per cent of pupils attained this measure. The table above shows the variability of outcomes between schools at Key Stage 2. However, of the 13 schools below the national average at Key Stage 2, six have been involved in expansion programmes to meet the demand of Brent's growing population. A high proportion of the pupils joining these schools have arrived in the borough with disrupted educations or little previous experience of education. The School Effectiveness Service and the Brent Schools Partnership are working with these schools to support them to show the rapid progress that many of the newly arrived pupils have made, and to share the best practice from the schools which were in the earlier phases of expansion. (Refer to Appendix 3 for each school's results)
- 3.3.6 The average attainment of Brent's disadvantaged pupils at the end of Key Stage 2 increased in 2015, closing the gap with non-disadvantaged pupils nationally by two percentage points. Although the attainment of Children Looked After increased significantly it was still well below the national average for non-disadvantage pupils. The attainment of Black Caribbean pupils and Somali pupils at the end of primary education has improved over the last three years but at a similar rate to the increase in the Brent average. The attainment of the Gypsy/Roma and Travellers of Irish Heritage groups remained poor. The persistent absence² rates for both groups was high: Gypsy/Roma (40 per cent); Travellers of Irish Heritage (60 per cent). An officer in the Education Welfare Service is working with the families in both groups to improve attendance.
- 3.3.7 For 2016, the challenge for schools and for the local authority will be the introduction of new measures for pupil and school performance at Key Stage 1 and Key Stage 2. This is because there will be a new national assessment regime to assess pupil performance under the new national curriculum. Despite being in the second year of the changes to the curriculum, the national

¹ The Brent Strategic Framework for School Effectiveness 2014-2017 sets out the details.

² Persistent absence is defined as the proportion of pupils with over 15 per cent absence.

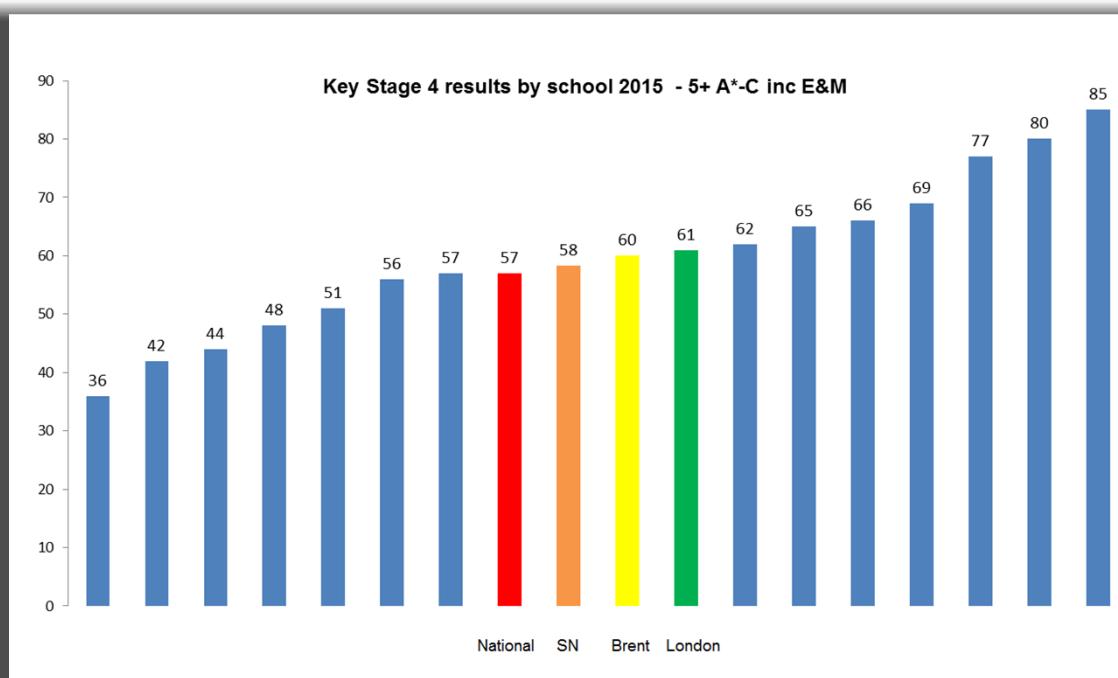
assessment regime is still at the early stages of development. The Brent Schools Partnership (BSP) is working with Brent Council to ensure that schools are updated when assessment information is released, and the BSP is supporting schools to improve their assessment practice.

3.4 Secondary Standards and Achievement (Refer to Appendix 4 for detailed data)

3.4.1 Brent performed well for all of the headline measures at the end of the secondary phase when compared to national, statistical neighbour and London averages. A higher proportion of Brent pupils made the expected progress in English and mathematics at secondary school and attainment was higher in Brent, with the exception of the London average which was marginally above Brent. At Key Stage 5 Brent continued to perform well compared to the national and London averages and its statistical neighbours. On average Brent students attained one A Level grade higher than the averages for London and statistical neighbours.

Key issues – Secondary Phase

3.4.2 Similar to the primary phase, headline figures mask the variation in the performance of schools. The difference between the school with the highest proportion of pupils attaining the headline measure and the school with the lowest proportion was 49 percentage points. The table below shows the variability of outcomes between schools at Key Stage 4. (Refer to Appendix 5 for each school's results)



3.4.3 The average attainment of Brent's disadvantaged pupils at the end of Key Stage 4 increased by one percentage point in 2015, but the gap with non-disadvantaged pupils nationally remained at 14 percentage points. Although the attainment of Children Looked After increased significantly it was still well below the national average for non-disadvantaged pupils. The attainment of Somali pupils continued to increase and at a faster rate than the Brent average, closing the gap significantly, and the attainment for the whole Black African group increased in 2015 to just below the national average. The average for the Black Caribbean group fell in 2015, and the proportions of this group making the expected progress in English and mathematics was low compared to all of Brent's other significant groups. The attainment of the Gypsy/Roma group and Travellers of Irish Heritage group continued to be poor. Both groups had low attendance: Gypsy/Roma (90 per cent); Travellers of Irish Heritage (88 per cent). An officer in the Education Welfare Service is assigned to work with the families in both groups to reduce absence.

4 The Education Commission Priorities

4.1 Improve strategic leadership of education across the borough

The Strategic School Effectiveness Partnership is firmly established. The Strategic School Effectiveness Partnership Board sets the strategic direction and monitors the implementation and impact of the Education Commission Action Plan. It is chaired by the Strategic Director, Children and Young People and its membership includes the leaders of the Brent Schools Partnership and teaching school alliances, headteacher representatives from each phase of education and a national leader of governance. The operational School Effectiveness Partnership Group which includes the leaders of the BSP and the teaching school alliances meets every two months with the Head of School Effectiveness to discuss school effectiveness issues and agree proposals for the Board's consideration.

4.2 Planning school places

The School Place Planning Strategy was put into place in October 2014 and revised in October 2015. The strategy has ensured that place planning and school expansions are planned against a clear set of principles which put the quality of provision at the forefront of decision-making and are based on reliable data sources. The strategy has secured sufficient school places for all Brent pupils and is intended to ensure that the plans will meet the increasing demand for secondary school places from 2018.

4.3 Knowing Brent schools

The school categorisation process was introduced by the Strategic Framework for School Effectiveness in January 2015. School leaders now evaluate the quality of their provision against a clear set of criteria and council officers validate their judgements using high quality data. The agreed categories have been accurate for all maintained schools inspected since the introduction of the Strategic Framework. The Brent Schools Partnership is leading the planning for an annual event which will showcase the best practice of all Brent schools including the work of the schools which have effectively used the Pupil Premium Grant to close the attainment gap for their disadvantaged pupils.

4.4 Promoting and supporting school-to-school networks

The Brent Schools Partnership (BSP) and the teaching school alliances are well established as providers of quality school-to-school support. Over 90 per cent of Brent schools are members of the BSP and it has established Centres of Excellence at schools which are high performing in specialist areas of the curriculum for example early years and mathematics. The School Effectiveness Partnership has produced a provision map showing Brent's sources of support and challenge for school improvement. This is interactive and accessible on the BSP website³.

4.5 Providing challenge to address weaknesses including targeting of pupils in receipt of the pupil premium grant

The School Effectiveness Service updates its School Effectiveness Matrix with school data as soon as it is released and combines this with Strategic Framework's school categorisation process to ensure that schools are challenged when weaknesses are identified, and when appropriate rapid improvement groups are established to secure improvement. The matrix includes performance data on Brent's significant groups and the attainment gap for the disadvantaged pupils targeted by the Pupil Premium Grant. The 2015 results show that the attainment gap between Brent's disadvantaged pupils and non-disadvantaged pupils has closed at both the end of the primary and secondary phases, and that at some Brent schools there is now no gap. The Brent Schools Partnership has been commissioned by the local authority to research the best practice of Brent schools in the use of the Pupil Premium Grant and to publish a set of case studies that will support other schools to close the gap. To address the over-representation of some ethnic groups (in particular Black Caribbean boys) in both fixed term and permanent exclusions from school, Brent Council in partnership with local schools launched the Equality and Exclusions Project earlier this month. This showcased the best practice at four Brent secondary schools which have a proven track record of reducing the exclusions of Black Caribbean and Black African boys.

³ <http://www.bsp.london/wp-content/uploads/2016/01/Support-for-Brent-school-improvement-map-v9.8.pdf>

4.6 **Improving school governance**

All Brent maintained school boards of governors were reconstituted in 2015 to ensure that all their members had the necessary skill sets to be effective. The system for appointing local authority governors was also changed to ensure that their appointments were always based on the skills that they would add to a governing board. All rapid improvement groups include the Chair of Governors to ensure that the school's governance is focused on the key areas for improvement, and where weaknesses in boards of governors are identified they are challenged. Over the last year the local authority has replaced two boards of governors with Interim Executive Boards (IEB). One of the IEBs was dissolved earlier this month and replaced by a new board of governors because it had secured the school's sustainable improvement.

5 Conclusion

- 5.1 Following the implementation of the Education Commission Action Plan there has been a transformation in the way that Brent Council works with local schools. This was recognised by the Ofsted inspection of Brent's services for children in need of help and protection, children looked after and care leavers: "over the last year has led to dramatically improved communication and joint working between children's services and schools in Brent."⁴
- 5.2 The proportion of good and outstanding schools has improved significantly, and Brent standards and achievement have continued to improve in comparison to the averages for England, London and statistical neighbours. The Brent Schools Partnership and the two local teaching school alliances are now firmly established as organisations leading local school-to-school support, and there is increasing evidence of their impact on the quality of education in the borough.
- 5.3 The difference between the highest performing schools and the lowest performing schools continues to be too high and must be reduced to ensure that all pupils in Brent have the same opportunities to achieve their best, and successfully progress to further education or training.
- 5.4 The priority for the coming year, will be to embed the partnership work to ensure that all schools are supported to be at least good, and that the School Effectiveness Service challenges schools where groups including Black Caribbean boys are underperforming and works with the Brent Schools Partnership to identify and disseminate best practice in the local schools which have closed the gaps. The first set of best practice case studies will be published in March on the effective use of the Pupil Premium Grant.

Contact Officers

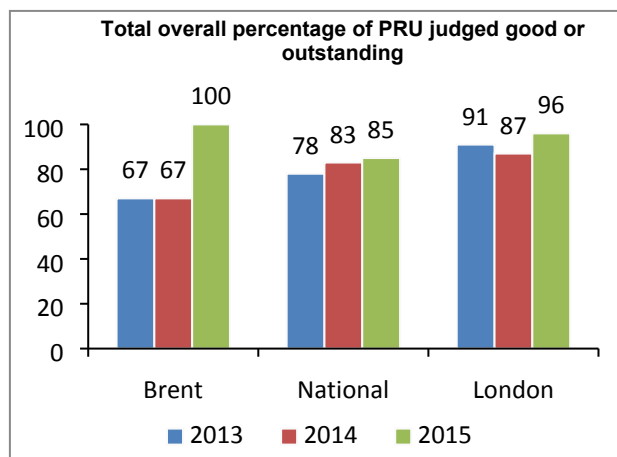
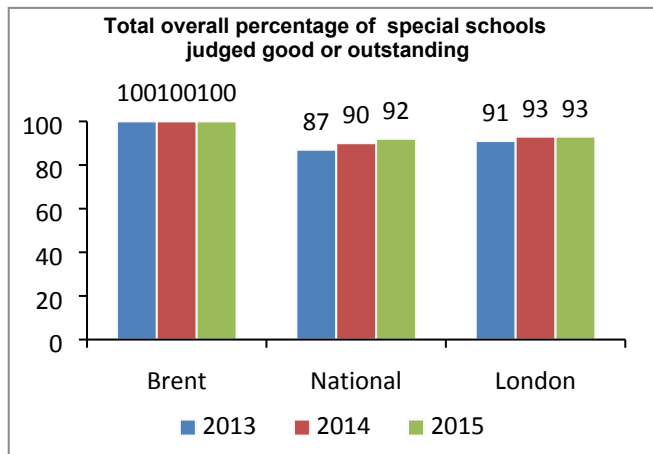
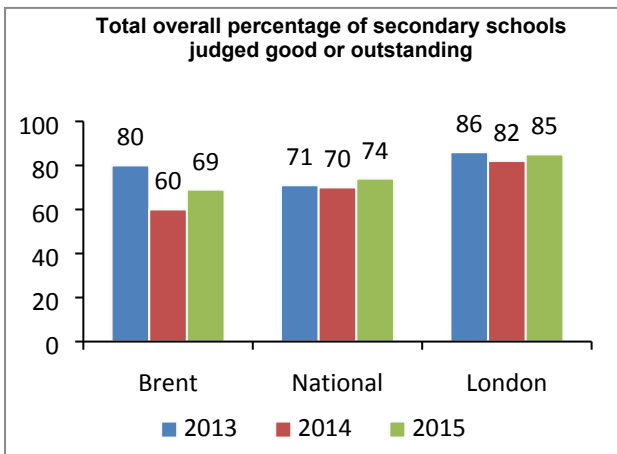
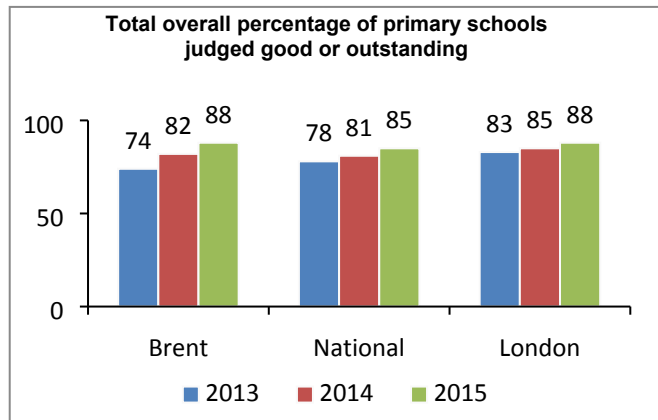
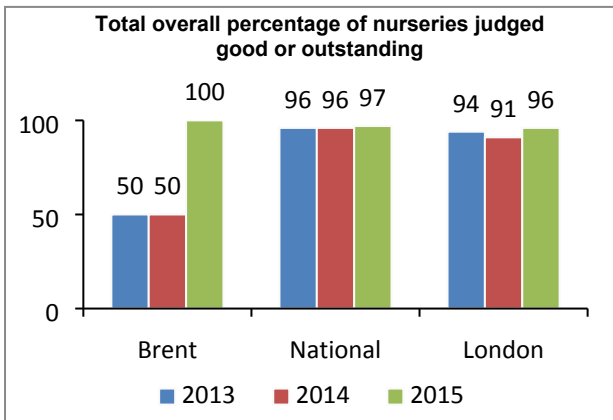
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⁴ Inspection of services for children in need of help and protection, children looked after and care leavers and Review of the effectiveness of the Local Safeguarding Children Board Inspection date: 14 September 2015 – 8 October 2015 Report published: 30 November 2015

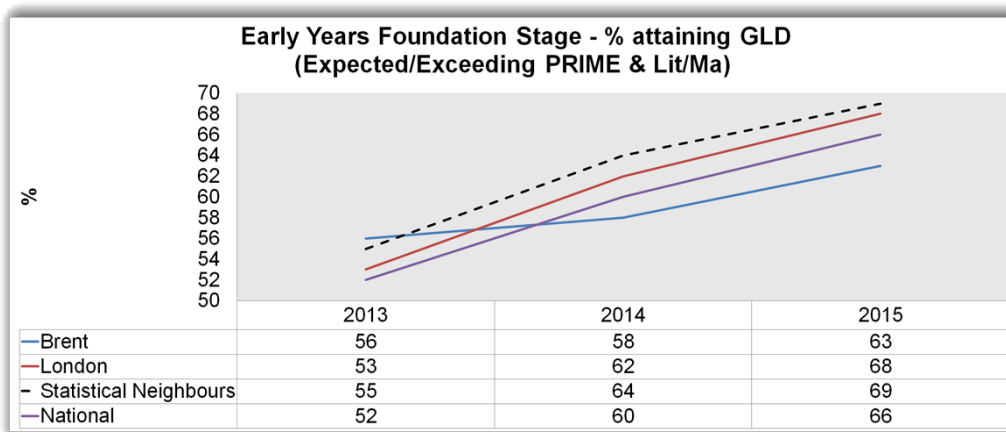
Appendix 1

Ofsted judgements by phase



Appendix 2 Primary Standards and Achievement

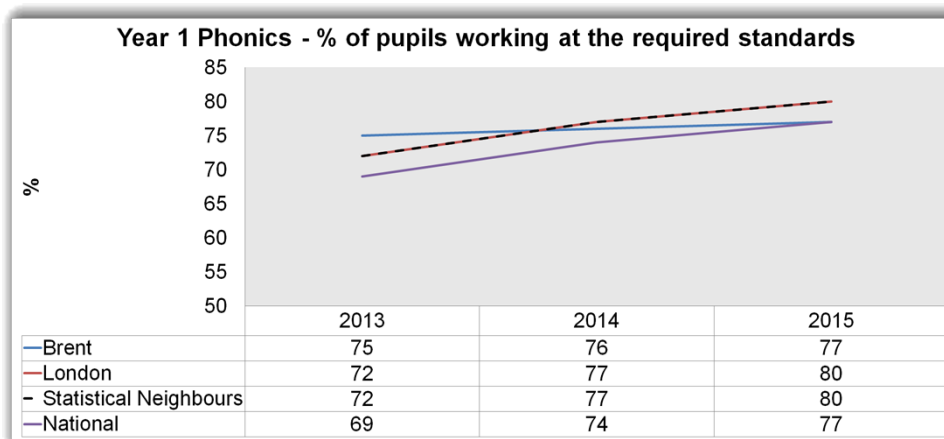
2A. Early Years Foundation Stage



2A.1 In 2015, Brent's figures for the proportion of children attaining a good level of development⁵ and above increased to 63 per cent, an increase of five percentage points compared to 2014 (58 per cent). This is three percentage points below the national average which increased to 66 per cent, five percentage points below the London average and six percentage points below the average for Brent's statistical neighbours⁶.

2B. Year 1 Phonics Screening

2B.1 The phonics screening check is a short, light-touch assessment to confirm whether individual children have learnt phonic decoding to an appropriate standard. The screening check is for all Year 1 pupils in maintained schools, academies and free schools. Children who do not meet the required standard of the check in Year 1 are tested again in Year 2.



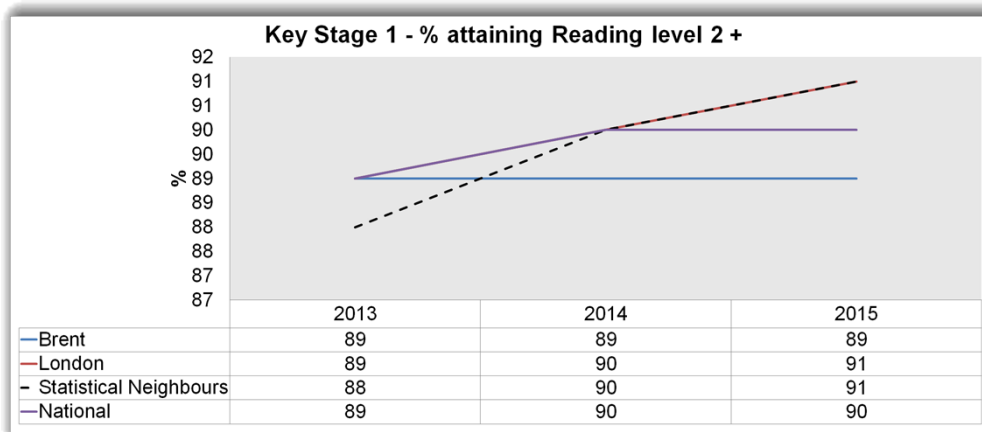
2B.2 In 2015, the proportion of Brent pupils working at the required standards for phonics increased by one percentage point to 77 per cent compared to 2014. The Brent average is in line with the national average which has increased at a faster rate than Brent since 2013. Brent remained below the London average and the average for its statistical neighbours which have both also increased at a faster rate.

2C. Key Stage 1

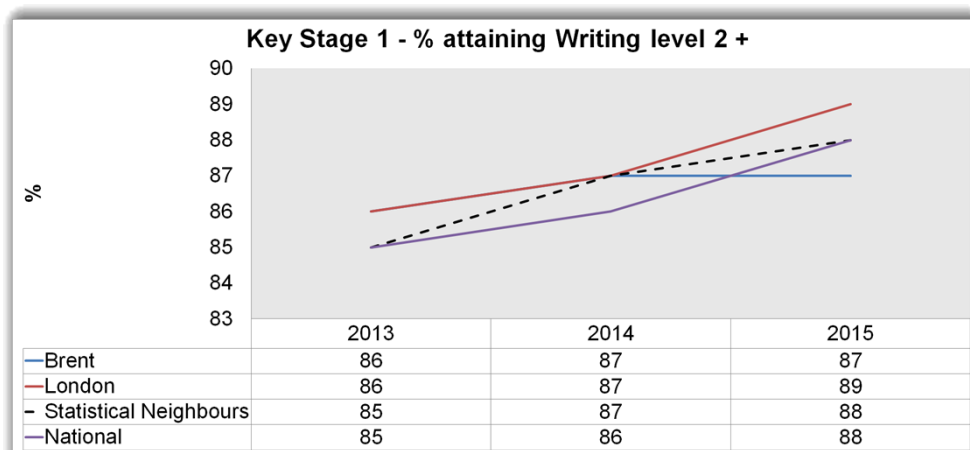
⁵ Children achieving a good level of development are those achieving at least the expected level within the following areas of learning: PRIME - communication and language; physical development; and personal, social and emotional development; plus literacy and mathematics.

⁶ Statistical neighbours are local authorities with a similar demographic profile to Brent. Brent's statistical neighbours are: Ealing; Waltham Forest; Haringey; Croydon; Lewisham; Newham; Enfield; Hounslow; Greenwich; Hackney.

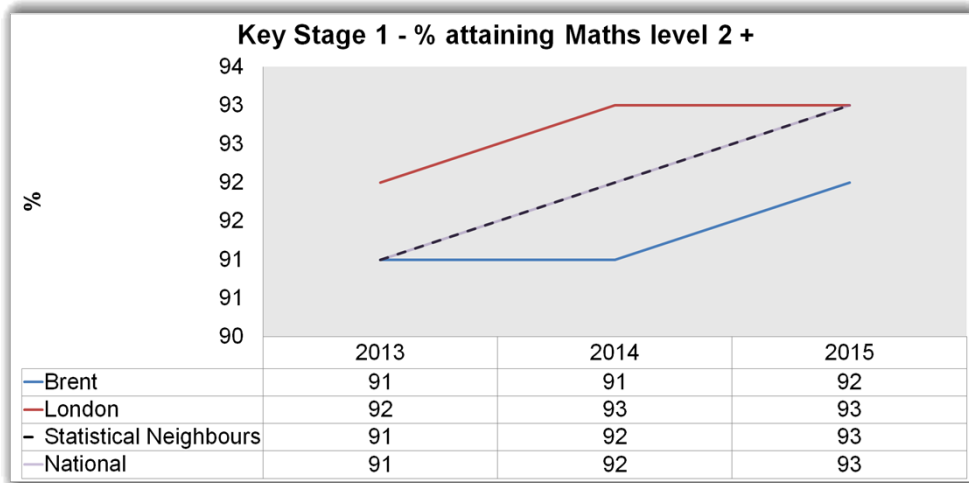
2C.1 Attainment in reading, writing and mathematics at Key Stage 1 is teacher assessed. The statutory national curriculum tasks and tests must be administered to all eligible children who are working at Level 1 or above in reading, writing and mathematics to help inform the final teacher assessment judgement reported for each child at the end of Key Stage 1. If teacher assessment and the task and test results differ, the teacher assessment results should be reported, provided the judgement is based on an appropriate range of evidence from work completed in class.



2C.2 In 2015 the proportion of Brent pupils attaining Level 2 in reading remained at 89 per cent. This is one percentage point below the national average, and two percentage points below the London and statistical neighbour averages of 91 per cent.



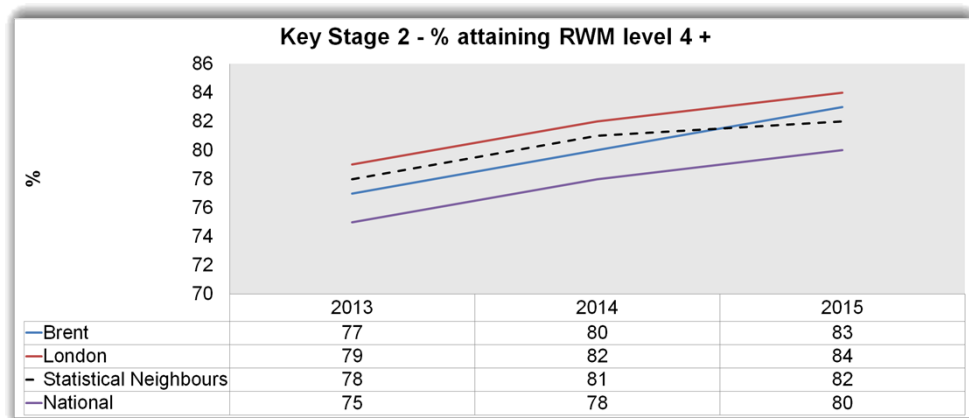
2C.3 The proportion of Brent pupils attaining Level 2 in writing stayed at 87 per cent compared to 2014. This is one percentage point below the national average of 88 per cent and below both the averages for London and statistical neighbours.



2C.4 Brent's proportion of pupils attaining Level 2 in mathematics increased by one percentage point to 92 per cent compared to 2014. This is one percentage point below the national and London averages and the average for statistical neighbours.

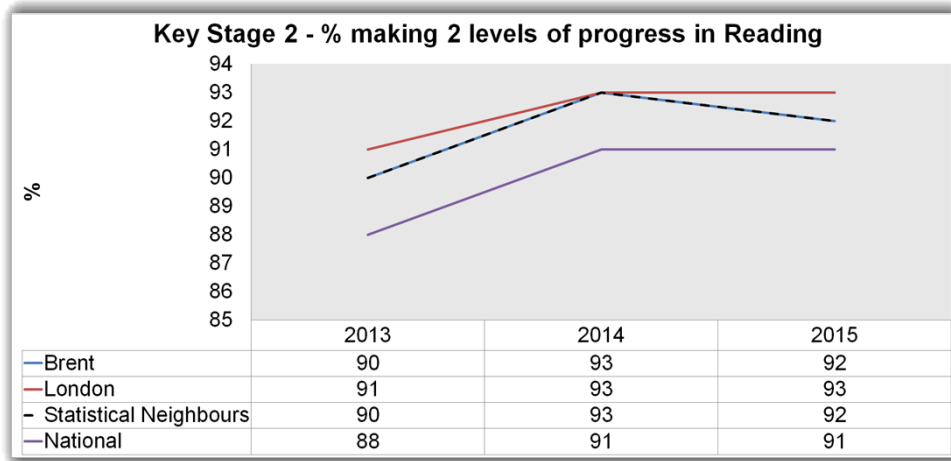
2D. Key Stage 2

2D.1 Attainment in reading, writing and mathematics at Key Stage 2 is assessed by national curriculum tests. The tests are designed to assess pupils' knowledge and understanding of specific elements of the Key Stage 2 programmes of study.

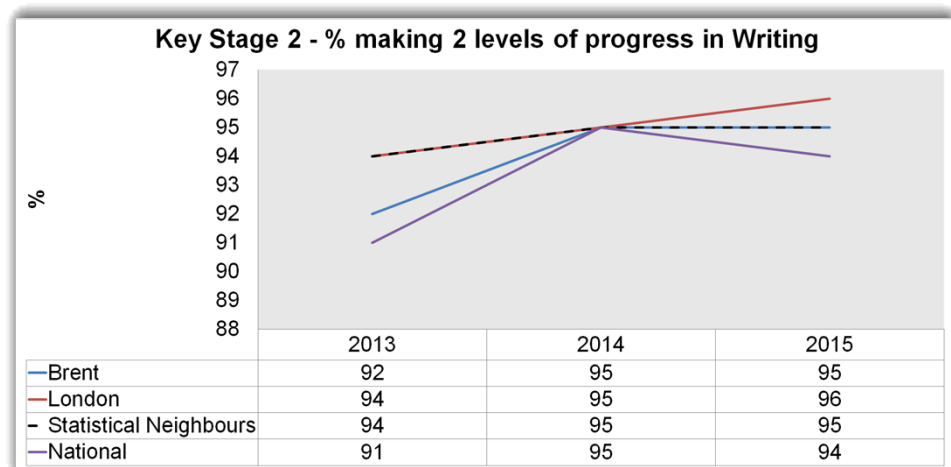


2D.2 In 2015, the proportion of Brent's pupils attaining Level 4 and above in reading, writing and mathematics combined was 83 per cent, an increase of three percentage points compared to 2014. This is three percentage points above the national average, one point below the London average and one point above the average for statistical neighbours.

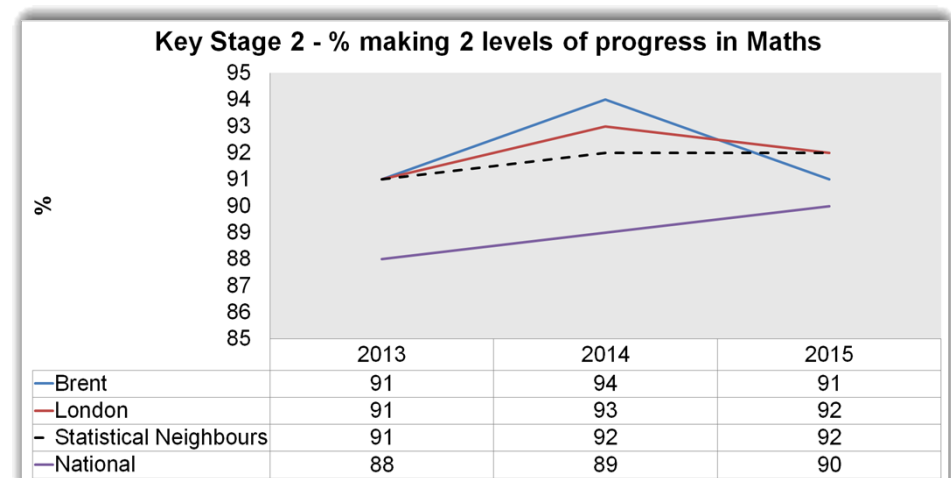
2D.3 The second measure at Key Stage 2 is the percentage of pupils making the expected two levels of progress between the end of Key Stage 1 and the end of Key Stage 2 in English and in mathematics.



2D.4 The proportion of Brent pupils making the expected two levels of progress in reading in 2015 fell by one percentage point to 92 per cent. This is one percentage point above the national average, in line with the average for statistical neighbours, but one percentage point below the London average.



2D.5 In 2015, the proportion of Brent pupils making the expected two levels of progress in writing remained at 9 per cent. This is one percentage point above the national average, equal to statistical neighbours and one percentage point below London.



2D.6 The proportion of Brent pupils making the expected two levels of progress in mathematics fell in 2015 by three percentage points to 91 per cent. This is one percentage point above the national average and one percentage point below the averages for London and statistical neighbours.

2E Key Stage 2 - Performance of Groups

2E.1 Gender

Boys attainment at KS2	Level 4+			2 Levels of Progress								
	RWM			Reading			Writing			Maths		
	2013	2014	2015	2013	2014	2015	2013	2014	2015	2013	2014	2015
Brent	74	78	81	89	94	91	90	94	94	91	94	91
London	76	79	81									
Statistical Neighbours	75	78	81									
National all pupils	75	78	80	88	91	91	91	95	94	88	89	90

Progress data by gender for London and statistical neighbours is not available

Girls attainment at KS2	Level 4+			2 Levels of Progress								
	RWM			Reading			Writing			Maths		
	2013	2014	2015	2013	2014	2015	2013	2014	2015	2013	2014	2015
Brent	80	83	85	91	93	94	95	96	97	91	94	91
London	82	85	86									
Statistical Neighbours	81	84	86									
National all pupils	75	78	80	88	91	91	91	95	94	88	89	90

The Brent average for girls' attainment at Key Stage 2 in 2015 was four percentage points above boys' attainment. Boys' attainment rose to above the national average for all pupils. The gap between the boys' average and girls' average has closed by two percentage points over the last three years.

2E.2 Disadvantaged compared to non-disadvantaged pupils

Disadvantaged pupils are defined as pupils who have been eligible for free school meals at any points in the previous six years or are children looked after. Schools receive additional funding through the Pupil Premium Grant to support these pupils to close the gap with non-disadvantaged pupils.

Percentage of pupils attaining level 4 or above at Key Stage 2												
	2013				2014				2015			
	Cohort	LA	National Other	Diff	Cohort	LA	National Other	Diff	Cohort	LA	National Other	Diff
Overall	Reading, Writing and Mathematics				Reading, Writing and Mathematics				Reading, Writing and Mathematics			
Disadvantaged pupils	1329	71	81	-10	1347	74	83	-9	1305	78	85	-7
Other pupils	1706	81		0	1902	84		1	2196	86		1
Within LA gap		-10				-10				-8		
Mathematics	Disadvantaged pupils				Disadvantaged pupils				Disadvantaged pupils			
	1,329	83	88	-5	1347	84	90	-6	1305	85	90	-5
Other pupils	1,706	90		2	1902	91		1	2198	85		-5
Within LA gap		-7				-7				0		
Reading	Disadvantaged pupils				Disadvantaged pupils				Disadvantaged pupils			
	1,329	82	89	-7	1347	87	92	-5	1305	86	92	-6
Other pupils	1,706	89		0	1902	92		0	2197	85		-7
Within LA gap		-7				-5				1		
Writing (TA)	Disadvantaged pupils				Disadvantaged pupils				Disadvantaged pupils			
	1,329	79	87	-8	1347	84	89	-5	1305	84	90	-6
Other pupils	1,706	88		1	1902	89		0	2197	85		-5
Within LA gap		-9				-5				-1		

In 2015 the Brent average for disadvantaged pupils attaining Level 4 and above in reading, writing and mathematics rose four percentage points to 78 per cent. The gap with Brent non-disadvantaged and national non-disadvantaged pupils closed by two percentage points.

2E.3 Children Looked After compared to non-disadvantaged pupils

Percentage of CLA attaining level 4 or above at Key Stage 2												
2013				2014				2015				
Cohort	LA	National Non DisA	Diff	Cohort	LA	National Non DisA	Diff	Cohort	LA	National Non DisA	Diff	
Reading, Writing and Mathematics												
CLA	5	60	-21	10	40	83	-43	16	56	85	-29	
Non Disadvantaged pupils	1706	81	0	1988	79	83	-4	2196	79	85	-6	
Gap		-21			-39				-23			
Reading												
CLA	5	60	-29	10	90	92	-2	16	81	92	-11	
Non Disadvantaged pupils	1706	89	0	1988	86	92	-6	2197	85	92	-7	
Gap		-29			4				-4			
Writing (TA)												
CLA	5	60	-27	10	70	89	-19	16	56	90	-34	
Non Disadvantaged pupils	1706	88	1	1988	85	89	-4	2197	85	90	-5	
Gap		-28			-15				-29			
Mathematics												
CLA	5	60	-28	10	60	90	-30	16	69	90	-21	
Non Disadvantaged pupils	1706	90	2	1988	86	90	-4	2198	85	90	-5	
Gap		-30			-26				-16			

In 2015 the Brent average for Children Looked After attaining Level 4 and above in reading, writing and mathematics rose 16 percentage points to 56 per cent. The gap with Brent non-disadvantaged pupils closed by 16 percentage points. The number of children in this group is relatively small compared to other groups, and therefore the proportion of pupils attaining the expected standard is subject to wide fluctuations from year to year because of the impact of the performance of just a few pupils.

2E.4 Ethnic Groups

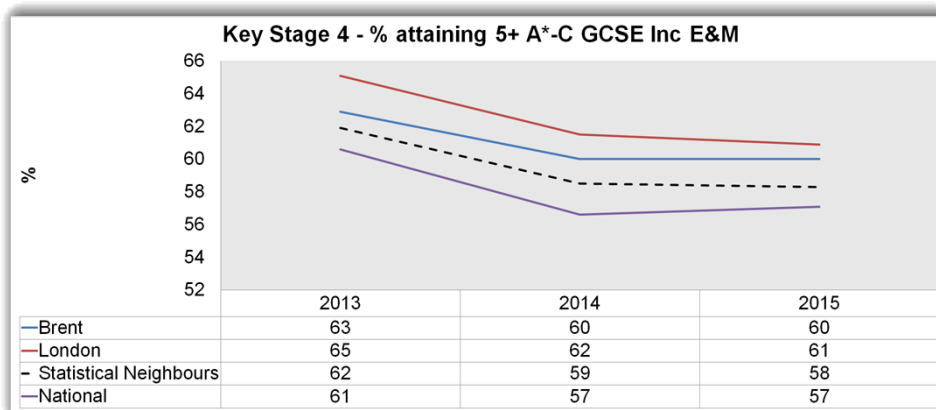
Ethnic group attainment at KS2	No of Pupils			Level 4+ RWM			2 Levels of Progress								
							Reading			Writing			Maths		
	2013	2014	2015	2013	2014	2015	2013	2014	2015	2013	2014	2015			
Black African	514	538	533	77	76	82	90	94	92	93	95	93	93	94	91
Black Caribbean	302	365	323	71	73	76	85	90	92	89	93	94	83	88	87
Indian	393	432	429	80	81	89	90	91	93	93	93	99	93	95	95
Pakistani	220	227	196	78	83	81	89	97	93	95	98	96	90	95	93
Somali	317	334	303	71	74	78	89	95	91	93	97	96	91	95	94
White British	297	332	314	82	86	90	92	94	95	93	96	97	90	94	93
Eastern European	155	183	208	68	76	80	94	98	94	96	96	100	94	98	100
Gypsy / Roma	2	2	5	50	100	0	50	100	100	100	100	100	100	100	100
Traveller of Irish Heritage	5	2	5	100	50	50	100	100	100	100	100	100	100	100	100
ALL Brent Pupils				77	80	83	90	93	92	92	95	95	91	94	91
National all pupils				75	78	80	88	91	91	91	95	94	88	89	90

Of Brent's significant ethnic groups, in 2015, the average attainment of the Black Caribbean and Somali groups was below the national average for all pupils at the end of Key Stage 2. Attainment for both groups has increased over the last three years. The average for Somali pupils has closed to two percentage points below the national average for all pupils but the average for Black Caribbean pupils has stayed at four percentage points below. The attainment of the whole Black African group increased to above the national average after a dip in 2014. Although the numbers in the Gypsy and Roma, and Travellers of Irish Heritage groups were very small, their attainment averages were well below the national average.

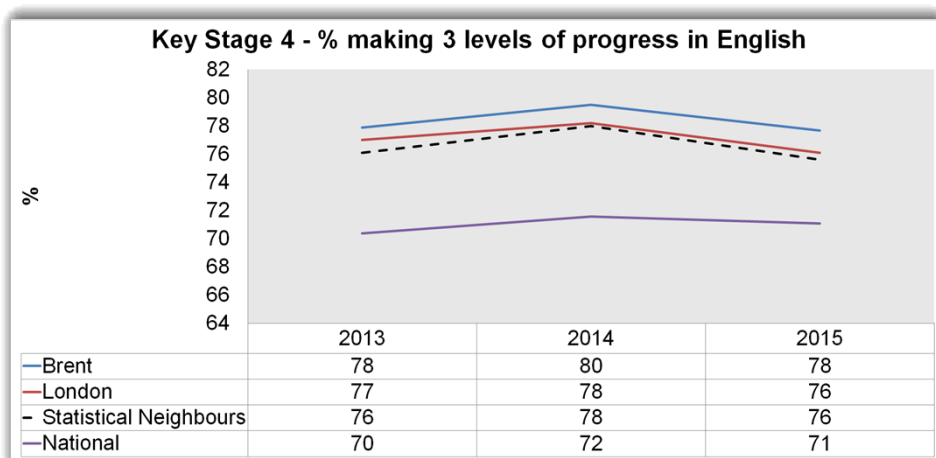
Appendix 4 Secondary Standards and Achievement

4A. Key Stage 4

4A.1 The methodology used to calculate the headline measure for Key Stage 4 was changed in 2014⁷ which negates the validity of comparing results with 2013.



4A.2 The 2015 Key Stage 4 results for Brent showed that the proportion of pupils attaining five plus GCSE grades A*-C including English and mathematics was 60 per cent, compared to the national average of 57 per cent and the London average of 61 per cent. Brent is two percentage points above the average for its statistical neighbours.



4A.3 Brent's 2015 average for the proportion of pupils making expected progress in secondary school between the end of Key Stage 2 and the end of Key Stage 4 in English was 78 per cent which is above the national average of 71 per cent and the averages for London and statistical neighbours.

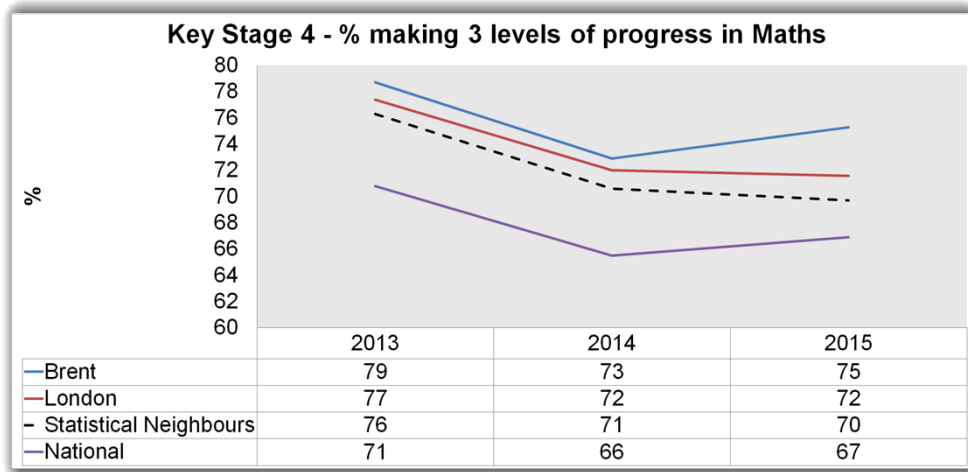
⁷ On 21 August 2014, the Joint Council for Qualifications wrote in an open letter to stakeholders:

"This is the first year that the different units that make up a particular GCSE have all had to be examined in the summer term. In previous years, students were able to take these units over the length of the course, as long as 40 per cent of the assessment was taken at the end (known as the 'terminal rule')."

"For most GCSE subjects there was no winter 2013/14 examination series, so students did not have the opportunity to take their GCSEs early this year. The exceptions to this were Mathematics, English Language and English. In these subjects there was a winter examination series available to all students in England, where they had the opportunity to resit individual units or take the whole qualification."

"There was a change to the English Language and English examinations this summer. For the first time, the assessment of speaking and listening did not contribute to the overall grade. Instead, students were given a separate result (out of five levels) that will appear as an endorsement on their certificate. In addition, the written part of the qualification contributed 60 per cent of the total marks this summer, compared with 40 per cent in previous years (the remaining 40 per cent is controlled assessment)."

"Finally, the Government in England announced that only a student's *first* result in a GCSE would count in school performance measures, rather than the *best* result, as had been the case in the past. An individual student will still be able to count the best result."



4A.4 The Brent average for pupils making expected progress in mathematics increased by two percentage points to 75 per cent which is well above the national average of 67 per cent and above the London and statistical neighbour averages.

4B Key Stage 4 - Performance of Groups

4B.1 Gender

Boys attainment at KS4	GCSE's			3 Levels of Progress					
	5 A*-C Inc E&M			English			Maths		
	2013	2014	2015	2013	2014	2015	2013	2014	2015
Brent	58	56	57	73	74	72	77	73	75
London	61	58	57						
Statistical Neighbours	58	54	54						
National all pupils	61	57	57	70	72	71	71	66	67

Girls attainment at KS4	GCSE's			3 Levels of Progress					
	5 A*-C Inc E&M			English			Maths		
	2013	2014	2015	2013	2014	2015	2013	2014	2015
Brent	68	64	63	83	84	83	81	73	76
London	69	66	65						
Statistical Neighbours	66	62	62						
National all pupils	61	57	57	70	72	71	71	66	67

The Brent average for girls' attainment at Key Stage 4 in 2015 was six percentage points above boys' attainment. Boys' attainment rose to the national average for all pupils. The gap between the boys' average and girls' average has closed by four percentage points over the last three years.

4B.2 Disadvantaged compared to non-disadvantaged pupils

Attainment and progress at KS4												
	2013				2014				2015 (P)			
	Cohort	LA	National Non CLA/FSM*	Diff	Cohort	LA	National Non CLA/FSM*	Diff	Cohort	LA	National Non CLA/FSM*	Diff
% attaining 5 or more A*-C GCSEs Inc E&M												
CLA/FSM*	1104	52	67	-15	1133	48	62	-14	1061	49	63	-14
Non CLA/FSM*	1800	70	3		1779	67	5		1993	63	0	
Within LA Gap		-18				-19				-14		
Percentage of pupils achieving expected progress in English at Key Stage 4												
CLA/FSM*	983	65	72	-7	1004	71	74	-3	985	72	75	-3
Non CLA/FSM*	1580	79	7		1605	82	8		1709	79	4	
Within LA Gap		-14				-11				-7		
Percentage of pupils achieving expected progress in mathematics at Key Stage 4												
CLA/FSM*	991	68	73	-5	1026	70	76	-6	995	67	73	-6
Non CLA/FSM*	1620	83	10		1651	84	8		1772	80	7	
Within LA Gap		-15				-14				-13		

In 2015 the Brent average for disadvantaged pupils attaining five GCSE grades A*-C including English and mathematics rose to 49 per cent. The gap with Brent non-disadvantaged pupils closed by five percentage points but the gap with national non-disadvantaged stayed at 14 percentage points.

4B.3 Children Looked After compared to non-disadvantaged pupils

CLA attainment and progress at KS4												
	2013				2014				2015(P)			
	Cohort	LA	National Non CLA/FSM*	Diff	Cohort	LA	National Non CLA/FSM*	Diff	Cohort	LA	National Non CLA/FSM*	Diff
% attaining 5 or more A*-C GCSEs Inc E&M												
CLA		21		-46		6		-56		28		-35
Non Disadvantaged pupils	1800	70	67	3	1779	67	62	5	1993	63	63	0
Gap		-49				-61				-35		

In 2015 the Brent average for Children Looked After attaining five GCSE grades A*-C including English and mathematics rose to 28 per cent. The gap with Brent non-disadvantaged closed by 26 percentage points and the gap with national non-disadvantaged closed by 21 percentage points.

4B.4 Ethnic Groups

Ethnic group attainment at KS4	No of Pupils			GCSE's			3 Levels of Progress					
				5 A*-C Inc E&M			English			Maths		
	2013	2014	2015	2013	2014	2015	2013	2014	2015	2013	2014	2015
Black - African	441	497	453	54	50	58	73	77	81	77	68	75
Black Caribbean	290	266	286	48	48	45	64	66	64	60	58	61
Indian	428	462	472	72	70	68	85	84	82	92	84	87
Pakistani	195	176	175	65	60	59	85	78	81	81	68	76
Somali	252	287	245	47	46	52	71	77	81	74	71	73
Eastern European	115	126	157	53	56	47	80	81	80	86	82	65
White - British	177	134	137	63	60	61	66	79	72	66	70	65
Gypsy/Roma	0	3	1	~	0	0	~	50	100	~	0	0
Traveller of Irish Heritage	4	14	7	0	0	14	0	15	29	0	0	29
All Brent pupils				63	60	60	78	80	78	79	73	75
National all pupils				61	57	57	70	72	71	71	66	67

Data source : Nexus

At Key Stage 4, in 2015, the averages for the following significant groups were below the national average: Black African including Somali pupils, Eastern European and Black Caribbean. The

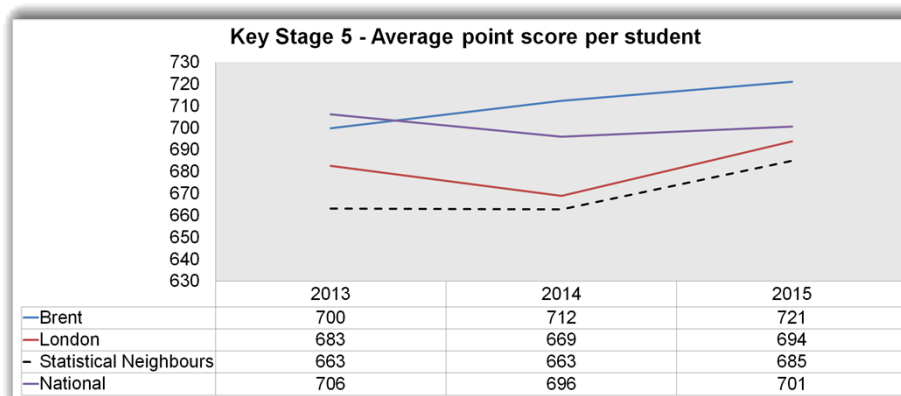
average for the Black African including the Somali group rose, closing the gap with the national average. However, the average for the Black Caribbean group fell by four percentage points and the Eastern European average fell by nine percentage points. Although the numbers in the Gypsy and Roma, and Travellers of Irish Heritage groups were very small, their attainment averages were well below the national average.

4B.5 Black Caribbean by Gender

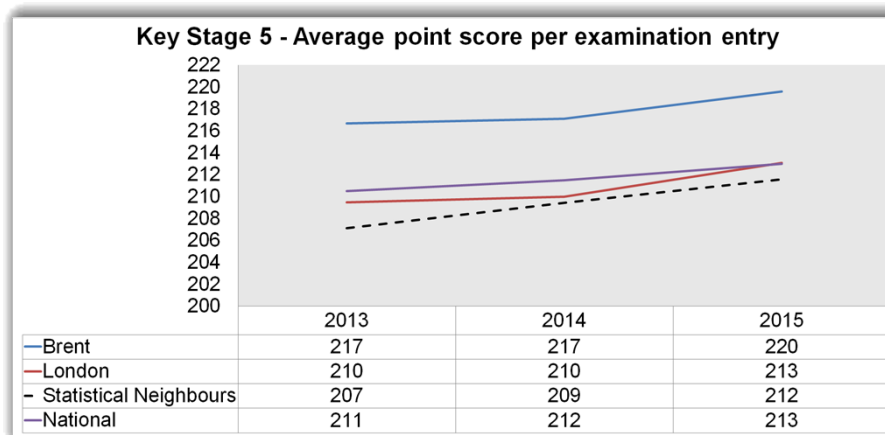
Black Caribbean group attainment at KS4 by gender	GCSE's			3 Levels of Progress					
	5 A*-C Inc E&M			English			Maths		
	2013	2014	2015	2013	2014	2015	2013	2014	2015
Boys	36	40	33	55	55	47	52	52	54
Girls	61	57	55	74	77	78	69	63	66
National all pupils	61	57	57	70	72	71	71	66	67

Breaking the data down by gender, it can be seen that Brent's Black Caribbean girls' average at Key Stage 4 was close to the national average for all pupils. However, the boys' average fell by seven percentage points in 2015 and was 24 percentage points below the national average. Data on the outcomes for disadvantaged pupils shows that there is very little difference (two percentage points) between the attainment of disadvantaged Black Caribbean boys and non-disadvantaged Black Caribbean boys.

4C Post-16 Key Stage 5



4C.1 Brent's 2015 average Level 3 point score per student increased to 721 from 712 in 2014. This put Brent well above the national average of 701 points. Brent also remained well above the London average (694 points) and statistical neighbours (685 points). A difference of 30 points is equivalent to one A Level grade.



4C.2 Brent's 2014 average Level 3 point score per examination entry increased to 220 from 217 in 2014. Brent remained above the national average and the averages for London and statistical neighbours.

Appendix 5 Brent Key Stage 4 results by school

School	Type of Establishment	2013	2014	2015	2013	2014	2015	2013	2014	2015	Ofsted	
		GCSEs			3 Levels of Progress			3 Levels of Progress			Overall Judgement	Date
		5+A*-C Inc English and			English			Maths				
Alperton Community High School	Academy Converter	44	50	51	63	72	73	83	70	82	R	07/05/2014
Ark Academy	Academy Sponsor Led	~	~	66	~	~	74	~	~	93	O	24/11/2010
ARK Elvin Academy	Academy Sponsor Led	~	~	36	~	~	67	~	~	56	~	~
Capital City Academy	Academy Sponsor Led	44	52	48	60	74	76	71	76	64	G	18/11/2015
Claremont High School	Academy Converter	75	66	69	85	79	77	88	80	84	O	13/05/2015
Convent of Jesus and Mary Language College	Academy Converter	63	56	57	76	87	88	78	62	66	G	18/04/2013
JFS	Voluntary Aided School	79	77	77	86	86	75	84	82	83	R	08/07/2014
Kingsbury High School	Academy Converter	77	69	65	94	93	87	86	75	77	G	16/09/2014
Newman Catholic College	Voluntary Aided School	45	43	42	59	74	62	60	69	68	G	21/09/2011
Preston Manor School	Academy Converter	67	64	62	89	83	80	79	75	73	G	23/05/2012
Queens Park Community School	Academy Converter	51	59	56	64	70	73	67	76	75	G	07/03/2012
St Gregory's Catholic Science College	Academy Converter	74	74	80	72	87	88	84	75	82	G	15/10/2013
The Crest Academy	Academy Sponsor Led	56	38	44	92	75	78	72	52	61	I	28/01/2015
Wembley High Technology College	Academy Converter	92	84	85	96	98	92	96	94	94	O	30/09/2008
Woodfield School	Academy Special Converter	0	0	0	0	0	0	0	0	0	O	08/11/2010
Brent		63	60	60	78	80	78	79	73	75		
London		65	62	61	77	78	76	77	72	72		
Statistical Neighbours		62	59	58	76	78	76	76	71	70		
National		61	57	57	70	72	71	71	66	67		

The results show that the lowest performing school (a sponsored academy – ARK Elvin Academy) was below the government's floor standard, defined as follows:

- Fewer than 40 per cent of pupils achieve five or more GCSEs at grade A*-C or equivalent in both English and mathematics
- The school has a below median score for the percentage of pupils making expected progress between Key Stage 2 and Key Stage 4 in English
- The school has a below median score for the percentage of pupils making expected progress between Key Stage 2 and Key Stage 4 in mathematics.

The school was in its first year as an academy sponsored by Ark Schools following the closure of Copland Community School. The academy's leaders have formed a positive relationship with the School Effectiveness Service and other council services, and the monitoring visits over the last year record provide evidence of the academy's improvement.



Scrutiny Committee
24 February 2016

SEND reforms and implementation – update on progress

1.0 Summary

- 1.1 The Children and Families Act came into effect on 1st September 2014. Part 3 of the Act sets out major changes to Local Authority responsibilities to identify children and young people in England with special educational needs and disabilities (SEND) to assess their needs, and make provision for them.
- 1.2 The Special Educational Needs and Disability Code of Practice: 0 to 25 years is the statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities.
- 1.3 The new legislation was the first major change to services for children and young people with SEND since 2001 when the previous code was published. This report sets out the key changes arising from the legislation and provides an update on Brent's progress in delivering the national programme of special educational needs and disabilities (SEND) reforms.

2.0 Recommendation

- 2.1 Scrutiny committee to note progress on implementing SEND reforms and areas to be developed.

3.0 Background

- 3.1 In July 2006, the then Commons Education and Skills Select Committee reported on special educational needs, and highlighted strong concerns about parents' confidence in the SEN system. The report raised issues about the statementing process and the issuing of statements; transfer of statements; placement decisions; the role of local authorities; school admissions and fair access for children with SEN; and parental choice in relation to academies.
- 3.2 There were concerns that services were not joined up, that parents and carers had to struggle to secure the support they needed, that many young people were not always supported to make a successful transition

to adulthood, that information was not easily available and that children, young people and their parents and carers often had little say in the services they received.

- 3.3 Parents whose children had SEND were also subject to numerous meetings and assessments with professionals, often providing the same information over and over again. The Children and Families Act 2014 and the revised code sought to remedy these concerns and streamline the process of assessment.
- 3.4 Prior to the introduction of the Children and Families act and the new SEND code the Department for Education carried out extensive consultation in 2013 with local authorities, health authorities, schools, parents and young people.
- 3.5 The Department for Education (DfE) published a new Special Educational Needs and Disability (SEND) Code of Practice in July 2014 which came into force in September 2014, replacing the previous 2001 code, which was further updated in January 2015.
- 3.6 The 2001 code of practice covered children and young people from 2 to 19. Under the 2001 code children with significant SEN had of a Statement of Special Educational Needs. A statement is a legal document setting out the education support a child is to receive. Many children with special educational needs also receive support from health services and social care.
- 3.7 The 2015 Code of Practice covers the 0-25 age range and includes guidance relating to disabled children and young people as well as those with SEN. Government were keen to assure parents that while major changes were being introduced nobody should lose support they received previously because of the changes.
- 3.8 The main changes in the 2015 code are;
 - a clearer focus on the participation of children and young people and parents in decision-making at individual and strategic levels
 - a stronger focus on high aspirations and on improving outcomes for children and young people
 - includes guidance on the joint planning and commissioning of services to ensure close co-operation between education, health and social care
 - includes guidance on publishing a 'local offer' of support for children and young people with SEN or disabilities
 - new guidance for education and training settings on taking a graduated approach to identifying and supporting pupils and students with SEN (to replace School Action and School Action Plus) – this is called 'SEN Support'
 - for children and young people with more complex needs a co-ordinated assessment process and the new 0-25 Education, Health and Care

Plan (EHC Plan) to replace statements and Learning Difficulty Assessments (LDAs)

- a greater focus on support that enables those with SEN to succeed in their education and make a successful transition to adulthood.

4.0 Responsibilities under the new legislation and code of practice

4.1 Education Health and Care Plan (EHCP)

- 4.1.1 Where a child needs significantly more support than their peers and would previously have been assessed for an SEN statement, they would now be assessed for an EHC plan which would seek to secure the best possible outcomes for them across education, health and social care services.
- 4.1.2 EHC Plans will cover eligible students up to the age of 25. However, guidance on the legislation makes it clear that this does not mean that students have an automatic entitlement to education up to the age of 25.
- 4.1.3 In drafting the EHCP the focus must be on the child or young person as an individual. The council is required to bring together relevant professionals to discuss and agree together the overall approach.
- 4.1.4 The EHCP must be easy for children, young people and their parents to understand and must use clear ordinary language and images, rather than professional jargon. The EHCP should highlight the child's or young person's strengths and capacities and should enable the child or young person, and those who know him/her best, to say what he/she has done and is interested in and what outcomes he/she is seeking in the future
- 4.1.5 There is also a requirement to organise assessments to minimise demands on families, and finally to deliver an outcomes-focused and co-ordinated plan. The council was required to issue EHCPs from 1st September 2014, and to transition all existing statements to EHCPs by April 2018.

4.2 Local Offer

- 4.2.1 By 1st September 2014 local authorities were required to have published a 'local offer' to clearly set out the services available for children and young people with SEND. The offer must have been developed in partnership with children and young people with SEN or disability and their parents, and education, health and care partners. It should cover the support available for those with and without EHC Plans and from birth to 25 years, including SEN Support.
- 4.2.2 The local offer must include information on services across education, health and social care and from birth to 25; how to access specialist support; how decisions are made including eligibility criteria for accessing services where appropriate; and how to complain or appeal.
- 4.2.3 The local offer published by September 2014 was the start of an ongoing process, with local offers developed and revised over time through

regular review and consultation. This annual review is a requirement of the code.

4.3 Joint commissioning

4.3.1 There are statutory obligations on education, health and social services to work together to plan services to meet people's needs at a strategic level (also known as joint commissioning).

4.4 Transition to adulthood

4.4.1 A new emphasis on education providers ensuring that children and young people have the information and skills they need to gain independence and prepare for adulthood. An understanding that young people aged 16 and over have the right to make decisions for themselves, including requesting an education, health and care (EHC) needs assessment and appealing to the SEND Tribunal.

4.5 To involve parents/carers and young people at every stage

4.5.1 To ensure greater involvement of parents and children/young people in discussions and decisions about SEND support and provision. Early years providers, schools and colleges to take steps to ensure that young people and parents are actively supported in contributing to needs assessments, developing and reviewing EHC plans. The assessment and planning process should enable parents, children and young people to express their views, wishes and feelings, and to be part of the decision-making process.

4.6 Personal Budgets

4.6.1 To make available Personal Budgets to buy the provision set out in an EHC plan in certain circumstances.

5.0 Leadership and oversight of the implementation of the SEND reforms

5.1 Implementation of the new SEND code across education, social care and health provision requires a transformational approach as it requires input and engagement from services across the council and with external partners and stakeholders. Brent's SEND reforms programme is overseen by the SEND Reforms Project Board. The project board is chaired by the Operational Director Early Help and Education to ensure high level oversight of the reforms. The board is made up of representatives of Education, Social Care, Health, special and mainstream schools and the voluntary sector. There is a dedicated SEND Project Manager funded by a DfE grant. The DfE have link advisers working with councils and have closely monitored the implementation of the reforms.

5.2 The project board meets every six weeks to monitor progress, identify delays or areas of concern and receive feedback from sub groups. The project board identifies actions to be undertaken and oversees returns on readiness to deliver the reforms collected by Department of

Education three times a year. The work programme of the SEND project board links into the Children's Trust.

5.3 Key work streams are in place, which are as follows, involving leads in service areas for input into the development and implementation of:

- Education, health and care (EHC) plans
- Brent's Local Offer
- High Needs Students (HNS) – preparing for adulthood
- Joint commissioning

6.0 Ofsted and Care Quality Commission (CQC) Inspections

6.1 From May 2016 Ofsted and the Care Quality Commission (CQC) will introduce joint Local Area SEND inspections testing the areas effectiveness in identifying and meeting the needs of children and young people who are disabled and have special educational needs. All local areas will be inspected over a five-year period.

6.2 For the first time inspectors will evaluate how local authorities, nurseries, schools, further education establishments, and health services identify children and young people with special educational needs. They will also evaluate how well they provide services to meet these needs, both in nursery, school or further education college, and through specialist services, such as speech and language therapy, physiotherapy and mental health services.

6.3 Inspectors will look at a sample of students' files and information about their progress. Inspectors will visit early years settings, schools and further education colleges to see how they are helping to meet the local area's responsibilities. Ofsted and the CQC have stated that they want these inspections to act as a catalyst for improvement, so that some of the most vulnerable young people in the country benefit consistently from high-quality services to which they are entitled.

6.4 The inspection reports will also highlight particular strengths and good practice in local areas, to encourage other areas to model similar practices. These evaluations will also include children's and young people's progress towards their next stage of education or employment.

6.5 The inspection will include children and young people both with and without education, health and care plans. While the local authority has the key leadership role within its area, the inspection will not only evaluate the effectiveness of the local authority. The local authority cannot on its own implement successfully the reforms. Success requires full involvement of the local area. The inspection will evaluate the effectiveness of the local area as a whole, which includes the local authority, clinical commissioning groups (CCGs) and NHS England (for specialist services), early years settings, schools and the further education sector, in working together to identify children and young people early and appropriately, and in meeting these needs and improving outcomes.

7.0 Brent context

7.1 In December 2015 there were a total of 1765 Brent resident school age pupils with statements of special educational needs or EHCPs (1258 statements and 507 EHCPs) and 4895 pupils attending Brent primary and secondary schools in the SEN support category. This is where children have additional needs, but not at the level that requires an EHCP. The categorisation SEN support replaced previous categories of SEN which were School Action and School Action Plus. Additionally there are 107 Brent young people with SEND attending colleges who have either an EHCP or a Learning Difficulty Assessment (LDA).

8.0 Delivery of the SEND reforms – progress in Brent

8.1 Such a major change to SEND legislation and processes was and continue to be a significant challenge to implement. The initial approach in the months prior to September 2014 was to concentrate on training Brent SEN staff, school staff and other partners, understanding the new legislation and ensuring all staff understood and were able to implement the requirements of the revised code.

8.2 Education, health and care (EHC) plans

8.2.1 One of the biggest changes has been the introduction of EHC Plans, which have replaced Statements of SEN and Learning Development Assessments (LDAs) for children and young people up to the age of 25. The EHC Plan is a legal document that describes a child or young person's needs and the support that is required to meet these.

8.2.2 The council is required to assess the child's needs and write the EHC plan within 20 weeks (reduced from the 26 weeks allowed to complete a statement) from the date of the request.

8.2.3 Young people who are currently receiving support as a result of a Learning Disability Assessment (LDA) and remain in further education or training during the transition period, who request and need an EHC Plan, would be issued with one, since they have already been assessed as requiring SEN support.

8.2.4 Many of the legal requirements for EHC assessments and plans are the same or similar to those required for Statements, as is the threshold for receiving one.

8.2.5 There are also some significant differences, including:

- EHC plans do not necessarily cease when a young person leaves school and can be maintained when a young person is in college, undertaking an apprenticeship, or not in education, employment or training.
- There are enforceable elements of health and social care that must be recorded in EHC Plans.

8.2.6 The EHCPs have also to be understood and contributed to by staff in schools, social workers and health professionals, i.e. Occupational Therapists (OTs) and Speech and Language Therapists (SALT).

Guidance on the content of the EHCPs was provided in the code, but this was further developed in Brent to ensure it would meet local needs. An EHC plan template was produced and shared at the Special Educational Needs Co-ordinator (SENCO) network forum. Meetings were also held with a range of professionals and parents, to discuss the process, roles and responsibilities of each stakeholder, and the closer integration of SEN, health, education and social care provision.

8.2.7 A small number of EHC plans were also successfully piloted prior to September 2014 and adjustments were made according to feedback received from parents. The DfE closely monitored the introduction of the EHCPs in all local authority areas and the council was required to submit a 'model' template for scrutiny. The EHCP submitted by Brent in August 2014 received the following comment from the DfE.

'I really think that all the ingredients are here but a little adjustment could make it fully compliant. One of the best examples seen.' Chris Beek
SEN and Disability Professional Adviser DfE

The fully compliant EHCP template is attached as Appendix 1.

8.2.8 In September 2015 the Brent SEN team was asked to present at a transition event for London boroughs organised by the DfE to explain the Brent approach of transferring statements to EHCPs. Brent was also asked to provide a case study as an example of good practice to be published on the DfE Facebook pages this can be viewed at the link below

<https://www.facebook.com/116423535060106/posts/954088214626963>

8.2.9 Work has been done to align assessments for EHCPs with social care assessments to reduce the number of assessments and appointments parents and children have to attend.

8.3 Brent's Transition Plan

8.3.1 As required by the code Brent has produced a Transition Plan (Appendix 2), which sets out the timetable for converting existing Statements or LDAs. As well as producing new EHCPs where we have carried out new statutory assessments, the council is required to transition all existing statements and LDAs to EHCPs by April 2018.

8.3.2 As at December 2015, Brent had converted 267 statements to EHC plans. Transitioning existing statements of SEN to EHCPs is a considerable workload as this is in addition to the requests for new assessments and EHCPs received annually. The transition plan is published on the council's website and is shared directly with parents and schools as parents need to know in advance when their child will have an EHCP rather than a statement, and schools need to know to prioritise the children's annual reviews.

8.4 Personal budgets

8.4.1 Personal budgets guidance has been produced for parents/carers and young people to understand how they can request a personal budget

and under which circumstances. A guide for professionals is available too; both documents can be viewed from the links below.

[the personal budgets guide for parents](#)

[the personal budgets guide for professionals](#)

8.4.2 It is not possible for parents to request a personal budget for an education placement, but they can request a personal budget for transport and some areas of support. This is discussed with parents when producing the EHCP.

8.5 The Local Offer

8.5.1 The Local Offer is a single point of information and advice for children and young people from 0 to 25 with special educational needs and disabilities (SEND) and their families. It aims to provide information about SEND in one place in a way that helps parents, carers and young people find their way through the maze of provision to get the right support. The pages can be found at the following link

www.brent.gov.uk/localoffer or by searching for the local offer on the council's web site.

8.5.2 Brent set up the Local Offer website by 1st September 2014 as required. Web pages of the local offer site were developed using feedback from pathfinder authorities and information on the authority's existing website directories. A steering group was formed, chaired by one of the special school headteachers and attended by SENCOs from special and mainstream schools. Subgroups then mapped provision in age ranges 0-5, 5-16 and 16-24.

8.5.3 A key part of the development and design of the Local Offer was the involvement of parents, children and young people. Several parent/carers consultation meetings and workshops involving pupils in special and mainstream schools were held before a draft Local Offer site was presented.

8.5.4 Through the SENCO members in the subgroups, a template for Brent schools to document their own Local Offer was also developed and discussed at the annual SENCO conference in 2014 and SENCO network meetings.

8.5.5 Brent's Local Offer went live on 1 September 2014. Between then and August 2015 the site had:

- 18,758 page views
- Average of 605 users a month
- Average of 1,563 page views a month

8.5.6 The most viewed category pages were education (1,451 page views), leisure (557) and help and advice (469). The most viewed pages were in the health section (health visiting, paediatric speech and language therapy, community paediatrics and children's occupational therapy).

8.5.7 Over 70 services have been added or updated since the original launch date. The search facility has been enhanced and content across all

category areas is being reviewed and updated as necessary. A short video about the Local Offer has also been made. Online forms are available for people to leave feedback, to request that their service/provision is added to the site and to update existing information.

8.5.8 The DfE reviewed the Brent local offer in early 2015 where it gained a rating of 2 from within a range of 1 which is excellent and 4 which is non compliant.

8.6 Joint commissioning

8.6.1 Section 26 of the Children and Families Act 2014 places a statutory duty on local authorities to implement joint commissioning arrangements with health partners for the education, health and care of children and young people with SEND. Local authorities and their health partners (Brent Clinical Commissioning Group (CCG)) are required to commission services jointly for children and young people with Special Education Needs and Disabilities (SEND), both with and without EHC plans.

8.6.2 A SEND Joint Commissioning Strategy action plan has been developed to take forward the Joint Commissioning requirements in Brent and this was agreed by the Children's Trust in September 2015. This incorporates the issues that have come to light in terms of Brent Clinical Commissioning Group (CCG) and the appropriate commissioning of therapy services for occupational therapy, physiotherapy, speech and language therapy, school nursing and CAMHS, in line with demand for SEND in special and mainstream schools.

8.6.3 The Joint strategic needs analysis (JSNA) for Children and Young People showed that there is a significant increase in the child population in Brent with a subsequent increase in children with SEND, and more pupils in Brent schools through the school expansion programme. The action plan requires commissioners to ensure additional demand for health services is reflected in future commissioning cycles. The action plan is attached as Appendix 3.

8.7 High Needs Students (HNS) – preparing for adulthood

8.7.1 Some of this work began in April 2013 as result of the new national funding arrangements, which made local authorities financially responsible for education and training for young people with High Needs (HNS) up to the age of 25. Prior to this, funding was allocated by the Young People's Learning Agency (YPLA) once part of the DfE.

8.7.2 A HNS eligibility policy was agreed by the Council's Executive in November 2014. Processes to agree placements and a multi-agency panel have been established with special schools, Connexions, the Transitions Team and Care Planning, to ensure we meet the needs of the young person and consider wherever possible local provision rather than an independent placement. This is to manage costs and ensure best outcomes for young people. If young people are placed locally transport costs are lower, and oversight of the provision is more robust.

- 8.7.3 The council is working closely with further education providers to commission new courses, which include independent living and independent travelling for those who can benefit, and ensures young people achieve training, employment and economic wellbeing. Work is also underway with the West London Alliance (WLA) to establish a single post 16 contract for colleges.
- 8.7.4 The 'pathway ' for young people aged 14 – 25 has been mapped to look at what is currently provided and identify where there are gaps in provision. This work is being done with a range of professionals in education, health and social care. The aim is to make sure that we have effective progression routes in place so that young people with additional needs can achieve good outcomes in health, education, employment and independent living.
- 8.7 Project Search
- 8.8.1 Brent is working with local schools and colleges to provide 12 supported internships for learners with mild and moderate learning difficulties and disabilities through Project Search, a scheme that aims to give young people with learning disabilities the skills to gain paid employment. Details about how the project will run in Brent are still to be finalised and will be available shortly. Further information about Project Search is available at www.pluss.org.uk/project-search
- 8.9 Involvement of parents, carers and young people
- 8.9.1 Parents are involved in the drafting and finalising of their child's EHCP plan. Parents develop their child's plan with the EHCP caseworkers. Their views are sought for the initial plan and also for any review or transition from a statement to an EHCP. Parent representatives were involved in the development of the EHCP template and also in developing the Local Offer web pages.
- 8.9.2 Over 200 delegates attended the council's second SEND conference on 11 June 2015. The event was organised to update parents and carers on the reforms and to give them the opportunity to share their experiences and discuss local services with representatives from education, health and social care.
- 8.9.3 Feedback from the conference was extremely positive with 97 per cent of parents saying they would attend again. Play schemes, after school, holiday and respite provision were the most common issues that parents raised during a panel Q&A session with professionals.
- 8.9.4 Parents were invited to a 'meet the professionals' event in July where they had a chance to meet representatives from council services that support SEND, raise any issues/concerns and ask questions.
- 8.9.5 Overall a positive level of engagement/consultation has been achieved through the wide range of individuals and groups that have attended the SEND conferences, contributed to the Local Offer and piloted the EHC plans.

8.9.6 Each local area has an official parent forum funded by the DfE through Contact a Family, the delivery partner of the Department for Education in supporting parent carer forums in England. Previously in Brent this role was carried out by 1Voice, but from early 2015 Brent Parent Carer Forum (Brent PCF) is the grant funded forum.

8.9.7A parent carer forum is a group of parents and carers of disabled children who work with local authorities, health providers and others to make sure the services they plan and deliver meet the needs of disabled children and families. Brent PCF was instrumental in planning the parent conference and other parental engagement activities.

9.0 Communications

9.1 An action/communications plan for the SEND Reforms has been developed. There have been regular news articles and features in the Brent Magazine about the reforms (and SEND provision in general) and a SEND reforms newsletter is also being produced on a quarterly basis, available on Brent's website and sent to all major stakeholders.

9.2 There is in-depth information about all aspects of the SEND reforms on Brent Council's website, including a news and updates section which is regularly refreshed. Visit www.brent.gov.uk/services-for-residents/education-and-schools/special-educational-needs/send-reforms/

9.3 Comprehensive information about special educational needs and disabilities, including how to understand your child's SEND, getting a diagnosis and support in schools and early years, is also available on the council's website at www.brent.gov.uk/services-for-residents/children-and-family-support

10.0 Future activity and priorities

10.1 The SEND reforms are major legislative, procedural and cultural changes to how children and young people with SEND are identified, assessed, and provided for. SEN services have worked closely with schools, health services, and parents to deliver the reforms to date.

10.2 The council has so far met the requirements of the DfE in implementing these changes, but this is an ongoing process. Implementation of the SEND reforms will continue in all areas. It is acknowledged by the DfE that the reforms are a major change in delivery of SEND services and will not be completed quickly.

10.3 Until 2017/18 the council will have to produce an annual transition plan detailing how existing statements and LDAs will be transitioned to EHCPs. All statements and LDAs are to be transitioned by April 2018.

10.4 The local offer will be reviewed and enhanced. The council will develop an action plan to secure feedback from stakeholders, address gaps in provision, and through commissioning, start to reshape the services available for children and young people. A particular focus will be on the 0-5 pathway for children with SEND and to provide information, advice

and guidance for Parents from when a child is diagnosed with a specific condition.

- 10.5 Feedback received from parents indicates there is a lack of out of school services in play, sports and leisure for children and young people with SEND and their siblings. Addressing this will be a priority for 2016/17.
- 10.6 Progression routes for 14 – 25 year olds from school or college to employment and independence are to be mapped. From this exercise identify gaps in provision and work with local schools, colleges and employers to ensure more young people with SEND have the opportunity for independent living and where possible employment.
- 10.7 Develop parental engagement and representation at a strategic level with parent representatives contributing to shaping future services.
- 10.8 Implementation of the Joint Commissioning strategy action plan and achieve the following outcomes:

Outcome 1: To develop a consistent and co-ordinated approach to health care support for children and young people with SEND from age 0-19 and age 19-25 across all professionals that work with SEND in all settings.

Outcome 2: A SEND joint commissioning strategy is developed and agreed between health, social care and education which will improve the quality of services and provision for Children and Young people age 0-25 with SEND with and without an EHC plan.

Outcome 3: The Local Authority, CCG and schools, consider the areas and opportunities for Joint Commissioning in Brent.

Outcome 4: The Joint strategic needs analysis is based on up to date, accurate child population data and services are commissioned to meet the increased demand.

Outcome 5: That the development of joint commissioning arrangements and strategy is informed by parents and young people through appropriate consultation and communication.

Background Papers

- Appendix 1 – EHCP template
- Appendix 2 – Brent Transition Plan
- Appendix 3 – Joint Commissioning Action Plan

Contact Officer(s)

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Tel: 020 8937 3027

Email: cate.duffy@brent.gov.uk

Gail Tolley, Strategic Director Children and Young People

Education, Health and Care Plan

«Child_Forename1» «CHILD_SURNAME»

Table of contents

Education	Sections A, B, E and F
Health	Sections C and G
Social care	Sections D, H1 and H2
Education placement	Section I
Personal budget	Section J

Draft Proposed Plan date:	
Date EHC Plan finalised:	
Scheduled Review date :	
Date of amendment	

General Information

Surname:	«CHILD_SURNAME»	First Name(s):	«Child_Forename1»
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Preferred Name:		DOB:	«ChildDOB»
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Gender	Female	Religion:	
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Looked After Child		If yes, please state which Local Authority	
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Address:	«Child_Add1» «Child_Forename2» «Child_Add3» «Child_Add5» «Child_Add6» «Child_PCode»
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Telephone/Email:	
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Parent(s) or Carer(s) Names:		Name of person with parental responsibility	
Relationship to Child/Young Person:			

Address (if different from above):	
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Telephone/Email (if different from above):	
---	--

Name of current setting (early years/school/college/work):	«School»
---	----------

Education history (previous school/nursery or college attended):	
---	--

Name of main contact in current setting:	
---	--

Language used at home, state if interpreter required:	
--	--

Section A: The views, interests, strengths and aspirations of the child and their parents/carers, or of the young person.

***Child or Young person's profile; their journey, views, interests and aspirations.
OR [My journey so far, aspirations and what I would like to do in the future]***

A summary of how the Child or young person communicates and how to engage them in decision-making. [How I need to be supported to be heard and understood]

Parent/carer's aspirations for child/young person e.g. education, play, health, friendships, sixth form, further education, independent living, university and employment. [What my family would like to say]

A Summary of my Education, Health and Care Needs

Section B: All of the child or young person's identified special educational needs must be specified. [\[A Summary of my Special Educational Needs\]](#)

B1. Communication and Interaction Needs

B2. Cognition and Learning Needs

B3. Social, Emotional and Mental Health Needs

B4. Sensory and Physical Needs

Summary of Special Educational Needs

Need B1

Need B2

Need B3

Need B4

Section C: The child or young person's health needs which relate to their SEN
[\[A Summary of my Health Needs\]](#)

Section D: The child or young person's social care needs which relate to their SEN
[\[A Summary of my Care Needs\]](#)

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Section E: The educational outcomes sought for the child or the young person

Short term targets will be set by the setting and should be reviewed at least annually or more frequently as determined by the setting with parent and young person where appropriate.

[\[My Educational Outcomes – the things that are important to me and for me\]](#)

Outcome E1) Communication and Interaction Needs

Outcome E1) Communication and Interaction Needs	
Steps to achieving this outcome	Assisted by whom
	*School staff
How will we know we have achieved this outcome	

Outcome E2) Cognition and Learning Needs

Outcome E2) Cognition and Learning Needs	
Steps to achieving this outcome	Assisted by whom
	*
How will we know we have achieved this outcome	

Outcome E3) Social, Emotional and Mental Health Needs

Steps to achieving this outcome	Assisted by whom
	*School staff
How will we know we have achieved this outcome	

Outcome E4) Sensory and Physical Needs

Steps to achieving this outcome	Assisted by whom
How will we know we have achieved this outcome	

** Senior Leadership Team, Teachers/Tutors, Learning Support Assistants*

Section F: Special educational provision put in place by the local authority

Needs and Outcomes Specified in Sections (B) and (E) that link to Provision (F)	Provision	Provided by whom
Needs B1,B2,B3 and B4 and Outcomes E1,E2,E3 and E4	Funding arrangements (to support «Child_Forename1» within the education setting) to meet the Needs in Section B and the Outcomes in Section E. This is comprised of the education setting's base funding and the local authority. To provide placement for «Child_Forename1» in an	Local Authority

	education setting that can cater for her level of need as specified in Section B.	
	Recommended therapy support to address the needs in Section B and the Outcomes specified in Section E.	Speech and Language Therapist (SALT), School Staff*

Section G – Any health provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN, and where an individual health care plan is made for them, that plan.

Health provision	
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Section H1: *The social care provision which must be made for a child or young person under 18 resulting from section 2 of the Chronically Sick and Disabled Persons Act 1970 (CSDPA)*

Social Care provision (including type of placement if relevant)	
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Section H2: *Any other social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN.*

Social Care provision (including type of placement if relevant)	
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Section I: Placement

Name of setting:	
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Address of setting:	
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Type of setting:	
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Personal Budget

Section J: Personal Budget - Including arrangements for Direct Payments
This section provides information about on any Personal Budget that will be used to secure provision in the EHC plan to meet outcomes detailed in the plan

Have the family made a request for personal budget No

Section J: Education

Outcome needing additional resource	Education Support arrangements	Funding Source	Allocation
Education Services as outlined within the plan if applicable			
Education Services as outlined within the plan if applicable			
Education Services as outlined within the plan if applicable			
		Total	£

Section J: Health

Outcome needing additional resource	Health Support arrangements	Funding Source	Allocation
Health Services as outlined within the plan if applicable			
Health Services as outlined within the plan if applicable			
		Total	£

Section J: Social Care

Outcome needing additional resource	Care Support arrangements	Funding Source	Allocation
Social Care Provision as section 2 of the Chronically Sick and Disabled Persons Act 1970 (CSDPA) outlined within the plan if applicable			
		Total	£

Section J: *The social care provision reasonably required by the child or young person having SEN*

12 month outcome needing additional resource	Care Support arrangements	Funding Source	Proposed allocation
Social Care Services (Respite etc.)			
		Total	£

Arrangements for Review

This plan will be reviewed at least annually. Each service will be responsible for reviewing their part of the plan and may hold more frequent reviews of particular parts of the plan. This will be reflected in the annual review of the plan.

The Lead Professional responsible for reviewing this plan will be:	SENCO
Contact details:	
Frequency of review:	
People to be involved or provide reports for the annual review:	SENCO Other school staff Parents Professionals involved with

Next Key Transition Points

Key Transition	Date
	September

Section K: Report and Assessments

	Report/Assessment	Name of author and position Report/Assessment	Date of report
1	Parental Advice		
2	School Advice		
3	Medical Advice		
4	Educational Psychology Advice		
5	NHS Multisensory Advice		
6	Social Care Advice		
7			
8			
9			
10			

The people who have been involved in producing this EHC plan

Name and role	Contact details
«Caseworker»	«Caseworker_Add1» «Caseworker_Add2» «Caseworker_Add3» «Caseworker_Add5» «Caseworker_Add6» «Caseworker_Pcode» «Case_tel» «Case_Email»

The date of [my] EHC Plan meeting was: <i>(If applicable)</i>	
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Duly Authorised Officer:	Signed:	Date:
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BRENT'S TRANSITION PLAN SEPTEMBER 2015 – MARCH 2018

1.0 Introduction

The threshold for when a child or young person requires an Education, Health and Care (EHC) Plan remains the same as that for a statement under the Education Act 1996. Therefore, it is proposed in this plan that all children and young people who have a Statement of SEN and who would have continued to have one under the current system, will be transferred to an EHC Plan. No child or young person should lose their Statement and not have it replaced with an EHC Plan simply because the system is changing.

Brent's Transition Plan explains how, and when, children and young people who live in Brent and who have a Statement of SEN, will be transferred to an EHC Plan.

From September 2014 to April 2018 this applies to:

- Around 1747 children and young people who live in Brent and who have Statements of SEN
- Over 119 young people with high Needs who have Learning Difficulty Assessments (LDAs)
- A small number of young people who leave custody who have SEN
- A small number of children and young people with Statements who move into Brent from another authority

2.0 Review of last year's plan (2014/15)

The proposed Transition Plan for 2014/2015 was, by necessity, ambitious in terms of the numbers that we had hoped to transfer from Statements of SEN to EHC Plans.

As of August 2015 there were 1,384 children and young people whose Statements of SEN needed to be transferred to an EHC Plan, and approximately 119 young people with high needs who had Learning LDAs.

3.0 The 2015/16 plan

The table below shows the groups of children and young people who can expect their statement to be transferred to an EHC Plan in 2015/16. A more detailed plan can be viewed in the Appendix with proposed numbers and year groups to be transferred in subsequent years.

Transition Plan 2015/16
Children moving from primary to secondary (ALL NCY5)
All children/young people moving from school – (ALL NCY11, some NCY13 and all NCY14) to a post 16 institution such as further education.
Young people who receive support as a result of an LDA who intend to be in education beyond 31 August 2016

4.0 FAQs

How will I know when it is time for the Statement of SEN to be transferred to an EHC Plan?

The school will hold a Transfer Review if the child or young person is in the year group identified in Brent's Transition Plan. The child's parents or the young person must be invited to a meeting as part of the process. The **Transfer Review** will replace the annual review in the academic year that the child or young person transfers to the new SEN system. Once the transfer process has started, rights of appeal under the 1996 Act are replaced by those under the 2014 Act.

All Statements of SEN will be maintained in accordance with Part IV of the Education Act 1996 until they are transferred to an EHC Plan.

I have an LDA that gets me the support I need in college. Do I need to have an EHC Plan?

The support that you receive through the LDA can continue up until 31 August 2016 where it is needed with a further education or training provision.

Brent will be contacting young people with an LDA who will be continuing in education after 1 September 2016 and need to access high needs funding. For this group of young people, the college will be conducting a Transfer Review, which will lead to an EHC Plan where one is necessary.

Many young people with LDAs receive a low level of support from their further education. Therefore, if the local authority does not need to provide additional, high needs funding to support you, an EHC Plan may not be required.

What is a Transfer Review?

To transfer a child or young person from a Statement of SEN to the new system, local authorities must start a **Transfer Review**. An education health and care needs assessment must be conducted in line with the Children and Families Act 2014 as part of the process. It must allow for outcomes to be established for the EHC Plan, and for provision to be identified that supports the child/young person to achieve these outcomes.

Who can I contact if I have questions to ask?

You can contact two organisations for impartial and confidential help and support.

Brent SEND Information, Advice and Support Service (Brent SENDIASS) – Email: brentsendias@brent.gov.uk or telephone 020 8937 3434.

Brent Carers Centre Independent Support Service - Email: independentsupport@brentcarerscentre.org.uk or telephone 020 8795 6240.

You may also wish to contact Brent Parent Carer Forum (BPCF), the council's official parent support group. Telephone 07956 499 300, email brentpcf@gmail.com or visit www.brent.gov.uk/sendias

Where can I find other helpful guidance or information?

1: The Council for Disabled Children at www.councilfordisabledchildren.org.uk/resources/a-briefing-on-the-changes-to-timescales-for-transfer-reviews

2: Department for Education (DfE) guidance entitled Transition to the new 0-25 special educational needs and disability system (this document is due to be updated September 2015). Visit www.gov.uk/government/publications/send-managing-changes-to-legislation-from-september-2014--3

Appendix A – Brent’s revised Transition Plan September 2015 - March 2018

SEND REFORMS Transition Plan 1st September 2014 - 31st March 2018

Current Year	Count as of Aug 2015 statements remaining	Transfer Group Sept 15 Aug 2016	Proposed Transfer Group Sept 16 to Aug 2017	Proposed Transfer Group Sept 17 to Mar 2018
Reception	2		NCY1*	
NCY 1	75			NCY 3*
NCY 2	74		>NCY1(YR3)	
NCY 3	101			NCY 5*
NCY 4	118		>NCY5*	
NCY 5	109	NCY5*		
NCY 6	81	>NCY 5(YR6)		
NCY 7	122			>NCY 8 (YR 9)*
NCY 8	141		>NCY8 (YR9)*	
NCY 9	126	>NCY 8(YR9)		
NCY 10	132		NCY 11*	
NCY 11	152	NCY11*		
NCY 12	26	NCY 12*		
NCY 13	82	NCY 13(32)** Mainstream Only	NCY 14 (50)** Special School	
NCY 14	43	NCY 14*		
Totals	1384	569	517	298
LDA's (TBC)		119		
Total statements plus LDA's		688	517	298

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BRENT'S SEND JOINT COMMISSIONING STRATEGY ACTION PLAN

Action Number	Action – What will we do	By whom	By when	Progress
Outcome 1: To develop a consistent and co-ordinated approach to health care support for children and young people with SEND from age 0-19 and age 19-25 across all professionals that work with SEND in all settings.				
1A	<p>To Set up working group of key delivery stakeholders (therapists, schools nursing, health visiting and early support workers, social care and school staff) to :-</p> <ul style="list-style-type: none"> To document and agree a co-ordinated pathway for the delivery of commissioned services (OT, SALT, PHYSIO, school nursing and community nursing) for CYP age 0-25 in all settings (nurseries and children’s centres, across all schools, units and FE providers). To ensure clear protocols exist between health professionals (therapists and community nursing), school professionals (therapists and learning support assistant) and social care (0-13 CWD and Transitions) in delivering provision to children and young people with SEND. To establish improved partnership working between education, health and social care professionals in delivering provision and ensuring any risk area are covered. 	Sub group of SEND Transformation board	December 2015	<ul style="list-style-type: none"> School Nursing - CC/BB met with lead for School Nursing (Nicola Boyle) and Public health Commissioner (Marie McLoughlin) and established that there is communication planned regarding the new arrangements to school and GP surgeries July 2015. Further communication to stakeholders to be planned. 0-5 pathway mapping work in progress. School Nursing and Health Visiting have existing contracts so unable to influence any changes for 2 years (April 2017).
1B	<ul style="list-style-type: none"> To ensure Information sharing protocols in place for communication between education, health and care professionals that deliver services to SEND in all settings to enable a co-ordinated approach to service delivery for SEND. 	Sub group of SEND Transformation board	April 2016	
1C	<ul style="list-style-type: none"> To document a communication strategy with clear roles and responsibilities of health professionals and school staff. 	LNWHT /CLCH/Schools	February 2016	

Action Number	Action – What will we do	By whom	By when	Progress
1D	<ul style="list-style-type: none"> To establish key stakeholder group and Map the work programme relating to the CYP 19-25 Establish pathway and any commissioning requirements related to this age group. To establish links with adult health commissioning. 	Bhavna Bilimoria Ian Davis Transitions Team Susannah Jordan, Craig Ajimuda (health stakeholders)	September 2015	<ul style="list-style-type: none"> Stakeholder group has been established and a meeting to be organised for September 2015 when schools are back.
Outcome 2: A SEND joint commissioning strategy is developed and agreed between health, social care and education which will improve the quality of services and provision for Children and Young people age 0-25 with SEND with and without EHC plan.				
2A	<ul style="list-style-type: none"> To scope and publish currently commissioned services between CCG, public health, education and Social care with timescales of contract renewal to enable planning for future joint commissioning of SEND. 	Bhavna Bilimoria Ian Davis Marie McLoughlin Transitions Team Susannah Jordan	March 2016	<ul style="list-style-type: none"> Fiona Kivett is organising a meeting with GT, GG, CD, SB and IC to meet and review levels of spend prior to Children's Trust meeting in September 2015
2B	<ul style="list-style-type: none"> To review and monitor performance, quality and provision of services for SEND and identify gaps. Establish a Joint Commissioning group which would consist of leads of each of the 5 priority areas. 	Joint Commissioning Group Susannah Jordan (Brent CCG) Ian Davis (LA covering CAMHS and LAC) Bhavna Bilimoria – covering SEND Maternity and Under 5's – Sue Gates and Marie McLoughlin for Public health CAMHS- Stephen McMullan/Veronica Patten Young Carers – Sue	July 2015	<ul style="list-style-type: none"> Susannah and Mary Dos Santos have drafted the terms of reference for the Joint Commissioning Group. These need to be approved at the Children's Trust meeting in Sept 2015..

Action Number	Action – What will we do	By whom	By when	Progress
		Gates		
2C	<ul style="list-style-type: none"> To develop future commissioning intentions based on data and information collected through contract and service monitoring . 	Susannah Jordan/ Suzanne McCarthy Ian Davis	March 2016	
Outcome 3: The Local Authority, CCG and schools, consider the areas and opportunities for Joint Commissioning in Brent.				
3A	<ul style="list-style-type: none"> To identify areas for Joint Commissioning SEND. To create a timeline for Joint Commissioning for SEND 	Susannah Jordan, Fiona Kivett Ian Davis	January 2016	<ul style="list-style-type: none"> Fiona Kivett is organising a meeting with GT, GG, CD, SB and IC to meet and review levels of spend prior to Children’s Trust meeting in September 2015.
3B	<ul style="list-style-type: none"> To establish available resources for Joint Commissioning with Local Authority and CCG. To establish a baseline budget for Joint Commissioning for SEND therapy provision between Health and Local Authority. To establish via the joint commissioning framework the preferred option for joint commissioning. To commission joint pathways for SEND. 	GT, GG,CD, SB and IC	November 2015	<ul style="list-style-type: none"> Fiona Kivett is organising a meeting with GT, GG, CD, SB and IC to meet and review levels of spend prior to Children’s Trust meeting in September 2015.
3C	<ul style="list-style-type: none"> To put in place an Interim plan in order to ensure there are safe clinical pathways in place for SEND within current arrangements. 	Bhavna Bilimoria Susannah Jordan Craig Ajimuda Early Years commissioners Marie McLoughlin	February 2016	<ul style="list-style-type: none"> The 0-5 Pathway mapping work started on May 20th. Pathway mapping work for 19-25 starting in September 15.
3D	<ul style="list-style-type: none"> To develop a commissioning plan that identifies short term and long goals for SEND commissioning. 	Susannah Jordan, Ian Davis Bhavna Bilimoria	March 2016	


Action Number	Action – What will we do	By whom	By when	Progress
Outcome 4: The Joint strategic needs analysis takes account of increased children and young people population and subsequent increase in children and young people with SEND and the increase in pupils through the school expansion programme and that additional demand for health services is reflected in future commissioning cycles.				
4A	<ul style="list-style-type: none"> To ensure that the yearly update of the Joint Strategic Needs Analysis (JSNA) for SEND to inform future commissioning intentions and specifications. 	Marie McLoughlin	March 2016	
4B	<ul style="list-style-type: none"> To establish a mechanism to inform partners of fluctuation in demand for services to inform future commissioning cycles and timelines. To establish a mechanism to inform partners of changing special education needs in the population. 	Bhavna Bilimoria	March 2016	
Outcome 5: Children's Trust considers developing a proposal for a jointly appointed children's commissioner for joint commissioning in Brent.				
5A	<ul style="list-style-type: none"> Isha Coombes/Cate Duffy to establish whether the Local Authority and Brent CCG would consider a Joint Children's Commissioner Post for SEND. 	Isha Coombes/Cate Duffy.	September 2015	<ul style="list-style-type: none"> Look to transformation using the better care fund 2015/16.
Outcome 6: That the development of joint commissioning arrangements and strategy is informed by parents and young people through appropriate consultation and communication.				
6A	To establish a clear consultation plan with clear parameters of engagement.	Susannah Jordan, Bhavna Bilimoria Ian Davis and Parent Carer Forum	June 2016	

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 Brent	<p style="text-align: center;">Scrutiny Committee 24 February 2016</p> <p style="text-align: center;">Report from Strategic Director, Community and Wellbeing</p>
For Action	Wards Affected: ALL
Adult Social Care Local Account 2014/15	

1.0 Introduction

- 1.1 Towards Excellence in Adult Social Care (TEASC) is the national sector led improvement programme hosted by the Local Government Association (LGA) and supported by the Association of Directors of Adult Social Services (ADASS). TEASC's goal is to sustain proven, cost-effective, high quality services, tailored to individual need.
- 1.2 Local accounts are a key part of the TEASC programme, providing a mechanism by which the council demonstrates local engagement and accountability. They are also a tool for planning improvements, as a result of sharing information on performance with people who use services and engaging with them to get feedback on their experience.
- 1.4 The concept of producing a local account is not a new idea, rather it builds on work that councils are already doing in relation to local quality assurance and safeguarding. It is also aligned with developments taking place around sector led improvement in children's services. Local accounts are also mentioned in the Department of Health's Transparency in Outcomes framework and are conducive to wider government agendas e.g. localism and transparency.
- 1.5 The purpose of Brent's Local Account is to communicate priorities and to provide Members, residents and service users with a key accountability mechanism by which self-regulation and improvement activities can be

systematically monitored and reported. The document attached at Appendix A is the full version of the report, but an executive summary and easy read version will be created to facilitate broader engagement.

2.0 Recommendations

The Scrutiny Committee is asked to:

- a. Note the performance and contextual information contained in this report.
- b. Consider the current and future risks associated with the information provided and the strategic priorities identified.

3.0 Executive Summary

- 3.1 The challenge to continue delivering good quality services at an affordable cost within a diminishing financial framework remains acute and has dominated our service planning activities in 2014/15 and again in 2015/16.
- 3.2 The Adult Social Care department delivered services to more clients in 2014/15, but with less money. The number of service users continues to grow by 2% year on year. The department's budget has reduced and will continue to reduce year on year. The department delivered savings of £4.4m in 2014/15, and will deliver a further £8.6m in 2015/16.
- 3.3 Given the challenging operating context, performance during the past year has been good overall. We have seen ongoing improvements in the work we do to ensure our services are supportive, and people feel safe; we have increased the support we provide to carers, our Reablement service continues to enable people to remain at home (not going back to hospital); and fewer and fewer people have to go into residential care. However, there are clear areas for improvement. We still need to work harder to ensure that people (service users and carers) are not socially isolated, that service users can get out of hospital quicker, that they have greater choice and control and that these improvements deliver greater satisfaction with our services and improved quality of life.
- 3.4 It is also worth noting two significant projects which have had, and will continue to have, a significant impact on the services we deliver. The New Accommodation for Independent Living (NAIL) project has supported more people to live independently, reducing the need for residential care by providing people with more options for where they live. And the partnership with CNWL also made significant achievements in supporting people with mental health needs to live more independently. The Mental Health Accommodation project has helped 36 (of 61) people to live independently

while achieving nearly £1m budget savings without compromising service quality.

- 3.5 As well as building on the projects outlined above, we will need to continue to build on our work with health partners to continue to redesign how we deliver all our services to continue to strive to improve with less money. The integrated Rehabilitation and Reablement service is an excellent example of how we can do this, improving the experience and outcomes for service users (supporting people to remain independence) while removing duplication across health and social care service. Further integration options will continue to be explored in the coming years with our health partners.

4.0 Financial implications

- 4.1 These are set out in Section 5 of the local account. This section provides an overview of the adult social care budget in 2014/15 as well as providing the context from preceding years which highlights how the department is doing more with less. It also highlights the significant financial pressures for the coming years.

5.0 Legal implications

- 5.1 Part 1 of the Care Act 2014 came into effect on 1 April 2015. Local authorities in particular will take on new functions, making sure that people who live in their areas receive services that prevent their care needs from becoming more serious, or delay the impact of their needs; can get the information and advice they need to make good decisions about care and support; and have a range of providers offering a choice of high quality, appropriate services.
- 5.2 The overarching purpose of the Care Act is to help improve people's independence and wellbeing. It also places duties on local authorities to provide or arrange services that help prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support also known as the wellbeing and preventative duty. Local authorities also have a duty to support carers and safeguarding is now on a statutory footing.
- 5.3 Local authorities have to consider what services, facilities and resources are already available in the area (for example local voluntary and community groups), and how these might help local people and save the costs; identify people in the local area who might have care and support needs that are not

being met and identify carers in the area who might have support needs that are not being met.

- 5.4 Local authorities should also provide or arrange a range of services which are aimed at reducing needs and helping people regain skills, for instance upon discharge from hospital. They should work with other partners, like the NHS, to think about what types of service local people may need now and in the future.

6.0 Diversity implications

- 6.1 This report has been subject to screening by officers and there are no direct diversity implications. However it should be noted that the service improvement initiatives developed and delivered during 2014/15 have routinely undergone Equality Impact Assessments prior to implementation, as per the Council's Equality and Diversity policy.

7.0 Contact officers

PHIL PORTER Strategic Director, Community and Wellbeing	
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Adult Social Care in Brent

Working with you to find solutions

Local Account 2014/15

“Your adult social services - what you can expect”

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1. Introduction

Cabinet Member, Adults, Health and Wellbeing - Cllr Hirani

As Cabinet Member for Adults, Health and Wellbeing it is a pleasure to lead the Adult Social Care department. The department continues to work hard to deliver the Council's priorities, to focus on the most vulnerable in our community giving them a voice and helping them to achieve a better quality of life. While we continue to celebrate the fact that people are living longer we also need to be prepared to support people living with more complex, long-term conditions and ensure that they have the support they need to live as independently as possible for as long as possible.

In 2014/15 we prepared for the implementation of Phase One of the Care Act legislation in April 2015. The Act has resulted in new responsibilities for local authorities including recognising the role of carers and increasing the support available to them which we have achieved, for example, through the Carers' Hub and by offering more carer assessments. The Council now also has a duty of prevention in order to reduce or delay the need for support. Our Reablement services continue to work towards doing this. We have also been working on improving the information, advice and guidance which is available to our residents and continue to do so in 2015/16.

As well as supporting more people with complex conditions, we are working in an environment where there is less money to provide services. The Government has significantly reduced the funding it distributes to local councils, with Brent being disproportionately impacted negatively. With the planned budget cuts year-on-year for the upcoming years, and the number of service users increasing by two percent every year, we have a challenging task ahead. We will need to change the way we work to achieve the efficiency savings required. We will also need to improve how we work with the voluntary and community sector, the health service, and most importantly the people using our services, their family and friends. This will ensure that we continue to deliver our department's core priorities with the resources we have.

2. What is adult social care?

This section outlines who uses adult social care services and support. It also highlights the size and scale of the whole adult social care sector in Brent, including family and friends who provide support and people who buy care for themselves. During 2014/15, adult social care services were preparing to meet the requirements of the Care Act, the new legal framework for social care as of April 2015. This includes preparing for the duty of prevention, including the provision of better information, advice and guidance and providing more support for carers.

2.1 Who needs support?

Some people need practical care or support to do everyday things (such as wash, dress, go out) that most of us take for granted. They need this support to lead a safe, independent life which improves their well being. They might need help because of their age, because they have a learning disability, a physical disability or a mental health illness.

The number of people who need this support is growing as people live longer with more complex medical conditions. Some key facts are included below, but the [Brent Joint Strategic Needs Assessment](#) provides a detailed overview of Brent's population.

- Although Brent has a comparatively young population, the number of people aged 65 and over, a key focus for Adult Social Care, is expected to increase by 10% from 2015 to 2020, with the largest proportionate increase in the 85 and over population.
- In Brent, black, Asian and minority ethnic (BAME) groups make up 65% of the population as a whole, however BAME groups make up less than 40% of the population over 75¹. This is expected to change over time, with the Asian population making up 39% of the population over 65 by 2020.
- The average life expectancy in Brent is 79.9 for men and 84.5 for women. Healthy life expectancy is 62 years²
- Over 2,500 people in Brent are living with dementia, which is expected to increase to over 3,800 by 2030³
- Between 2014 and 2030, the number of people in Brent with a Learning Disability is expected to rise by 8%⁴
- 2,483 people are estimated to be living with autism in Brent, and the number of people with autism over 75 is expected to increase by 34% over the next ten years⁵
- 27% of people over the age of 65 live alone² and only 36.9% of Adult Social Care users reported having as much social contact as they would like⁶
- The percentage of households estimated to be fuel-poor in 2013 in Brent (12%) was higher than both the London (9.8%) and England (10.4%) average⁷. Living in a cold, damp home increases the risk of poor health, particularly for older people.

¹ Census (2011)

² Brent Joint Strategic Needs Assessment (2014) <https://www.brent.gov.uk/jsna>

³ POPPI data on dementia

⁴ POPPI and PANSI data on learning disability

⁵ POPPI and PANSI data on Autistic Spectrum Disorders

⁶ ASCOF 2014/15

2.2 What sort of support is provided?

The type of support people require will depend on their individual circumstances, but this might include:

- help to get up, washed and dressed in the morning, which can be provided in a person's home, or in specialist accommodation such as extra care housing where there are carers on site, or in residential and nursing homes
- support to go out and access services in the community, for example education and training
- support to learn new skills that leads to greater independence
- support with making decisions, for example support with managing money
- support to stay safe, either to manage risks in someone's daily life or help when they have been abused.

The aim of Adult Social Care is to provide this support, helping people to have choice and control in order to be safe and live independent lives.

2.3 Who provides the support?

Family and friends are the biggest group of people who provide practical support. The 2011 Census information suggest there are 26,600 carers (family and friends) in Brent, providing support for more than one hour per week. Approximately 5,857 of these are providing over 50 hours of support a week and nearly 5,000 are providing between 20 and 49 hours per week⁸. This is a huge commitment, which needs to be recognised and supported. Although many carers do not want recognition, many do want support when caring for a loved one

There are also a large number of people who pay privately for their care in Brent. They do not contact the Council, but go directly to social care providers. We estimate that there are at least 579 people in residential and nursing care who pay for their own care, compared to 515 whose care is paid for by the Council.⁹ We know that across London 86% of people who pay for home care themselves pay for 20 hours or less a week of care, but 9.3% are purchasing 30 or more hours a week.

In situations where family and friends are not able to provide support, the individual doesn't have the money to purchase care privately, and the person's needs are significant enough to meet Brent's eligibility criteria, then Brent Adult Social Care helps people to get the support they need.

⁷ Department of Health <https://www.gov.uk/government/statistics/2013-sub-regional-fuel-poverty-data-low-income-high-costs-indicator>

⁸ Census, 2011

⁹ Brent Market Position Statement, 2014

2.4 Who works in Adult Social Care in Brent?

There are currently over 2,500 people employed in adult social care roles in Brent¹⁰. This does not include Personal Assistants (PAs), who are paid directly to provide a wide range of support. The vast majority of people (1677) are employed in direct care roles¹⁰ such as care workers who work for home care agencies, residential or nursing homes and day centres.

In addition to the care worker roles, there are a range of other roles that are essential to delivering adult social care in Brent. These roles include Personal Assistants (PAs), social workers, occupational therapists, contract management and commissioning staff.

¹⁰ Skills for Care NMDS <https://www.nmds-sc-online.org.uk/reportengine/dashboard.aspx>

3. Brent Council's role in Adult Social Care

This section outlines the role Brent Adult Social Care plays in ensuring that everyone who needs adult social care support in Brent can access it.

Across all of the roles outlined above, Brent Council employs 350 people to make sure that people who live in Brent have access to:

1. the information, advice and guidance (which could include an assessment) they need to *make good decisions about care*
2. a range of providers which offer *a choice of high quality and appropriate services and support.*

3.1 Making good decisions about care

3.1.1 Information and advice

For most people, needing practical support to lead an active life and do everyday things is not something they prepare for. Therefore, the first thing we do is provide as much information and advice as we can when residents (people who need help or their family and friends) visit the [Brent website](#). In 2014/15 we also have focussed on increasing the information available to Brent residents on [Care Place](#), the West London Alliance health and social care information service. In January 2015, nearly 170 different Brent care providers had registered their information on Care Place, providing information on services including health, leisure, education and employment, day care, supported living and residential care.

3.1.2 Identifying needs and providing appropriate support

If someone needs more than information and advice, they can contact Brent Customer Services or the Hospital Discharge Team, who will explain what we can do to help:

1. The process begins with an assessment to gain an understanding of the problems the person is facing. The assessment will also identify strengths and abilities, and what their family or community could do to help them to live independently. It will also clarify whether the level of need is significant enough to require Council-funded support. More information on eligibility and assessments is available on the [Brent website](#).
2. For most people the next step is reablement, a programme of short-term support which can last up to six weeks, to build on those strengths and identify support in the family or community to help the person to continue to live independently
3. People will be offered a financial assessment to find out how much they need to contribute to their care. More information on financial assessments is available [here](#).
4. If the person is not able to live independently with the support of family and friends, and they cannot afford to buy their own support, then the person is entitled to a Personal Budget. This is the amount of money the person is entitled to, to meet their social care needs.
5. We work with the person and their family to identify what outcomes people want to get from any support and create and implement a support plan which will set out the services and activities that best meet their social care needs. We encourage people to manage their support through a [Direct Payment](#)
6. We will review the person's needs, how well the support plan is meeting those needs and the agreed outcomes at least once a year, unless they contact us before.

The way we work through the five steps above with people, their families and communities is critically important. Therefore, in 2014/15:

- 150 frontline staff and 12 managers were trained through the Core Skills Training programme. This training was created to set a foundation for the Care Act in cementing good practice in our front line teams, including Brent Mental Health Services. The three modules, Strengths Based Assessments; Creative Support Planning; and Evidenced based Recording, set standards of practice across the department which were based on professional national Social Work competencies and reinforced the personalisation agenda. In addition, 52 people attended Deprivation of Liberty Safeguarding (DoLS) awareness training, and 66 attended the Mental Capacity Act Awareness training
- we finalised the Customer Service Standards, which were developed through engagement with service users in 2013/14. These outline what customers can expect from ASC and can be found in Appendix 1
- we carried out the Annual User Survey and our Local User Survey or 'call back' interviews to measure how we are doing in terms of meeting the Customer Service Standards (see Appendix 1) and Brent's [Customer Promise](#)
- we provided more support for carers, with 541 carer assessments completed compared with 531 from 2013/14 and 487 from 2012/13

3.2 A choice of high quality and appropriate services and support

Brent Council has to buy and arrange services and support, which promote the wellbeing of people receiving those services. This breaks down in to two key areas:

1. Service development
2. Quality management

3.2.1 Service development

Service development is how the Council ensures there is a wide range of services and support in Brent to meet the needs of our diverse community. This includes home support services. The new four year **Home Support Framework** started on 1st October 2014 which provides a range of Home Support services including:

- Personal Care & Home Support
- Extra Care & Supported Housing Domiciliary Care and Support
- Reablement Services & Therapeutic approaches
- Children's Services including Transitions
- Enhanced Home Based Care
- Housing Related Support and Generic Service

Streamlining the home support services enables us to work more closely with providers and ensure that a high quality service is delivered that meets the needs of our service users. In 2015/16 we will review the implementation of the Home Support Framework to ensure that it is meeting customers' needs.

3.2.2 Quality management

Quality management is how the Council ensures delivery of good quality services which improve people's well being. The Council undertakes a range of monitoring activity,

proactive, reactive and themed. This includes monitoring performance data submitted by providers and obtaining feedback from service users face to face through site visits and audits. Where improvements are required an action plan is agreed which the provider can work through. All complaints and concerns, informal or formal, are fully investigated and where appropriate will either instigate reactive monitoring or improvements are added to the existing action plan. Training is also provided and issues explored more widely across the sector through our monthly Provider Forums.

3.3 Working in partnership to deliver

As the national good practice guidance for adult social care commissioning, [Commissioning for Better Outcomes](#), makes clear, service development and quality management have to be done in partnership. We need to work with:

Service users, their families and communities:

The successful programme of working with Bheard Service User & Carer Group for Adult Social Care continues. Throughout 2014/15 members have:

- Undertaken “enter and view” visits and peer quality calls for older peoples services
- Contributed to the Community Access Strategy; Direct Payments Project; and Assessment & Support Planning process and leaflet to benefit both staff and clients
- Been pro-active in steering the Social Isolation in Brent Initiative (SIBI) which supports isolated residents to engage and be part of their community through a range of activities through social connections
- Played a key part in the Brent Shared Lives Panel, responsible for recruiting carers for vulnerable people who live in the borough and are able to care for residents in their own homes; ongoing procurement projects; and staff interview panels.

In addition to the above, Brent Council engaged with service users in 2014/15 through:

- The Brent Pensioner Forum: with meetings focusing on topics such as managing finances, which covered personal budgets and direct payments, independent advocates and deputyships
- Brent Connects – Disability Forum: Transport options for disabled people in Brent were discussed, after which the group felt much more informed about how to get around the Borough. Again this forum was an opportunity to discuss various topics such as the New Accommodation for Independent Living (NAIL) project, information on the Care Act, BAS4IL, and community safety issues
- Service user groups to inform the Social Isolation in Brent Initiative (SIBI): Members were consulted on how to best address social isolation in Brent. Feedback was that a Mobile Hub would be a good option, rather than occasional days out. A Mobile Hub could also act as a signposting mechanism. These user groups also identified the need for a communications strategy, and the importance of co-production and partnership working with Health Services, the Voluntary Sector, and Public Health.

Social care providers in the private and voluntary sector:

In 2014/15, a key focus was to improve the relationship between service providers and Brent Council to ensure that people receive a quality service. To support this, Brent have

developed the Brent Market Engagement Network (BMEN) which was implemented towards the end of 2014/15.

BMEN activities include a range of opportunities to engage with providers and enable a two-way communication channel between Brent Council and the market place. These consist of large-scale provider summits, regular provider forums and monthly provider 'drop-in' sessions. It also includes engaging with providers and other stakeholders involved in delivering the NAIL project to ensure that the accommodation meets the requirements of the community.

Health Services:

In 2014/15 Brent Health and Adult Social Care partners, working with community stakeholders, agreed our priorities and projects for health and social care integration (sometimes referred to as the Brent Better Care Fund Plan). The priorities and projects were:

1. Help everyone to live independently in the community - social workers working in multi-disciplinary teams with GPs, community nursing and the voluntary sector to give people more choice and control over their day today support
2. If a crisis happens, provide a more responsible and holistic service – review STARRS (short term rehabilitation and reablement service) to ensure it has a wider range of services to reduce the need for people to be admitted to the hospital unnecessarily
3. If someone does need to go to hospital, improve the support we provide to help them to go back home safely - an integrated team that works 7 days a week, which will ensure people have the choice to go home
4. Ensure that wherever you are, and however you access health and social care you get the same access to support to maintain your independence - create a single integrated Rehabilitation and Reablement team which will provide short-term intensive support to help people achieve their reablement goals.

Other public services such as Mental Health services:

In 2014/15 Brent Council, together with the Brent CCG, has continued to work in partnership with our mental health service provider, Central and North West London NHS Foundation Trust (CNWL) to deliver improved services for people with mental illness. One of our main areas of focus over the last couple of years has been on providing suitable accommodation for people using mental health services. With CNWL we have run a project which has aimed to improve the lives of mental health service users by providing good quality accommodation and support to help them move from residential care into independent accommodation.

At the start of 2013/14, 61 mental health service users were living in residential care, many of whom had been in the same accommodation for a long time, with little consideration given to 'step-down' from these high support placements. The project set out to work with those 61 people to address these issues and move as many people out of residential care as possible

into less restrictive accommodation options. The focus was to be on the needs of the user, with the quality of accommodation and support of paramount importance.

The numbers of service users in residential care has fallen significantly over the past two years, from 61 in April 2013 to 25 at the end of July 2015. Work is continuing on this into 2015/16, particularly on moving people into private sector housing, with an aim to have only 10 people in residential care by the end of 2015/16. As well as delivering better outcomes for service users, promoting recovery and independence and moving them away from restrictive accommodation options, the Mental Health Accommodation Project has delivered nearly £1m budget savings which has helped the service reduce costs significantly without compromising service quality. We will continue to work in partnership with the CCG to improve how we commission our Mental Health Services.

4. Your views count – working together to find solutions

A key objective of the department is for people to have choice and control over the support they receive in order to live safely and independently. From April 2015, the Care Act has placed a clear duty on Brent Council to promote people's wellbeing and to focus on prevention to try and minimise the need for care and support. The best way to achieve these objectives, and the only way given the financial pressures on local government, is by working together – service users, carers, social care providers and the Council. That is why this section is focused on how we do this – ensuring everyone not only feels that they can participate, but is actively supported to do so.

4.1 Assessment and Support Planning

The process of working together starts as soon as someone contacts us – from the information and advice we provide on the website and through Brent Customer Services to the assessment and support planning process. Someone may also be in contact with us for the first time through our Hospital Discharge Team, following an emergency hospital episode after which they may need additional support to help them achieve their goals to regain their independence. The public standards set this out in more detail, but the important point is this is not a Brent Council process for allocating money. Assessment and Support Planning is done in partnership with the person and their family and friends, to understand:

- what they can and cannot do, and what goals they want to achieve
- how we can work together to help them to achieve these goals and to live as independently as possible.

4.2 Day to day feedback

People have told us that they don't always want to complain, but it is crucial that everyone knows how to feedback positive and negative comments, as it is an important part of continuing to improve the service. There are currently a variety of ways in which people can feedback. The full details on this and how to give a compliment or make a complaint are available at on our [website](#). We know we need to be more proactive to get more and better feedback and to continue to proactively get feedback on all elements of Adult Social Care where we will contact 10% of all service users and carers throughout the year. We are also looking at how we carry out reviews and how we can get individual feedback in a better way.

4.3 Ongoing consultation and involvement

The focus for ongoing involvement is **Bheard** Adult Social Care Service User and Carer Group who are actively seeking to recruit new members to influence and shape how services are delivered within the borough. Bheard members have been involved in a whole range of activities from evaluating service tenders, to interviewing staff, to carrying out 'enter and view' visits in residential homes.

The post of **Engagement and Involvement Officer** within the Commissioning and Quality Team of Brent Adult Social Care has been created to strengthen the voice of people who use adult social care services and their carers. The officer will aim to work with existing

engagement and community groups in Brent, to recruit and retain volunteers to provide feedback to the council about the services they use at an earlier stage in the commissioning cycle. There will be opportunities for them to be involved at different levels from surveys and focus groups to procurement panels. The aim will be to build trust, improve access and publicise engagement and co-production opportunities, particularly with people from seldom-heard groups in the local community.

4.4 Equality and Diversity

Brent is committed to equality, diversity and inclusion. The Council's vision is to create opportunities for everyone who lives and works here to change their lives for the better.

Brent Council demonstrates commitment to equality and diversity by hosting an annual event celebrating The International Day for People with Disabilities. In December 2014 to mark the International Day for People with Disabilities, in partnership with BHP, the Council organised **'Break Barriers, Open Doors'**. The aims were to follow the UN lead and celebrate disability, demonstrate the range of support available to Brent residents with disabilities and their carers and use the conversations and ideas from the event to help shape what we might need to do next locally. Facilitated by Helga Gladbaum, in her role as the Chair of the Disability Forum, over 300 residents attended and 48 different services (from the Council, BHP, other statutory and voluntary/community sector partners) ran information stalls. At lunchtime, the Mayor, Cllr Aslam Choudry, the Lead Member for Equality, and Tom Bremner, the BHP MD, gave speeches. Two workshops on transport and welfare benefits included speakers from the Department of Work and Pensions and Transport for London as well as Council officers and partners. Entertainment was provided by the Kaos Signing Choir for Deaf and Hearing Children, the Asian People's Disability Alliance Wheelchair Dance Group and the New Millennium Performers. About 30 staff from both organisations worked as stewards.

In carrying out all of our activities, Brent Council takes every action to advance equality of opportunity and encourage good relations between people from different groups. Brent Council ensures all decisions take equalities considerations into account. We carry out an equality analysis of changes to policies, strategies and services to ensure that our policies and practices are fair, in order to help us to deliver the most effective and responsive services for local communities and to help us to demonstrate compliance with the Public Sector Equality Duty and the Equality Act 2010.

4.5 Annual national surveys

There are a number of statutory surveys that have to be undertaken annually. These surveys must be carried out in line with strict guidelines set out by the Department of Health. We advertise through core networks such as the Council for Voluntary Services and the Carers Hub. These give service users and carers the opportunity to feed back anonymously on all elements of the adult social care support they receive. However, they are only carried out annually and focus on a wide range of issues, and people tell us they want to feed things back when they happen on the issue that is important to them. Therefore, the ongoing regular feedback from 10% of all service users becomes even more important.

There is no doubt that the coming year(s) will be challenging, but we continue to work hard to ensure that the most vulnerable people living in Brent are supported to live well and as independently as possible. By working together we can improve people's lives and continue to support them to live as independently as possible.

4.6 Carer's survey

The 'Caring for Others Survey' is a national biennial survey which aims to collect information about carers' experiences of adult social care services and support. In 2014/15, 641 Brent carers who were eligible to participate were sent a questionnaire. The following summarises some key points from the survey responses:

- The majority of the carers that responded were female (76%) and the predominant ethnicity group was Asian or Asian British.
- 87.2% of carers lived with the person they care for, with 35.5% spending 100 or more hours looking after the person they care for.

Responses about the services they had received indicated that

- Many carers do not feel they have as much control over their daily lives as they would like
- A quarter of respondents indicated that they have little social contact and feel socially isolated.
- A third of carers found it easy to find information and advice about support services or benefits . Of those who had received information and advice the majority (79%) found it helpful.
- One third of carers felt they had not been sufficiently involved, or consulted as much as they would want, in discussions about the support/services provided to person they care for.
- Overall satisfaction levels with support received indicated that 53% were satisfied; 19% were dissatisfied; and 14% had not received any support in past 12 months.

The results of the survey will be used to inform how we provide services including making it easier for carers to find information, improve ways in which carers are consulted with and involved in the care for those they care for, look into ways in which to support carers to relieve social isolation and supporting those individuals who expressed that they are extremely worried about their personal safety.

4.7 Local User Survey:

In 2014/15 we also carried out our own Local User Survey. This consisted of in-depth conversations with people who had had a recent assessment to help us understand the customer experience and measure how we were doing against our Customer Service Standards. It identified that we are doing some things well:

- 80% of people were clear about why we had contacted them
- 66% had a good understanding of the assessment process.
- 71% thought they were listened to and the support plan reflected their priorities.

It also highlighted areas for improvement. We need to get better at providing feedback following an assessment, including making sure that people know who to contact if they need more information and ensuring that the information is helpful. Customers said that it would help to have time parameters on outstanding issues or services. We have listened to this feedback and are working on improving how we provide information and how we resolve issues in a timely manner.

4.8 Complaints Summary 2014/15

There was one less complaint received in 2014/15 (118) compared to 2013/14 (119), but the number of complaints is still relatively low compared to other London boroughs. We responded to 57% of these within the timescale we agreed with the complainant. Although this is a 10% improvement from last year, we still need to improve on this which we aim to do in 2015/16.

Thirty (25%) complaints related to Support Planning and Older People/ Disable Peoples' services. The issues raised in complaints concerned the reduction in the size of care packages, invoicing of charges, how we communicate with our service users and complaints about homecare providers. The Client Affairs Team received 22 complaints, 19% of the department's total. Typically, the issues raised in complaints concerned the management of funds on behalf of clients, (deputyship / appointeeship), financial assessments and invoicing/billing. Other services for which complaints are in double figures are the Commissioning & Quality service, which deal with complaints concerning our homecare providers, and the Hospital Discharge service whose role is to ensure that coordinated services between the NHS and the Council are in place when a service user is discharged from hospital.

The number of complaints considered by the Local Government Ombudsman (LGO), a final external review of the complaint, continues to fall. In 2014/15, five cases were reviewed by the LGO, compared with seven and ten in 2013/14 and 2012/13 respectively. This suggests that while we do accept responsibility in a lot of cases early in the process, we can still improve rather than requiring the complainant to challenge our responses.

The analysis of complaints has fed into a range of service changes in the department including:

- training for care assessment staff to improve recording and completing assessments
- piloting a new approach where care assessments and financial assessments are completed at the same time to ensure that service users are aware of any financial contribution they may need to make towards their care as soon as possible
- improved communication between ASC teams to ensure that consistent information is provided to service users
- appointment of a new Supported Housing provider
- improved monitoring systems to support prompt home care visits
- staff training, ensuring that all staff are able to provide accurate information and advice

5. What Brent Council spends on adult social care

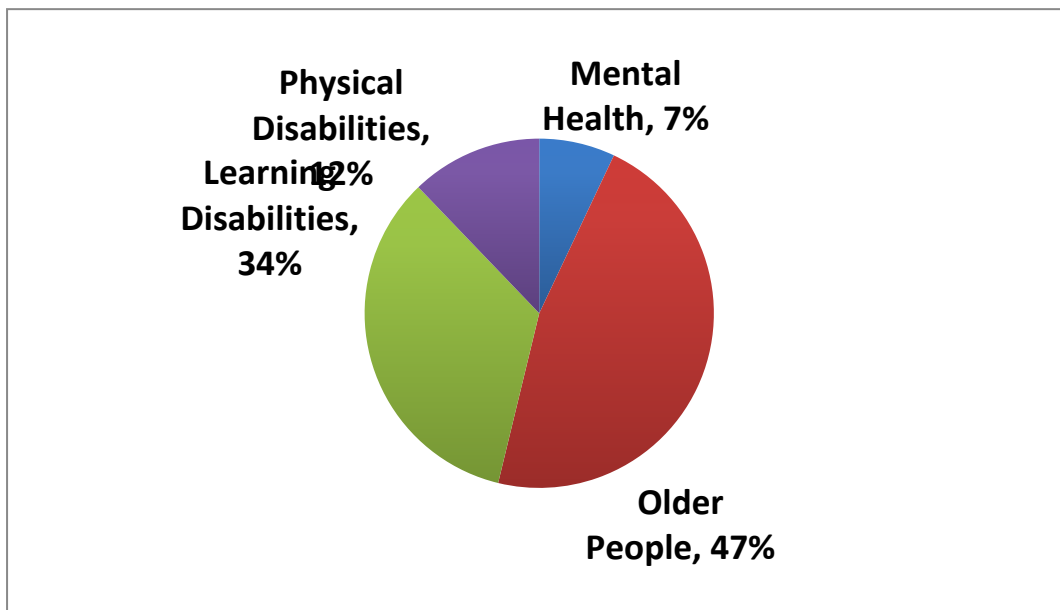
The Adult Social Care department delivered services to more clients in 2014/15, but with less money, as seen in the budget reductions in the last few years. The department's budget was reduced by £4.4m in 2014/15 compared with 2013/14. We already know that it will reduce by a further £8.6m in 2015/16, and there will be a further reduction of £8m in the 3 years after this. In comparison overall client numbers increased year on year by 2%.

Significant demographic pressures have been acknowledged by Adult Social Care: more people are living longer with more complex conditions, and the change in funding has focused the department to deliver a more robust, but less expensive service.

The service had to go through a considerable transformation to achieve these savings, reducing the focus on residential and nursing care, and developing Supported Living Accommodation to give the vast majority of people who need accommodation based care greater independence and improved quality of life.

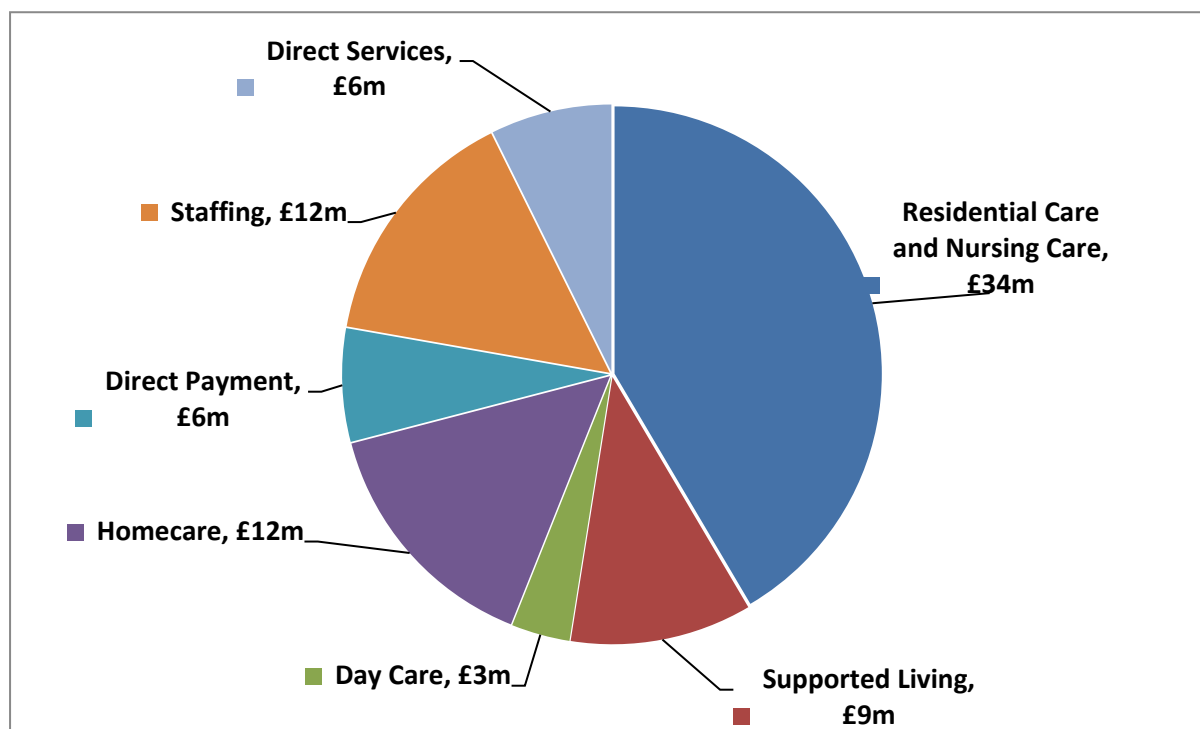
5.1 Who does Brent ASC spend its money on?

The 2014/15 ASC budget was spent on four client groups:



In 2014/15, 34% of the budget was spent on Learning Disabilities, an increase from 28% in 2013/14. Learning Disabilities' Supported Living, Direct Payments and Homecare client numbers has shown a considerable increase between 13/14 and 14/15 resulting in a larger proportion of money being spent. There has been a slight decrease in the proportion spent on Mental Health and Physical Disabilities compared with last year.

5.2 What services and support does the department spend its money on?



The diagram above sets out an overview of the services and support purchased in 2014/15.

Note:

- Direct Services are the day services and residential care that Brent Council directly provide, rather than buying from an external company.
- The majority of staff relate to social work staff who are the people who assess and support the people who come to Adult Social Care for help.

5.3 Residential & Nursing and Homecare - two biggest discrete areas of spend

5.3.1 Residential Care

Spend	2013/14	2014/15	2015/16 projection
Residential and Nursing spend	£39.9m	£34m	£28.5m
Number of Residential and Nursing placements	983	957	883
Supported living spend	£5.2m	£5.7m	£7.2m
Number of Supported living placements	139	173	193

In 2014/15, we spent £34m on residential and nursing care. This is a significant decrease from 2013/14, due in part to the New Accommodation for Independent Living (NAIL) project which is supporting more people to live independently. Older people accounted for 56% of the residential and nursing spend in 2014/15, and a further breakdown shows dementia placements accounted for 57% of the Older People service. The average cost of a dementia

placement is £539 per week, and the highest cost is £1,763 per week – this has not changed since 2013/14. The difference between these two rates shows the complexity of care needed for dementia clients.

Learning disability accounted for 32% of the residential and nursing spend in 2014/15. These care placements range from £425 per week to £2,816 per week, unchanged from 2013/14. These placements are normally part funded through Health, which again shows the complexity that exists in these client placements.

5.3.2 Homecare and Reablement

Spend	2013/14	2014/15	2015/16 - projection
Homecare (Including Reablement) spend	£11.6m	£11.5m	£12.4m
Number of Homecare/Reablement placements	3279	3496	4151

In 2014/15 we spent a total of £11.5m on Homecare, supporting more people to live at home. The increase in client numbers between 2013/14 and 2014/15 was 7%, while the forecasted increase for client numbers into 2015/16 is 19%. As a result of this increase in client numbers, there is a projected increase in spend from £11.5m in 2014/15 to £12.4m in 2015/16.

The average hourly rate for external home care packages in 2014/15 was £13.55 per hour. The average number of hours for an older person is 6.5 per week, which costs £4,615 per year. This compares with 7.3 hours per week in 2013/14, £9,500 a year. The biggest package of homecare support we provided for an older person in 2014/15 was 42 hours per week (at a cost of £29,000 per year).

6. Brent Council's Adult Social Care priorities

Priority 1: Zero tolerance of abuse

What does zero tolerance of abuse mean in Brent?

Zero tolerance of abuse means:

- responding effectively to concerns raised (known as safeguarding adults alerts) to ensure that people who have been abused are safe and the person responsible is held to account, but also
- working to prevent abuse – ensuring people receive high quality care delivered with dignity and respect.

The Safeguarding Adults Team in Brent is at the centre of achieving these objectives as the team receives all of the safeguarding adults alerts. However, it requires support from everyone to achieve them. We need all of our providers and commissioners to be working to ensure that our services treat people with dignity and respect.

What have we done in 2014/15 (from Safeguarding Adults Annual Report):

- The Safeguarding Adults Team received notification of 1720 safeguarding concerns in 2014/15. This is a rise of 47% from 2013/14.
- Almost 40% of safeguarding investigations in Brent are for individuals not already known to social care. Comparisons with national and local performance (which are 19% in London and 18% nationally) demonstrate that people in Brent are better able to recognise safeguarding concerns and have the confidence to report these.
- In 2014/15, 43% of enquiries allege that the harm occurred in the adult's own home. This demonstrates the value of public awareness campaigns and provides a clear justification for maintaining the momentum of the 'See it: Stop it' campaign so that each of us can recognise signs of neglect and abuse and know how to report this.
- In Brent, 2% of cases recorded capacity as unknown. Nationally, this figure was 20%, signifying that Brent practitioners take their duties seriously to assess mental capacity and secure suitable representation to support those who need support during a safeguarding investigation
- 86% of concluded enquiries in Brent either removed or reduced the risk (compared to 63% nationally). This demonstrates how well Brent practitioners have embraced the 'Making Safeguarding Personal' principles.
- In 2014/5 the upward trend of inconclusive cases was reversed with the proportion of cases found to be inconclusive reduced to 16.5% compared with 25% in 2013/14.
- In preparation for the implementation of the Care Act, the Safeguarding Adults Board reviewed its governance arrangements, structure and membership in order that partners were well positioned to undertake the Board's new statutory duties.

As a result of a change in legislation and to improve the way we safeguard adults in 2014/15 we increased the capacity within our Safeguarding Adults Team. We also delivered a training programme to ensure that providers and staff were aware of their responsibilities to

provide a consistent and high standard of in safeguarding cases. We supported providers, particularly those in residential and nursing homes, to ensure that they were prepared and that they understood the consequences of the new legislation so that they could support service users who lacked the capacity to make critical decisions.

Case study – Safeguarding Adults

Beryl

Beryl is 54 and lives in residential nursing care as she needs support due to her severe learning and physical disabilities. Prior to moving into nursing care, her family appointed neighbours to support her to manage her money. Brent Council's Client Affairs Team became concerned that her trustees were not acting in her best interests as they had allowed a large debt to accrue. The team had been in contact with the trustees and were able to obtain bank statements from them. The team raised safeguarding concerns when the trustees gave unsatisfactory explanations for very large withdrawals from her bank accounts amounting to £10,000. A safeguarding enquiry was started that day and a Safeguarding Adults Manager made contact with the Police and the Office of the Public Guardian, who are responsible for registration and regulation of Powers of Attorney.

Beryl was supported by her social worker and an advocate, due to difficulties understanding the investigation and safeguarding processes to ensure her best interests remained at the heart of the enquiry. A protection plan was put in place in which the Client Affairs Team applied to the Court of Protection to revoke the current trustees' powers and appointing a deputy to manage her finances so that her needs can continue to be met. At the time of writing the police investigation into possible fraud by the trustees is ongoing.

What we still need to do in 2015/16:

- Determine how we target resources so that the 'See it: Stop it' campaign more effectively addresses specific risks and informs adults at risk and carers of steps they can take to prevent harm to protect themselves against future risk.
- Although there has been a small reduction in allegations of neglect and/or abuse arising in residential care, there is still significant work to be done to ensure that people in receipt of care services are, and perceive themselves to be, cared for in a way that meets their needs safely and with dignity.
- Continue to ensure we have the expertise and capacity to respond to the increasing number of safeguarding assessments
- Continue to focus on reducing the proportion of inconclusive safeguarding cases, with the ambitious target for 2015/16 being set at 10%

The Safeguarding Adults 2014/15 Annual report can be found in Appendix 2.

Priority 2: Prevention

What does prevention mean in Brent?

The aim of prevention is to support people to remain independent and prevent or reduce the need for publicly funded care and support services. It ranges from ensuring that families and friends (carers) are able to support their loved ones to access generally available services (e.g. libraries and leisure centres) to working with voluntary and community groups.

What have we done in 2014/15?

This is the second year that Brent Council and the Brent Clinical Commissioning Group (CCG) have jointly commissioned the [Brent Carers Hub](#) to provide a single access point for all Brent carers, where they can seek advice, information and support on any matter relating to their caring role. The Hub deals with nearly 4000 enquiries a year and provides information and advice on a range of topics including money and benefits, accessing health services, and accessing work and training. It also provides information and support for carers during emergencies. It also enables carers to inform The Council and Brent CCG on what is and isn't working and how services can be improved through the Carers' Forum.

Case study – Carer's Hub supporting carers

Sarah

Sarah has been registered with Brent Carers for over 10 years but has only been accessing the Carers Hub Services properly since December 2014. Sarah cares for multiple people in her family. She provides care for her daughter who has a physical illness and her nephew (from birth) who has Autism and learning difficulties. She also has a brother who has mental health issues who shows up from time to time with problems. Sarah was a full time carer for her mother who unfortunately passed a few years ago.

Sarah has her own health concerns where she has been fighting cancer. Sarah met a Client Information and Support Officer (CISCO) at an outreach event, at a Brent school, promoting the services at the Carers Hub. After speaking with the CISO, she identified that Sarah needed a lot support to help her in her role as a carer. A financial health check was undertaken to make sure Sarah was receiving all her entitled benefits. From this, it was recommended that she applied for a higher rate of Personal Independence Payment (PIP). Brent Carers' Centre supported her in this application. We also applied for a CCG (health) grant which was successful and this enabled Sarah to have a short holiday as she has not had a break in over eight years.

Even though Sarah was known to Brent Social Services and receiving some respite services for her nephew, she had not had a carer's assessment in many years. The CISO made contact with the last known social worker and arranged for a home visit to look at what support could be offered. After that meeting, it was deemed that more support was required as her caring responsibilities were having a detrimental effect on Sarah's health. Her care package for her nephew has now been increased during the school holidays.

Sarah was also in need of emotional support and is currently accessing this through our Carers Counselling Service. Sarah now feels reassured that she has the support of Brent Carers and is able to contact the Carers Hub if she finds she needs further help or support.

Dementia Café

The Dementia Café is run by the Alzheimer's Society and joint funded by Brent Council and Brent CCG. It is a facilitated social event for people with dementia and their carers that offers a safe and secure environment, in which they can open up to discuss dementia and the impact of this on their daily lives with others. During these sessions, attendees receive peer support and engage with professionals offering information and advice as well as the opportunity to participate in a range of activities. The café has also helped to build social networks where by people meet up with each other outside of the café session. The Dementia Café is currently delivered from the Kingsbury Resource Centre (KRC) and St Cuthbert's Church in North Wembley.

Case study: Dementia Café

Margaret

Margaret is in her mid-70s, and had been living in a Housing Association flat with her husband when she came to the Brent Dementia Café. She had been referred by the Memory Clinic at Fairfield House, Roe Green, Kingsbury, after her husband had been diagnosed with Vascular Dementia. She said they were socially isolated due to lack of finances and that their children and extended families were living outside London. Her husband was becoming increasingly immobile, and being physically larger than Margaret, going outside the home had become increasingly difficult.

In the 16 months that Margaret has attended the café, she reports that she has made friends, feels less alone, and the depression she was experiencing has diminished such that she is off medication and has no need to see her GP for this condition.

Approximately 4 months ago, Margaret's husband's condition deteriorated such that he needed to go into a care home.

Margaret discussed her needs with the Café Coordinator and Information Worker, saying she needed a care home as near to her flat as possible, since lengthy travel would be financially problematic for her, and stressful. The Alzheimer's Society staff helped Margaret with her search (Society policy stipulates staff are not permitted to make recommendations), and she found a care home that she was very satisfied with.

She then discussed the matter with Brent Adult Social Care staff, who agreed it was an appropriate setting for her husband. They also acknowledged that Margaret's/ Alzheimer's Society efforts had reduced their need to become overly involved at the outset.

Margaret now visits two other attendees at the Dementia Café for coffee/ chats, and has weekly phone calls with them, one of whom lives alone and has Alzheimer's

disease. Margaret has said on a number of occasions that she ensures she doesn't have medical [related] appointments on Wednesdays because the café is so important to her.

Ashford Place:

With funding from Brent Mental Health Services in 2014/15 the aim of the service is to deliver a variety of structured groups, activities and outreach services within the community for people with mental health issues within Brent. Activities and services offered include arts and crafts, peer support groups, physical activity sessions and a Dementia Café. In 2015/16 funding from Public Health will enable us to continue to offer this preventative service.

What we still need to do in 2015/16:

Social Isolation in Brent Initiative (SIBI): SIBI will be a joint initiative funded by Brent ASC, Public Health and Brent CCG and will be managed by CVS. The project will target and address isolation in individuals identified as being at risk of or experiencing, social isolation, a lack of social contact and low community involvement. The SIBI team will work with people to help them access the support they need and will explore potential barriers such as transport, finance, housing and digital inclusion and signpost them to organisations that may be able to offer help and support.

Continue to support carers: In 2015/16 there will be a statutory duty to provide more support for carers. This includes providing information, advice and guidance, but also carer assessments. Carers may also receive a personal budget, if eligible, to enable them to continue to provide support.

Improve the provision of information, advice and guidance, to ensure that people are able to access the information they need quickly and easily. This will be done through increasing the number of providers who are registered with Care Place, improved communication between ASC and service users, and continued service user engagement and consultation.

Priority 3: Early intervention

What does early intervention mean in Brent?

Early intervention refers to a range of services and equipment designed to support people to regain their independence or to live for longer in their own home in the community. This ranges from Reablement homecare services to Telecare and community equipment.

Case study – early intervention

Ali

Ali was referred to the Reablement Team by the Learning Disabilities Team upon a request. Ali lives at home with his mother and younger siblings. It was identified that he needed assistance with meal preparation and an increased insight into the safety issues surrounding this, such as how to operate a microwave.

Ali received Reablement services. After this was completed, a review showed that Ali met all of these goals and was able to safely prepare meals as a result. He said that his confidence increased and he learnt a lot from the service. Ali's mother agreed, stating that her son was now able to manage independently and safely in the kitchen.

What have we done in 2014/15?

Reablement home care services remain a core element of ASC in Brent. Reablement services are provided for up to six weeks to people at home to help them regain their independence. In 2014/15, 1,421 people received Reablement Services throughout the year. 65% of those who received a Reablement home care service were independent for the six months after they received the service.

As discussed in Section 5, the amount that Brent spends on Home Care is expected to increase in 2015/16. In order to support the increasing number of people who require support at home to be as independent as possible and reduce or delay the need for support, the Council has commissioned two discrete services:

- **Core Reablement service** – which is a six week home care service delivered by a home care agency.
- **Enhanced Reablement service** – this is also a six week home care service, but it is for people with more complex physical needs, or early onset dementia, and involves the input from a physiotherapist, occupational therapist or a dementia nurse to support the person and to train and guide the home carers.

In both services, goals that are individual to the person and reflect their potential to be fully independent are set at the start of the six week period, for example to be able to:

- dress independently
- wash with the assistance of a single carer
- make hot snacks independently.

The six week home care and Physiotherapist/ Occupational Therapist input is focused on these goals, supporting people to do things for themselves, rather than doing it for them, to ensure that at the end of this process the person is as independent as possible.

Brent Council and Brent CCG spend over £1m a year on **community equipment** to support people to live independently. In Brent, people are encouraged to buy their own small items of equipment unless they cannot afford them, or they are essential for rehabilitation or Reablement. Therefore, the focus for this spend is on large pieces of equipment such as mattresses which allow people who are bed bound to live comfortably and avoid pressure ulcers, or hoists to enable people who are bed bound to be moved safely out of their bed or chair.

Telecare (assistive technology) includes a range of personal and environmental sensors in the home that enable people to remain safe and independent for longer. In 2014, residents received over 500 assistive technology items. This included 464 people receiving a sensor that sets an alarm if they fall, 14 people received a sensor to alert if the gas isn't turned off on the cooker, 14 had a sensor installed at their front door which alerts family if they leave and 11 people now have a sensor alert which lets family know if they leave their bed at night unexpectedly. However, every year the range of equipment increases, and so do the opportunities to support people with telecare to live in the community.

What we still need to do in 2015/16:

To be truly effective, early intervention services need to respond to the needs of everyone who has social care needs, and respond holistically across health and social care. Therefore priorities moving forward include:

1. In the 2013/14 Local Account, we said that we would broaden the range of Reablement services available to provide more tailored opportunities for people with learning disabilities and mental health illnesses. This was not achieved in 2014/15 but will continue to be a focus for ASC moving forward. We are currently looking at how we can redesign Reablement services for people we support who have mental health illnesses. This will consider areas such as social inclusion and employment and will be implemented in 2016/17. We are also engaging with providers to review the Reablement service for people with Learning Disabilities with the view to an improved service going live in 2017/18.
2. We will look at the opportunity to reduce the reliance on complex and costly care packages which currently require two carers. Service users receiving double handed care will be reviewed by an OT and where appropriate, the need for double handed care will be reduced by making adaptations to a person's environment; installing equipment that can be used to aid a single carer when providing care; and training care workers in appropriate lifting and handling techniques. This should result in reduced costs of providing home care as well as improved outcomes for service users.
3. We are well under way with plans towards a fully integrated health rehabilitation and social care Reablement service which will be implemented in April 2016.

Priority 4: Choice and control

What does choice and control mean in Brent?

Choice and control means that if people have an ongoing social care need, they do not receive the services we think are best - they get the support and services they want to meet their individual needs.

Choice and control will mean different things to different people as the case studies below show. For many people a Personal Budget (an agreed allocation of the money available to them to meet their needs) will help as they are able to purchase services direct from the provider, including employing someone directly to support them.

Case study – choice and control

Alia

Alia is a wheelchair user and finds it difficult to get out into the community due to difficulty leaving the house and getting out through the garden in the wheelchair. She has not attended a day centre for a number of years and her family report this is because of language barriers and increased anxiety by Alia when attending. Alia needs a lot of support with her social care needs including support to attend medical appointments, taking her medication and all aspects of her personal care and day to day tasks. Alia's brother and sister in law were financing her care needs themselves however they were no longer able to do so.

Direct Payments are now being used to provide the care and support that Alia needs to continue to remain living in an annex in the garden of the property. Her carers are known to her and her needs are being met in a personalised way. Alia and her carers have a good relationship and they are able to communicate with client in her preferred language and follow her preferred routines. A Direct Payment has ensured continuity of care and personalised support which would not be possible with a traditional care package.

Zara's carers

Zara is diagnosed with Rett's Syndrome, severe learning disability and epilepsy. She lives at home with her parents who support her with all areas of need. Zara is currently in receipt of Direct Payments to provide personal care. The family were previously allocated 28 days respite a year however due to high cost of the specialist residential care for Zara they stopped using it.

A Direct Payment has enabled Zara's parents to arrange additional support during the weekends so that they can have respite from their caring role. They say that because of the high level of Zara's needs they prefer to receive respite via Direct Payments so that they can spend more time with their other children. The Direct Payment is used flexibly to enable parents to plan for days out or attending family functions or weekends away. Zara is then looked after at home.

What have we done in 2014/15:

New Accommodation for Independent Living (NAIL)

One of the key barriers to independence, choice and control is accommodation. The wrong accommodation (not easy to access, multiple levels, no level access shower) will create dependence on social care support rather than maximising the potential for people to do things for themselves. Therefore, a key priority has been, and will continue to be, supporting people to access the right accommodation, so they don't have to go into a residential or nursing home, which we would always consider a last resort.

The NAIL project got off to a positive start. We set out our ambitions, talked to the market and started with opening our first new extra care scheme for a number of years with Network Stadium in February 2015, giving 40 older people the option of living in their own home as an alternative to moving into a residential care home.

We have also been working with the developers and housing provider to ensure the new building at Park Royal, now called Visram House, will meet the needs of tenants into the future. This new flexible service model, which we will tender for in 2015/16, will give Brent residents even more choice and control on how they have their care and support needs met.

During the year we have been working with two particular care home providers to transform their current care homes into supported living accommodation, a process called deregistration. This works well with small care homes where the style of building is very domestic, where by people become 'house mates' instead of care home residents and have more control of the care and support they receive. It becomes their home, as they have assured tenancies and they start to direct the care they need rather than fit in with the way the care home runs.

Tudor Gardens

Tudor Gardens is a residential care home which is directly managed by Brent Council. It currently provides accommodation for 14 people with Learning Disabilities, but it has the capacity for 15 residents. The service is well regarded by residents and has always scored well on CQC inspections. In a recent visit, service users reported feeling safe and that staff were friendly. They also reported being happy living at Tudor Gardens and that they received the care and support they wanted and needed. We also spoke to relatives who said that they felt people were well cared for by dedicated staff.

In order to give residents more choice and control over their accommodation and care Brent Council have proposed to change the type of accommodation provided by Tudor Gardens from a residential care home to supported living. Residents and their relatives will be consulted with on this suggested model in 2015/16.

Shared Lives

Brent Shared Lives is a cost-effective alternative to more traditional forms of accommodation, such as Supported Living and Residential Care, which also gives service users more independence and flexibility. A Shared Lives carer is paid to include an adult with a care need in their family and community life, similar to fostering. Types of care and

support that can be provided include long-term accommodation and support; short breaks (or respite); day time support and rehabilitation or intermediate support. In 2014 Brent Shared Lives aimed to recruit 30 new carers and place 30 new service users by the end of March 2016.

In 2014/15 we developed new policies for carers and carried out a publicity campaign (which included brochures, leaflets and videos). We succeeded in recruiting 12 new carers (with a capacity of 17 rooms) and placing 8 new service users.

What we still need to do in 2015/16:

Choice and control is about more than the number of people who have a Personal Budget and a Direct Payment. Therefore, in addition to increasing these numbers to be more in line with other London Boroughs, we will ensure that:

- We continue to improve our Social Work Practices: This includes changing the way we carry out Support Planning Reviews to assess whether or not the support people have received has helped them to achieve the outcomes that are important to them. We will simplify the review meetings to avoid duplication and unnecessary steps for our service users. We will ensure that our workforce is equipped with the skills and training to carry out their roles to provide a high quality service. We will also improve on how we identify those who are eligible for support from health care to ensure that their needs are met.
- Improve the Direct Payment offer for our customers: We will continue to commission [Penderels Trust](#) who provide support and guidance on how to manage Personal Budgets and Direct Payments. This service can help to increase people's confidence in using Direct Payments giving them more choice and control on how they manage and pay for their care.
- We will put in place our new Deferred Payment Arrangement Policy: Deferred payments mean that people don't have to sell their home straight away in order to pay for their care. They will be able to make an arrangement with the Council who will pay their care bills until they are ready to sell their home, at which point they will repay their debt to the Council.
- NAIL project: In 2015/16 we intend to build on the deregistration work by running workshops for providers to share best practice in this area, offer support where needed and develop a tool kit for providers to use which will ensure they manage the process of change in a consistent way which meets all legal requirements and best practice standards.

7. Adult Social care performance indicators

Indicator	Brent 2013/14	Brent 2014/15	London 2014/15	Comment
Zero Tolerance of Abuse				
1. Proportion of service users who feel safe (Survey)	63.2%	65%	64%	Brent's performance has improved compared with 2013/14. We are also performing just above the London average.
2. Proportion of people who use services who say that those services have made them feel safe and secure (Survey)	79.9%	84%	81.2%	Brent's performance exceeds the regional and national averages.
3. Number of safeguarding alerts	1208	1780		Significant increase is positive as a result of awareness raising campaign.
4. Number of safeguarding investigations	370	324		Robust screening ensures correct response to increased number of alerts.
5. Percentage of safeguarding adults investigations which are inconclusive	25%	16.5%	22%	Brent's performance exceeds the regional and national averages. This is a key target and there is a target of 10% for 2015/16.
Prevention				
6. Number of carers assessed	531	541		This is a local Indicator put in place as part of the preparation for the implementation of the Care Act.
7. Proportion of people who use services who reported that they had as much social contact as they would like (Survey)	39.3%	36.9%	41.8%	Brent's performance is below the national and regional averages. The Social Isolation in Brent Initiative will be implemented in 2015/16 in order to address social isolation in the Borough.
8. Proportion of people who use services and carers who find it easy to find information about services (Survey)	62.2%	66.9%	72.5%	Brent's Performance has improved since 2013/14 however remains below national and regional results. Actions to continue to improve performance are included in the Adult Social Care Service Plan 2015/16 and include improving the offer of information on Care Place .
Quality of Life				
9. Social care-related quality of life (Survey)	17.8%	18.2%	18.5%	Brent's performance has improved and is closing in on the regional average.
10. Overall satisfaction of people who use services with their care and support (Survey)	56.6%	55.0%	59.6%	Performance is lower than the regional and national averages. To better understand this finding, we put in place the Local User Survey (4.7)

Indicator	Brent 2013/14	Brent 2014/15	London 2014/15	Comment
Early Intervention				
11. Percentage of people who do not require a service or support after a reablement service	73%	65.6%		Local Indicator. The percentage of people who did not need a service after reablement reduced slightly in 2014/15 due to changes in the way the service was targeted. However, we are still exceeding the national standard of 60%.
12. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service)	83.40%	90.50%	85.30%	Brent's performance compares favourably against the national result and regional averages. This indicator relates to the objectives of the Better Care Fund (Integrated Health) and requires greater scrutiny.
13. Delayed transfers of care from hospital which are attributable to adult social care per 100,000 population	3	4.1	2.4	This is a key priority for 2015/16 and section 3.3 highlights the plan for integration with health to improve performance.
Choice and Control				
14. Proportion of people who use services who have control over their daily life	61.2%	62.2%	71%	Despite an increase in performance compared with last year, Brent's performance is below regional and national performance. In 15/16 we will aim to increase the uptake of Direct Payments, improve our support for carers and aim to make continuous improvements to the services we commission.
15. Proportion of people using social care who receive self-directed support (New 2014/15)	-	77.1%	81.1%	There was a revised definition for 2014/15. As part of the implementation of the Care Act we have re-focused on this and we have also commissioned Penderels Trust to support our service users to manage their personal budgets in a way that best meets their needs.
16. Proportion of people using social care who receive direct payments (New 2014/15)	-	16.6%	26%	Brent's performance is below the national and regional averages. As this is a new indicator we will be improving process and practice in 2015/16 to improve how the Direct Payment option is offered to our service users. For example, in December 2015 21.6% of service users were receiving a Direct Payment.
17. Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population (New 2014/15)	425.8	258.8	491.7	Brent's performance compares favourably against the national and regional averages. This reflects the strategic direction of the department and the partnership work between ASC departments, as well as between health and social care, which has enabled us to achieve this level of performance.

8. Appendix

Appendix 1

Standards of assessment and support planning practice that people can expect from Brent Adult Social Care.

A. When you think you need help with your daily life and personal care

If you think you need help with daily life and personal care, you can ask for an assessment. We will work with you to identify your needs and how they can be met.

We will:

1. Check if you have received help through Brent Council before; what has been done before and what we need to discuss when we visit
2. Check if you need someone to support you, or who should be involved when we visit (like a family member, a friend, carer, Representative or some one with Power of Attorney)
3. Check if you need someone to help you communicate (such as an interpreter or signer), or if you use other communication methods, (*such as communication boards*).
4. Explain why we are visiting and what you and/or your family can do to prepare
5. Book an appointment at a time that is convenient for you and anyone else who needs to be there

B. At the visit

When we visit, we will:

1. Explain clearly what we are going to do, and how we will work with you
2. Work with you to make sure you are able to participate and express your views as much as possible
3. Discuss your abilities and your needs with you and your carers or representatives
4. Explain how Brent ensures equal access to support services, through prioritising levels of need; and that there will be a 'means test' or financial assessment
5. Discuss if we need to involve any other people or organisations (like Doctors or other Health staff)
6. Discuss different way in which your essential needs can be met, and particularly how you could:

- a. regain your independence or continue to be independent, and do things for your self as far as possible
- b. Continue to live safely in your own home, as far as possible
7. Seek your permission to share information to discuss your needs with other professionals (like Health Services or care providers), to make sure all your essential needs are covered
8. Discuss how you can use Direct Payments to meet your essential needs
9. Discuss who else or which organisations might be useful to you, for needs that are not essential
10. Discuss what will happen after the visit, including
 - a. What will happen next
 - b. Timescales
 - c. How we will stay in touch or keep you informed

C. After the visit

We will:

1. Send you a summary of what we discussed and agreed, and what will happen next
2. Keep you informed of progress (in getting your essential needs met)
3. Send you details of other organisations that might be useful to you
4. Let you know when we will contact you again to make sure that the care is meeting your needs, or to see if your needs have changed.


Appendix 2

Safeguarding Adults Annual Report 2014/15



Safe guarding
annual reports v4.px

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 Brent	Scrutiny Committee 24 February 2016 Report from the Independent Chair of the Safeguarding Adults Board
For Action	Wards affected: ALL
Report from Brent Safeguarding Adults Board in relation to proposed governance arrangements	

1.0 Summary

1.1 The purpose of this report is for the Independent Chair to present the Safeguarding Adults Board’s Annual Report for 2014-15.

2.0 Recommendation

2.1 That the Scrutiny Committee reviews and notes the contents of the LSCB annual report.

3.0 Detail

3.1 This report covers the year prior to the Care Act’s implementation in April 2015 and the statutory duty for the Council to establish a safeguarding adults board. The report sets the profile of abuse faced by those in need of care and support and how well agencies, including the Council’s Safeguarding Adults team are at meeting the needs of those who are at risk or experiencing abuse and neglect. It also benchmarks data against national comparators as well as detailing how the profile has changed over recent years.

3.2 Of note is the significant rise, year on year, in the number of safeguarding concerns referred for investigation. This has risen from 435 in 2010-11 to 1720 last year. 33% of referrals required full investigation in 2014-15 and 367 were concluded during that period.

3.3 Of those concluded enquiries 40% related to individuals not already known to social care services and 48% were raised by members of the public. This demonstrates a high level of public awareness in Brent

about the types of risks and processes for addressing safeguarding concerns.

3.4 Professionals in Brent, particularly when compared to national comparators, also demonstrate a good understanding of the legal principles which are central to safeguarding interventions, for example mental capacity considerations.

3.5 The type of harm reported in Brent is broadly similar to the national picture, with physical abuse the principle concern of concluded enquiries during the period (33%). A further 27.5% of concluded enquiries related to concerns about neglect or acts of omission. Similarly the location of abuse corresponds to the picture nationally, with 43% occurring in the person's own home. There has been a slight reduction in allegations of abuse occurring in residential care settings, (28% in 2014-15, against 36% nationally and 31% reported in 2013-14). This suggests that the preventative actions to improve quality of care within residential settings have had a positive impact.

3.6 Pages 15-20 of the report sets out actions taken by the Board in 2014-15 to drive forward continued improvements.

3.7 There is also a brief summary on page 21 reporting the significant challenge faced in Brent to meet the legal duties under the Deprivation of Safeguards Procedures.

4.0 Financial Implications

4.1 None

5.0 Legal Implications

5.1 The Care Act 2014 requires Brent Council to establish a LSAB and provides for accountability of the Independent Chair to the Chief Executive of the Local Authority.

6.0 Diversity Implications

6.1 None

Background Papers

The Care Act 2014

The Care and Support Statutory Guidance (most notably chapter 14)

Appendixes

1. LSAB Annual Report

Contacts

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Delegated functions to director Part 4

Strategic Director Adults :

Statutory Director of Adult Social Services, health, adult physical disability, learning disability, mental health services, services to older people, emergency duty team, asylum in so far as it is not a housing matter, [safeguarding responsibilities](#), adult social care complaints, and any other function listed in Schedule 1 of the Local Authority Social Services Act 1970 not delegated to the Strategic Director Children and Young People.

In addition it is proposed to recognise the Adults Safeguarding Board within the Council's Constitution by amending the Constitution so as to include the following wording:

Articles Part 2

Local Safeguarding Adults Board

The Care Act 2014 requires each Local Authority to establish a Local Safeguarding Adults Board, to be made up of representatives from the agencies and bodies which have regular contact with adults in need of care and support or responsibilities for services to them in the local area.

(b) The Brent Local Safeguarding Adults Board will be the key statutory mechanism for agreeing how the relevant organisations in the London Borough of Brent will co-operate to safeguard and promote the welfare of adults at risk of or experiencing abuse and neglect in the area, and for ensuring the effectiveness of what the agencies do.

(c) Objectives of the Board: to improve local safeguarding arrangements and ensure partnerships act to help and protect adults at risk of or experiencing neglect and/or abuse.

(i) To co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of adults at risk in the London Borough of Brent; and

(ii) To ensure the effectiveness of what is done by each such person or body for those purposes.

(d) Terms of Reference of the Board:

- (i) The role, responsibility, authority and accountability with regard to the action each agency and professional group should take to ensure the protection of adults.
- (ii) establish ways of analysing and interrogating data on safeguarding notifications and completed enquiries which increases the SABs understanding of prevalence of abuse and neglect locally that builds up a picture over time;
- (iii) establish how it will hold partners to account and gain assurance of the effectiveness of its arrangements;
- (iv) Develop and implement policies and strategies for protecting adults which should be formulated, not only in collaboration and consultation with all relevant agencies but also take account of the views of adults who have needs for care and support, their families, advocates and carer representatives;

- (v) develop preventative strategies that aim to reduce instances of abuse and neglect in its area;
- (vi) identify types of circumstances giving grounds for concern and when they should be considered as a referral to the local authority as an enquiry, including referral pathways and thresholds for intervention;
- (vii) formulate guidance about the arrangements for managing adult safeguarding, and dealing with complaints, grievances and professional and administrative malpractice in relation to safeguarding adults;
- (viii) develop strategies to deal with the impact of issues of race, ethnicity, religion, gender and gender orientation, sexual orientation, age, disadvantage and disability on abuse and neglect;
- (ix) balance the requirements of confidentiality with the consideration that, to protect adults, it may be necessary to share information on a 'need-to-know basis';
- (x) identify mechanisms for monitoring and reviewing the implementation and impact of policy and training to meet the training needs of staff across all agencies to work effectively together to safeguard and promote the welfare of adults at risk;
- (xi) carry out safeguarding adult reviews and advise the local authority and Board Partners on lessons to be learned;
- (xii) produce a Strategic Plan and an Annual Report;
- (xiii) evidence how Board members have challenged one another and held other Boards to account and determine arrangements for peer review and self-audit; and
- (xiv) Review and comment on the impact for safeguarding of individual member agencies' operational strategic decision making, including budgetary considerations.

(e) Membership

The Brent Local Safeguarding Adults Board will be chaired by an Independent Chair. Membership will be drawn from:

- Brent Council
 - Strategic Director Adults
 - Strategic Director of Children and Young People
 - Operational Director of Housing Services
 - Operational Director of Regulatory Services
- Metropolitan Police: Brent
- National Probation Trust
- Community Rehabilitation Company
- Brent Clinical Commissioning Group
- NHS England (London)
- North West London Healthcare NHS Trust
- Central and North West London NHS Foundation Trust
- London Ambulance Service
- Healthwatch
- London Fire Brigade
- Care Quality Commission

- Brent Community Voluntary Services
- Brent User/Carers Groups
- Department for Work and Pensions
- Crown Prosecution Service

Other membership of the LSAB who will act in an advisory/observer role will include:-

- Cabinet Member Adults, Health and Wellbeing
- The Director of Public Health
- Designated Health Professionals
- Principal Social Worker
- Legal Advisor to the Board



Brent Safeguarding Adults Board Annual report 2014-15

Chair's foreword

Welcome to Brent Safeguarding Adults Board Annual Report for 2014-15. You will see from the report that the picture of need has changed in Brent. This report also details how the Safeguarding Adults Board ['SAB' or Board'] in Brent responded to these changes and the impact of the SAB's work programme in pushing for continued improvements in safeguarding practice throughout the period.

Whilst I would thoroughly recommend reading the report in full I would like to take this opportunity to comment on a few key findings within the report which I believe demonstrates the effectiveness of the partnership. The continued impact of the 'Abuse: See it, Stop it campaign' in 2013 is demonstrated in a number of key indicators, not least the 47% increase in safeguarding concerns reported in 2014-15.

What is striking however is that 40% of all concerns reported were about individuals who were previously unknown to social care services. It is also striking that members of the public raised 48% of all concerns in 2014-15.



It is reassuring we can demonstrate improved public understanding of the risks posed to adults and that people in Brent confidently report safeguarding issues



Previously the SAB were concerned that abuse and neglect were not always recognised by those who did not work within social care so it is reassuring we can demonstrate improved public understanding of the risks posed to adults and that people in Brent confidently report safeguarding issues.

The report also highlights the need for partner agencies to remain alert to the profile of abuse in Brent and adapt our strategies to meet fresh challenges. In 2014-15 43% of enquiries allege that the harm occurred in the adult's own home, meaning that it isn't prudent to rely on emergency services, health or social care practitioners to identify and report abuse. The data both demonstrates the value of public awareness campaigns and provides a clear justification for maintaining the momentum of the 'See it: Stop it' campaign so that each of us can recognise signs of neglect and abuse and know how to report this.

The challenge for the Board going forward, however, will be to determine how we target resources so that campaigns more effectively address specific risks and inform adults at risk and carers of steps they can take to prevent harm to protect themselves against future risk.

The report also details how well partnership staff respond to allegations of abuse and neglect. The available data, especially when considered alongside local and national comparative data, demonstrates good, effective safeguarding practice within Brent. For example, 2% of cases in Brent recorded capacity as unknown, nationally this figure was 20%, signifying that Brent practitioners take seriously their duties to assess mental capacity and secure suitable representation to support



those who need support during a safeguarding investigation. The reported data for outcomes following safeguarding interventions also demonstrates how well Brent practitioners have embraced the 'Making Safeguarding Personal' principles as 86% of concluded enquiries in Brent either removed or reduced the risk (compared to 63% nationally). It is also a testament to the skills of the investigating teams across the agencies that they have responded to concerns raised by the SAB about the high level of inconclusive findings and not only turned around the upward trend but dramatically reduced the number of cases found to be inconclusive to 16.5%.

The positive impact of measures taken last year to improve the quality of care given in residential care setting has seen a small reduction in allegations of neglect and/or abuse arising in those settings. Whilst this suggests we are moving in the right direction, there is still significant work to be done to ensure that people in receipt of care services are, and perceive themselves to be, cared for in a way that meets their needs safely and with dignity.

During 2014-15, in preparation for the implementation of the Care Act, the Board reviewed its governance arrangements, structure and membership in order that partners were well positioned to undertake the Board's new statutory duties. It is now formally recognised within Brent Council's and Brent Clinical Commissioning Group's constitution and has secured appropriate representation and financial contributions from the key statutory agencies so we have resources to monitor, analyse and improve on safeguarding practises within the partnership.

Given the high level of public awareness, dedication of frontline staff and commitment by the strategic partnership I am confident that we are in a strong position to build on the successes of last year. There is no room for complacency however if the SAB is to provide the leadership needed to deliver continual improvements for adults at risk particularly at a time of unprecedented organisational change and financial pressures.



Fiona Bateman
Independent Chair
Brent Safeguarding Adults Board



What is safeguarding?

Whilst we should all seek to keep ourselves safe from abuse and neglect and have a duty to report any safeguarding concerns, statutory duties arise when an adult in need of care and support is experiencing, or at risk of experiencing, abuse or neglect and is unable to protect her/himself as a result of their needs. The Safeguarding Adults Team within Brent Council's Adult Social Care department coordinate the response to any allegation of abuse, neglect or exploitation and it is to this team that 'concerns' [previously known as 'alerts'] received by the Council are submitted.

The Safeguarding Adults Board ['SAB' or 'Board'] is a multi-agency partnership of agencies working with or on behalf of adults in need of care and support. The Board works to coordinate the strategic development of local safeguarding arrangements and to ensure partner agencies act to help and protect adults at risk of or experiencing abuse or neglect.

The first part of the report sets out a useful measure of the level, source and types of harm suffered by adults in Brent during the period. It is based on data from the Safeguarding Adults Team casework. This has been benchmarked locally against our area profile and nationally so that the Board are able to identify further ways to improve practises and safeguarding adults throughout Brent.

This report also provides a summary of safeguarding activity carried out by the partners across the social care, health and justice sectors in Brent. It details the work carried out to investigate allegations and resolve safeguarding concerns. Reports on the impact of partners' campaigns to raise awareness of the types of risk faced in Brent. Finally it reviews the impact that the SAB has had by seeking assurance that work undertaken by regulatory or commissioning bodies to prevent abuse and neglect before any concerns arise or from providers that they have met their responsibilities to provide care and have done so in a way that responds to actual or perceived

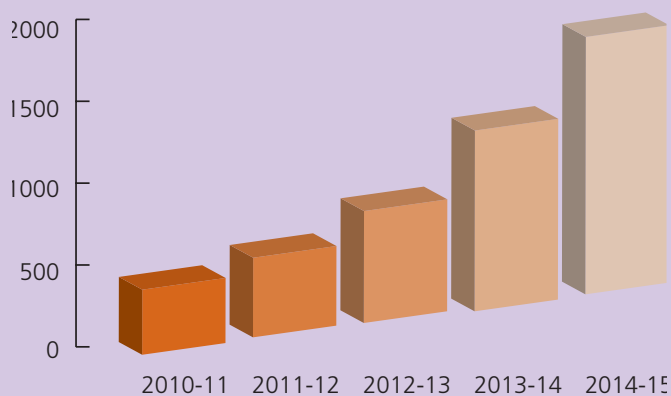
Who is an adult at risk in Brent?

safeguarding risk so that harm is averted.

The Safeguarding Adults Team received notification of 1720 safeguarding concerns in 2014-15, this is a rise of 47% from 2013-14 (see bar chart). This increase in demand corresponded to a similar increase in further investigations [referred to as 'enquiries'] 367 of which were concluded during the period and it is those 367 concluded enquiries that are analysed below. Almost 40% of safeguarding investigations in Brent are for individuals not already known to social care. Comparisons with national and local benchmarking figures (which are 19% in London and 18% nationally) demonstrate that people in Brent are better able to recognise safeguarding concerns and have the confidence to report these.

Our referral source data shows a percentage reduction in referrals from social care staff. Police and health care professional are now increasingly raising concerns, as are members of the public. Referrals from non-professionals, including self-referrals, account for 48% of all concerns raised in 2014-15.

Safeguarding concerns between 2010-15



Although Brent has a comparatively young population, the number of people over 75 increased by 17% between 2001 and 2011. This group remains disproportionately represented in safeguarding interventions, in that over 47% of enquiries by the SAT in 2014-15 were for adults aged 75 or older (down from 50%, against national comparator of 52%). This group will therefore be a focus of an awareness campaign in 2015-16 so that we can support them to put in place protective measures to reduce the risk of abuse.

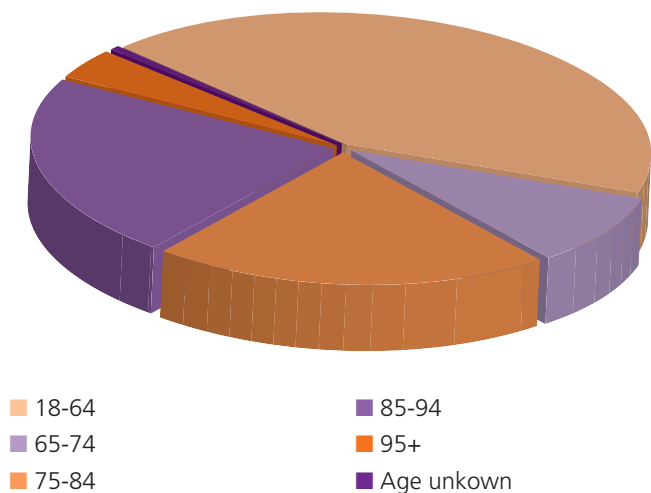
Brent is also a very diverse community. Black, Asian and minority ethnic (BAME) make up 65% of the population as a whole and approximately 40% for the population aged over 75. Our data confirms that 46% of safeguarding interventions involved adults at risk from BAME backgrounds. This has reduced from 50% in 2013-14 and against national comparator of 8%. Whilst it is reassuring that all parts of our community are receiving support when safeguarding risks occur and that we are reflecting the demographic in Brent, there is always more that needs to be achieved to reach out to our BAME communities and ensure all members of our communities know how to seek support when, or if, necessary.



46% of safeguarding interventions involved adults at risk from BAME backgrounds. This has reduced from 2013-14



Number of individuals by age



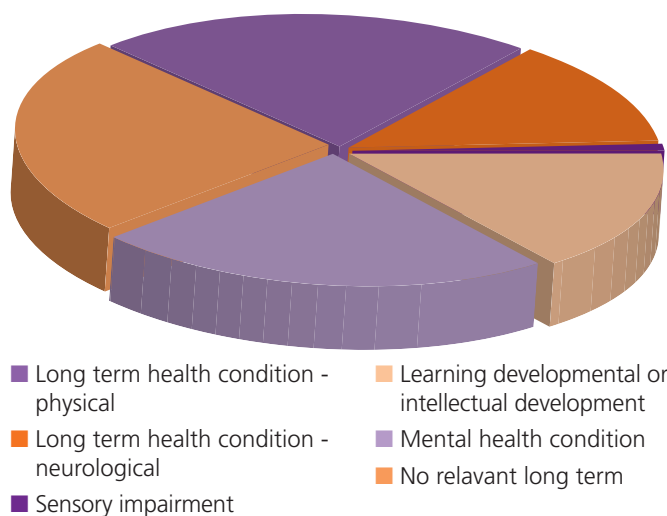
In addition, it is relevant to safeguarding that partners are working within an area with above national average levels of deprivation, unemployment, homelessness and children in poverty. The percentage of households estimated to be fuel-poor in 2012 in Brent (11.6%) was higher than both the London (8.9%) and England (10.7%). It is also relevant that partners take into account how people's own sense of well-being can impact on safeguarding. 14.4% of residents report that their health limit day to day activities, with 7% indicating their activities were limited a lot as a result of health.

A key concern for many partners was the risk for older people of isolation as 27% of people over the age of 65 live alone in Brent, and 39% of adult social care users reported being lonely.

Of those subject to safeguarding enquiries in 2014-15 36% had a long term physical disability, neurological condition or sensory impairment (against a national comparator of 42%). 15% of enquiries related to individuals with a Learning Disability which is consistent with the national comparator. A further 6.5% of cases involved individuals with Dementia. This figure is consistent with last year's findings, but slightly lower than the national comparator of 9%. Previous successful campaigns directed towards this particularly vulnerable group has raised awareness and identified means

of ensuring access to support which might account for this higher figure.

Number of individuals by reported health conditions



Mental health was recorded as the primary support need for 17% of investigations (against national comparator of 12%). The figure, though higher than national comparators, reflects a high level of awareness of safeguarding matters within local mental health services. The Board also understand that the 17% figure likely under-represents the work that is done by partners to safeguard those with mental health needs. The SAT report that many of the safeguarding concerns raised by mental health practitioners about their service users are accompanied by a protection plan.

On receipt of the concern the team review the work of the practitioner and offer support to ensure that the adult is safeguarded effectively from harm, but often it is not necessary to conduct further, additional enquiries and as such these cases are not included within this data.

This good practice is to be applauded as it reduces duplication and ensures that the adult is safeguarded at the earliest opportunity, working with those practitioner who know them best to reduce or remove any risk of harm. However, the Board recognise that those who need mental health support may face additional barriers to stay safe from abuse



and neglect. The Board, through its work programme of data analysis, case reviews and thematic audits, will continue to monitor the way in which agencies work together to recognise and respond to abuse or neglect and use what we learn to improve our processes and practice so we are able to better support this client group.

In addition, 8.6% of the population in Brent provide unpaid care.

It is estimated that 26,600 residents of the borough provide care of more than 1 hour per week with a significant rise in the numbers of people providing over 20 hours per week. This is relevant given the number of enquiries where the source of harm arises within the individual's home and by someone known to the person (26%).

Carers are a vital resource within our community and must be supported effectively to ensure that they are able to recognise signs of abuse or neglect and have the confidence to report this or seek help. In addition, agencies must ensure that carers can access advice and support so that they can carry out their caring role safely and do not cause unintentional harm. Similarly agencies need to be alert to risks of intentional harm and act swiftly to prevent or address this when it does arise. The Board recognise this and have set out how we seek to support carers within the Strategic plan for 2015-16.



Carers are a vital resource within our community and must be supported effectively

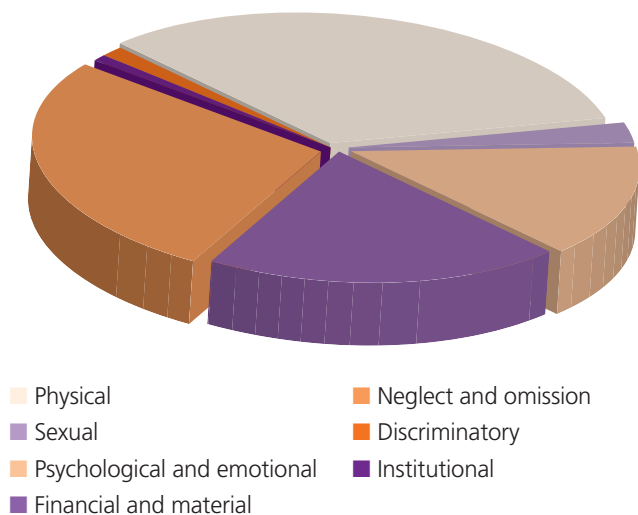


What types of abuse are adults most at risk of in Brent?

The data confirms that the types of abuse reported in Brent is similar with the picture of need nationally. Physical abuse is given as the principle concern in 33% of concluded safeguarding enquiries in Brent during 2014-15 (27% nationally, 24% in London). A further 27.5% of enquiries related to concerns about neglect or acts of omission (32% nationally) and 14% of cases involved psychological and/or emotional abuse (15% nationally, 17% in London).

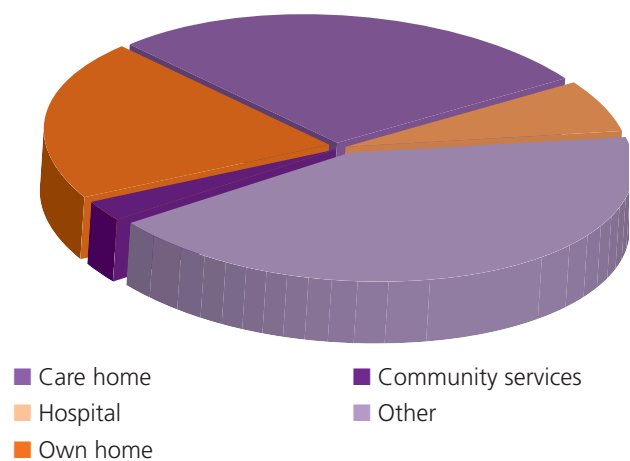
Cases of sexual abuse has fallen this year with only 7 enquiries (2.7%). This is lower than the national comparator (5%), but it is widely believed that sexual abuse is under-reported across the UK. The SAB will conduct a multi-agency audit of cases involving allegations of sexual abuse so as to ensure that agencies are working together effectively to recognise signs of sexual abuse, report this and carry out enquiries in an appropriate manner. Following on from this the Board will consider how best to raise awareness and address the needs of those who are victims of sexual abuse within Brent.

Type of abuse



The location of abuse and neglect is similar to what is reported nationally though it is noteworthy that in Brent 28% of all concluded cases related to abuse alleged to have occurred in residential care (against 36% nationally and a slight reduction from 31% of cases reported in 2013-14) indicating preventative actions to improve the quality of care within residential settings have had a positive impact. This data is supported by the findings from local inspections carried out by CQC. This is explored in more detail below. By contrast the number of enquiries where abuse is alleged to have occurred in the adult's own home has risen slightly from 40% in 2013-14 to 43% (nationally this is also 43%) and again reinforces the importance of ensuring everyone understands how to recognise signs of neglect and abuse and report this.

Location of risk



Last year the SAB identified two specific types of concerns that they wanted to priorities in 2014-15 so as to either prevent incidence occurring or improve the outcomes for adult at risk or who had experienced these, namely:

1. Pressure sores

Individuals with fragile skin and/or restricted mobility can be at risk of developing sores on parts of their body which receives the most pressure. These pressure sores, also sometimes known as pressure ulcers start with skin discolouration but, if left untreated, can become very painful and at risk of infection. Usually, with proper care, most pressure sores can be avoided. It can therefore be an indication of poor quality of care.

The SAB monitored the number of pressure sores and where the sore was acquired. In accordance with NHS guidelines for 2014-15 (which has now been superseded) 205 pressure sores graded 3-4 were reported as a safeguarding concern during the year. The concerns were reported to have arisen most frequently within the person's own home (96) but 59 cases related to residents in care homes, 36 were residing in hospital and 1 person was in receipt of services in the Community.

Again, it is reassuring that concerns were reported by a wide cross section of sources because this demonstrates that practitioners and carers are aware of the risks and how to report concerns, but given the nature of the issue it is unsurprising that most safeguarding referrals came from health professionals (53 from hospital or hospice services, 20 from primary health services and 3 from mental health practitioners). Carers also reported a significant number of concerns (20 coming from voluntary carers, 8 from residential care staff and 1 from non-residential social care).

Of the 205 concerns raised only 101 proceeded to an enquiry. Usually it would not be necessary to undertake a full enquiry if the sore was considered to be unavoidable because appropriate standards of care have been given. Where enquiries were required these were mostly carried out by Brent CCG staff rather than the Safeguarding Adults Team, as they have the necessary clinical

expertise. Investigations followed a 'root cause analysis' method to ascertain if there was any evidence of neglect and, if so, by whom. During the period the CCG report the findings of 18 concluded enquiries to the SAB. 2 were substantiated, 3 inconclusive, 4 partially substantiated and 9 unsubstantiated.

As a result of these findings Brent CCG appointed a specialist Tissue Viability Nurse in February 2015 and by April 2015 she had already made contact with every nursing home in the area to explain her role and offer support on safe wound care. In her first two months she received 43 referrals and visited 14 residential units to review the care given to 38 individuals.

Of those cases 22 cases involved pressure sores graded 3-4, 14 of which were discharged within that period as the wound healed. LNWH NHS Trust also reported to the SAB that they had reviewed the work of district nursing teams across Brent to assess and prevent pressure sore damage on complex frail elderly patients, with complex medical needs.



Actions plans are in place to improve practice and provide a more comprehensive care package for pressure sore prevention. The Trust report that they have also reviewed the structure of the Tissue Viability Teams to ensure a clear pathway and seamless transition for patients from acute hospital care to the community settings.

The Board will continue to monitor this work through its establishment concerns sub group, who are responsible for monitoring key data and report regularly to the main board on any emerging trends or issues of concern that arise from pressure sore data. The group is therefore best placed to ensure that the improvements in the provision of pressure sore care continues. In addition, the sub group will continue to ensure that 'Root Cause Analysis' investigations into avoidable pressure sores are conducted in a more timely manner, the outcome of those investigations are evidence based and recommendations for improvements are actioned in a timely manner.

Case Study: Beryl

Beryl is 54 and lives in residential nursing care as she needs support due to her severe learning and physical disabilities. Prior to moving into nursing care her family appointed neighbours to support her to manage her money. Brent Council's Client Affairs team became concerned that her trustees were not acting in her best interests as they had allowed a large debt to accrue. The team had been in contact with the trustees and were able to obtain bank statements from them. The team raised safeguarding concerns when the trustees gave unsatisfactory explanations for very large withdrawals from her bank accounts amounting to £10,000. A safeguarding enquiry was started that day and a Safeguarding Adults Manager made contact with the Police and the Office of the Public Guardian, who are responsible for registration and regulation of Powers of Attorney.

Beryl was supported by her social worker and an advocate, due to difficulties understanding the investigation and safeguarding processes to ensure her best interests remained at the heart of the enquiry. A protection plan was put in place in which the Client Affair Team applied to the Court of Protection to revoke the current trustees' powers and appointing a deputy to manage her finances so that her needs can continue to be met. At the time of writing the police investigation into possible fraud by the trustees is ongoing.



The SAB will be working with key agencies and the financial sector, in collaboration with Brunel University, to consider how best to address this type of abuse and better safeguard adults at risk.



Financial abuse:


Financial abuse is where an adult in need of care and support is the victim of theft, fraud or is being pressured to give money to other people. The SAB recognised that there was a need locally to focus on the risks of financial abuse to adults in Brent because of the high number of cases reported in previous years. It is noteworthy that, during 2014-15, there has been a substantial reduction in the number of concluded cases featuring financial abuse, which has dropped from 94 cases in 2012/13 to 52 cases last year (20% compared to 17% nationally).

In previous years the number of cases of financial abuse was far higher in Brent than reported nationally, this was thought to be because awareness of this type of abuse was reported to be very good especially among the Local Authority's SAT, social care and financial support staff. As a consequence more cases were reported to the SAT for investigation. Whilst awareness is still thought to be very high within the Local Authority the data does suggest that social care staff and finance officers are supporting adults at risk to undertake preventative action so that fewer people are experiencing abuse.


Despite their responsibilities, safeguarding practitioners don't have additional powers to investigate allegations and as such it is often difficult to conclude these enquiries quickly, though cases were, on average, completed within 69 days, or with any certainty. This is particularly true when the adult at risk lacks capacity to consent to investigations (42% of cases) as it can be difficult to secure cooperation of the banking sector, which can also frustrate the implementation of protection plans. This is reflected in a higher proportion of cases determined as inconclusive (21%).

It is reassuring that, despite the difficulties, staff implementing protections plans were able to reduce or remove completely the risk of financial abuse in 82% of cases. Whenever, during the course of an enquiry, the adult is found to lack capacity to manage their finances the SAT will work with the adult's family and/or statutory partners to ensure that appropriate arrangements are in place to protect the adult from future harm.

But in recognition of the difficulties faced in tackling this type of abuse the SAB will be working with key agencies and the financial sector, in collaboration with Brunel University, to consider how best to address this type of abuse and better safeguard adults at risk, with a particular focus on raising awareness of what we can all do now to prevent harm by protecting ourselves from the risk of financial abuse.



Staff implementing protections plans were able to reduce or remove completely the risk of financial abuse in 82% of case



How do we support Adults at Risk?

Providing an effective response when safeguarding concerns are reported

On receipt of a concern the SAT assess the risk and make contact with the adult wherever possible and with any relevant services or support network to ascertain how best to protect the adult from harm and remove the risk. In 2014-15 85% of concerns are not taken forward for full investigations, either because no further action was requested by the adult (1.5%) or because the adult is signposted to alternative services (including health or social care provision) or provided advice and support to protect themselves.

The team carries out a duty visit within 5 days of a concern being raised whenever there is any cause to believe the adult at risk may lack capacity or may be experiencing harm. During 2014-15 the team undertook 80 duty visits (13%) of all enquiries.

The LSAB monitor cases where subsequent concerns are raised against the same adult within a 12 month period as an indication of the effectiveness of protection plans and the screening process. In 2014-15 27% of cases there were repeat concerns, this accounted for 380 individual concerns. The current rate of repeat concerns is significant and the SAB will continue to monitor this in 2015-16 and work with the SAT to ensure that any screening process is designed so that adults at risk are protected at the earliest opportunity.

Provision of independent advocacy support to those who are unable to protect themselves and without family/friends to assist

If a person has substantial difficulty in understanding or deciding how they wished to be supported in a safeguarding enquiry and does not have support from friends or family the local authority should appoint an independent advocate to help them. Of the concluded investigations in 2014-15 54% people appeared to lack capacity and, of those, 34 were supported by independent advocates. However, a small proportion of cases recorded capacity as unknown (2%). This is far below the national comparator (20%) the SAB intend to monitor this figure as an indication of the impact of capacity training and, so that we can better safeguard those without capacity or who have substantial difficulty understanding the processes, will also look to receive reports on the number of people who lack capacity and do not have support from family or friends to ensure that advocates are appointed when necessary.

Conduct effective investigations

The burden of proof for safeguarding investigations is the civil rather than criminal standard, namely that it is more probable than not that the allegation was true. In 31% of enquiries the allegations were substantiate (31% nationally), a further 6% were partially substantiated (10% nationally) and in 45% of cases the allegations were not substantiated (30% nationally).

The Board set itself an aspirational target last year to reduce the number of inconclusive investigations to 10%. This was ambitious given that in previous years inconclusive investigations accounted for 22% (2012-13) and 25% (2013-14). Those figures are

in line with safeguarding enquiries nationally where 22% of investigations are inconclusive. However, Brent SAB set the 10% target in recognition that many people who had experienced the safeguarding process reported that they felt it was important to have a clear decision regarding the outcome of that investigation. The purpose of the target was to effect a culture change across all agencies responding to concerns to ensure staff were confident in their investigative skills and decision making.

The restructuring of the Metropolitan Police locally means there is now a dedicated safeguarding team within community safety unit. This has improved attendance at strategy meetings and provided dedicated contact for Safeguarding Adults Team to obtain advice, which has undoubtedly had a positive impact. The Local Authority also supported staff to bring about this change through the provision of investigation skills training. In addition the Safeguarding Adults Team worked with external agencies and commissioners to monitor the quality of all investigations. The positive impact of these measures cases is demonstrated by a reduction in the number of cases found to be inconclusive to 16.5%. The Board have agreed to retain the 10% target so that we can be push for continued improvement and be assured safeguarding interventions are effective.

Work with the adult at risk to reduce or remove the risk

The Council has continued to embed 'making safeguarding personal' principles within the SAT. In 2014-15 86% of concluded enquiries in Brent either removed the risk (36%, 23% nationally) or reduced (50%, compared to 40% nationally). In 9% of cases no action was taken (compared to 30% nationally), but this means that in 5% of cases the risk remained despite the safeguarding intervention (8% nationally). By contrast to the national picture we are able to demonstrate good, effective

safeguarding practice within Brent. The Board however recognise there is always more that can be done to develop the way in which all partners address safeguarding concerns so that the response reflects the wishes of the adult at risk, but also effectively reduces or removes the safeguarding risk. In 2015-16 the Board will further develop the 'Making Safeguarding Personal' programme and develop tool kits for practitioners across the partnership to support robust decision making. In addition the Board will use key performance indicators and are working to develop reliable means for collecting service user feedback so that we can better measure the impact of any intervention.

Work to prevent abuse and neglect by ensuring quality commissioned services

Partners have continued to capitalise on improvements to contract monitoring arrangements introduced in previous years and closer working relationships between commissioners within Brent and regulatory agencies. For example Brent Council's ASC commissioners introduced new contract monitoring arrangements putting at their heart safeguarding and restructured the way in which it carries out individual reviews of ASC care plans so that any concerns regarding standards of care within social care provision is identified sooner.



In 2015-16 the Board will further develop the 'Making Safeguarding Personal' programme and develop tool kits for practitioners across the partnership to support robust decision making.





In addition, Brent CCG now include safeguarding as a regular item on the agenda within their provider assurance meetings so they can share best practice and any lessons learnt from audits and reviews carried out by their quality assurance teams or by the Board.

In 2014 the SAB also adopted the Establishment Concerns group into its structure. This group is responsible for monitoring key data from each member agency and reporting regularly on any emerging trends or issues of concern that arise. The sub-group already meets quarterly to share and analyse information from safeguarding enquiries, individual care planning reviews, contract monitoring and regulatory activity to ensure a coordinated robust multi-agency response to issues of poor quality of care within health or social care establishments in Brent. Their work is then reported to the main SAB meeting.

Brent CCG now include safeguarding as a regular item on the agenda within their provider assurance meetings so they can share best practice and any lessons learnt

How does the SAB drive improvements?

■ Identifying and acting on priority issues

In 2013-14 the Board identified key areas for the partnership to action. The first of these were to reach out to existing community groups to explain the work of the Board and secondly to engage more widely with other key strategic partnerships within the Borough.

As Independent Chair I attended meetings with BHeard, the Learning Disability Partnership and the Health and Well-being Board to explain the work of the Board, including presenting last year's annual report and discussed the priorities for the year ahead. In addition, the Board has worked alongside the Safer Brent Partnership's Violence against Women Sub Group to devise a coordinated programme of work to tackle issues such as Domestic and Honour based violence, FMG and forced marriage.

Work was also undertaken with Public Health colleagues and the Community MARAC to identify any gaps in provision for people wrestling with substance misuse and at risk of abuse or neglect. Partner agencies have also undertaken consultation with service users, for example CNWL spoke with service users and carers to better understand user and carer experience of local safeguarding services to make improvements to their referral process. There is still a lot more work needed and this remains a key priority for the Community Engagement and Awareness group in 2015-16.

Another key action for the year was to introduce an organisational safeguarding audit tool for partners. In August 2014 the Local Authority and Health partners completed an audit of their safeguarding policy and practice.

The results were then verified by a sub group of the SAB and reported to the SAB and NHS England. This report also fed into the Board's Strategic plan for 2015-16. In 2015-16 all partner agencies will complete a similar audit to review the safeguarding policies and practice across the partnership. Thereafter a rolling programme of self or peer audits will be devised and include the private and voluntary sector health, social care providers and Registered Social Landlords within Brent.

Partners also made improvements to recruitment practices to ensure greater safety for service users, as the Board had identified this need following auditing work in 2014. For instance, in line with responsibilities set out in the Care Act, member agencies have identified a Designated Adult Safeguarding Manager ['DASM'] who will be responsible for coordinating any investigation against an employee or volunteer and reporting, when necessary, cases to the Disclosure and Barring Service ['DBS'] for follow up action.

The SAB will set up a virtual network for DASMs and safeguarding leads in Brent to provide training support to this group and ensure a strong network able to share intelligence on those who may pose a threat to adults at risk. Partners, including the London Ambulance Service and LNWHT, have offered training on safeguarding to their Human Resources dept and changed their internal HR procedures to ensure safer recruitment processes. In addition, the Establishment Concerns group offers a forum for sharing intelligence about concerns in recruitment practices or with personnel in health and social care providers.

Case Study: Jack

Jack is 20 and attends a residential school during term time as he has learning and sensory disabilities as well as mental health needs. During weekends and holidays Jack is cared for in another residential placement as previously his family struggled to manage his complex needs. A safeguarding concern was raised by the school staff when they noticed scratches and bruising and Jack had said they had been caused by a member of staff at the residential care home.

A safeguarding enquiry was undertaken, including requiring a report from the Provider and GP. However, whilst this was undertaken Jack's family contacted the Safeguarding Adults Manager and made additional disclosures which were also investigated and found to be substantiated.

As a result of the enquiries 2 staff members were removed from working directly with Jack and disciplinary actions have been taken under the Providers policy & procedures. The provider was required to demonstrate improved practices. In addition, it was agreed to review the level of support offered to Jack within the residential care home and he is more settled in the placement.

■ Establishing mechanisms for developing policies and strategies for protecting adults

Partners have continued to work together, in accordance with the expectations set out in Pan London policy and procedure, to improve the experience and outcomes for those in need of care and support. A particular focus in 2014-15 was on the needs of those with a learning disability. Brent CCG conducted an audit of practice relating to the provision of services across the Brent social and health care sectors. This reviewed the outcomes of interventions by health and social care practitioners to evaluate whether these were meeting the required standards. An action plan to take forward

improvements was then devised and this is monitored by the Learning Disability Partnership and will report to the SAB in 2015.

The LNWHHT also worked closely with Brent Mencap and Brent Community Learning Disabilities Team to develop a Health Passport for people with Learning Disabilities. This document is key to highlight important information about the individual to staff caring for them such as communication needs likes and dislikes and aids communication between health practitioners in the community and hospital settings so as to ensure appropriate and safe care.

Learning from national reviews often identify poor communication between agencies as a root cause for poor outcomes in safeguarding investigations. Partners attending the SAB comment that meetings are not only a useful source of information on emerging issues or areas of good practice in safeguarding, but also act as an opportunity for strategic leads from across health, social care and criminal justice sectors to build professional networks which help to overcome this at strategic level.

Over the last year many partners have taken steps to ensure those networks extend beyond senior management to better support those with operational responsibility for safeguarding. For example, the National Probation Service now has a named safeguarding lead for London. They have also agreed to collect and make available data centrally, so as to reduce risk of local differentiation. This should improve the availability of information so that decisions on how to move forward on the safeguarding issues within the NPS and the Board are evidence based.

In addition CNWL now has two dedicated safeguarding leads to support frontline staff, act as link between staff and Brent Council's Safeguarding Adult Team and provide support to the SAB's sub groups. CNWL have also established a system to analysis number of concerns raised to the SAT so that they can gain a better understanding type of abuse most often faced by their service users to better

inform their own risk assessment process. There are monthly meetings between the Brent Safeguarding Adult Manager and the Lead Social Worker to understand this activity. The Trust also meets weekly with Brent CCG to ensure safeguarding enquiries and protection plans for in-patients are implemented.

The London Ambulance Service [‘LAS’] changed the way in which it reported concerns so as to distinguish between safeguarding needs to adults at risk and a request to the local authority or police to conduct a welfare check on an adult who may require support or a change in the care they currently receive. As a consequence they have identified that over 66% of their referrals fall into the later category. This should reduce duplication for the agencies therefore ensuring officers, both within the LAS and SAT, have more time to respond to their core functions and mean adults in need of a safeguarding intervention are supported faster.

Again there is always more that can be done and the SAB has identified within the Strategic plan a number of ways that we intend to build on this to strengthen multi-agency liaison in the coming year.

■ Ensuring our workforce understands their safeguarding responsibilities.

The SAB has a training competency framework which sets out the expected standards of knowledge for practitioners working with adults at risk. This framework is advisory and offers support Board partners devising training programmes for staff. Board members can also report directly to the SAB on the training opportunities provided.

Across the partnership, in many cases, partners have made safeguarding and mental capacity training mandatory. For instance, the London Fire Brigade have delivered fire safety training and fire safety awareness to partner agencies to promote Home Fire Safety Risk Assessment and smoke alarm installation in homes where an adult at risk resides.

LNWHT requires staff to attend training across issues such as PREVENT, Domestic Violence, Slavery and Human Trafficking, Forced marriage, Deprivation of Liberty & Mental Capacity (specifically in relation to patients with Learning Disabilities). Staff are required to complete the mandatory safeguarding training on a 3 yearly cycle and report 95% of staff have attended level 1 training. The LAS require that all staff receive basic awareness regarding their safeguarding duties, clinical staff receive level two training and key personnel trained are trained to level three. In total 4178 staff were trained in 2014-15. The LAS also issue staff with a Safeguarding pocketbook which details the safeguarding roles and responsibilities of all key agencies.

Local Authority and CNWL social care staff working in Brent attended training on the new assessment and care planning responsibilities under the Care Act 2014. Safeguarding adults training is mandatory for all staff within the Local Authority’s ASC department and CNWL Trust. E-learning material is available and wherever possible team based training is hosted. In CNWL the safeguarding adults training compliance for 2013/14 shows a mark improvement with current compliance at 92%. The Safeguarding Adult Survey 2014 supported by the recent CQC visit show that staff have a greater awareness of safeguarding and how to report a concern.

■ Learning lessons from local and national cases with poor outcomes

Locally Brent Safeguarding Adults Board commissioned reviews into two cases this year, one of which met the threshold for a Safeguarding Adult Review and the Board was also contributed to a further case which was subject to a Domestic Homicide Review. All of these reviews are yet to be concluded and so will be reported in next year’s annual report, but the learning from these has already shaped the Strategic plan for 2015-16 and driven service transformation.

For example, CNWL Trust reported that learning lessons from a serious incident has driven

forward the dignity in care agenda at Park Royal Mental Health Service including the introduction of single sex accommodation.

Furthermore, LNWH carry out reviews on all patients with Learning Disability who die in the Trust. These deaths are flagged up to the Deputy Director of Nursing by the Bereavement Co-ordinator for independent review of their care to identify issues arising including evidence of discrimination or lessons to be learned. The trust have reported that no issues of discrimination or lack of care were identified during the reviews.

The Board has also responded to issues arising from national concerns and serious case reviews, especially:

Winterbourne View:

The Board continued to receive regular reports from Local Authority and Brent CCG to ensure that learning disabled patients placed in-patient facility out of Brent was seen by their care coordinator at least every 2-4 weeks.

During 2014-15 10 patients (80% of the Winterbourne cohort) were moved into Brent community placements. NHS England identified a further two patients who required a Care Treatment review, both reviews were completed. Most reassuring was the speed by which local community placements were identified for two patients admitted to inpatient facilities between September 2014 to March 2015, both of whom were placed in community settings within the same period. Whilst 2 patients remain in out of area in-patient placements robust plans are in place to ensure they are moved to local community placements by the end of June 2015. CNWL Trust also reported that whilst some Trust patients have remained in hospital settings, work is progressing to ensure that they are safely transferred at the earliest opportunity to a more suitable placement. Regular reviews are undertaken with these patients.

The Trust has also been working with partners to develop local provision to meet the needs of future patients and to address particular needs for those children and young people transitioning into adult services.

Work is also underway with the Council and other key stakeholders for the development of a local challenging behaviour pathway which will be embedded into a joint overarching Learning Disability strategy. This work will be overseen by the Brent Learning Disability Partnership Board. In addition, wider mental health learning disability care-pathway development is currently underway, coordinated across 8 North West London CCGs under the Mental Health Programme Board and NHS England Specialist Commissioners are working with Brent commissioners to develop a transitional pathway for those patients transitioning from Low, Medium and High Secure facilities. The LSAB Monitoring and Evaluation sub group will continue to receive updates biannually to ensure continued progress to achieving the aims of this improvement programme.

Saville:

CNWL was involved in the Saville investigation and assurance has been given with the development of an action plan. This action plan has begun addressing safeguarding access to patients (including volunteers and celebrities). It also reviews mechanisms for listening and acting on patients/carers and members of the public concerns.

Prevent

Prevent aims to reduce the risk of terrorism by stopping people becoming terrorists or supporting terrorism. Prevent focuses on working with adults who may be at risk of being exploited by radicalisers and subsequently drawn into terrorism related activity. The key challenge for the partnership is to ensure that where there are signs that someone has been, or is being, drawn into terrorism staff can interpret those signs correctly, are aware of the support that is available and are confident in referring the person for further support. Many Board partner agencies report they have already or are looking to ensure a programme of training to raise awareness of Prevent as part of their mandatory and statutory training programme.

■ Regular audit/ monitoring of safeguarding and care management activity

Alongside the auditing work undertaken by the SAB already mentioned within this report, partners carry out regular audits of their own activity in order to ensure that care is provided in a way that takes into account the needs and, as importantly, the wishes of the adult in need of care and support. For example, the Local Authority's ASC department audit 10% of all cases to ensure that individuals are supported appropriately. The feedback from these audits help partners to continually improve services.

The SAB's subgroup conducted audits throughout the year to consider areas of concern raised either locally or nationally. The sub group reviewed the SAT's cases to consider whether the SAT responded appropriately and effectively in cases where there were concerns about social care providers, including services provided by the Local Authority. They also reviewed cases where the alleged perpetrator was also an adult at risk and, on another occasion, considered whether the SAT recognised and responded appropriately where the adult was at risk of undue influence. The findings from these audits were reported to the Board and used to inform our work programme.

Work is also underway with the Council and other key stakeholders for the development of a local challenging behaviour pathway which will be embedded into a joint overarching Learning Disability strategy.

Mary is 19 and has a learning disability, she has been accommodated by the local authority for the last 4 years because she had suffered substantial neglect, sexual and emotional abuse. Her social worker is concerned that her partner, who was a family friend, is abusive to her. She has demonstrated to staff that she understands the risks posed by continuing the relationship and has confirmed that her partner hits her and is verbally abusive when he drinks alcohol, but considers herself to be very much in love and is happy in the relationship.

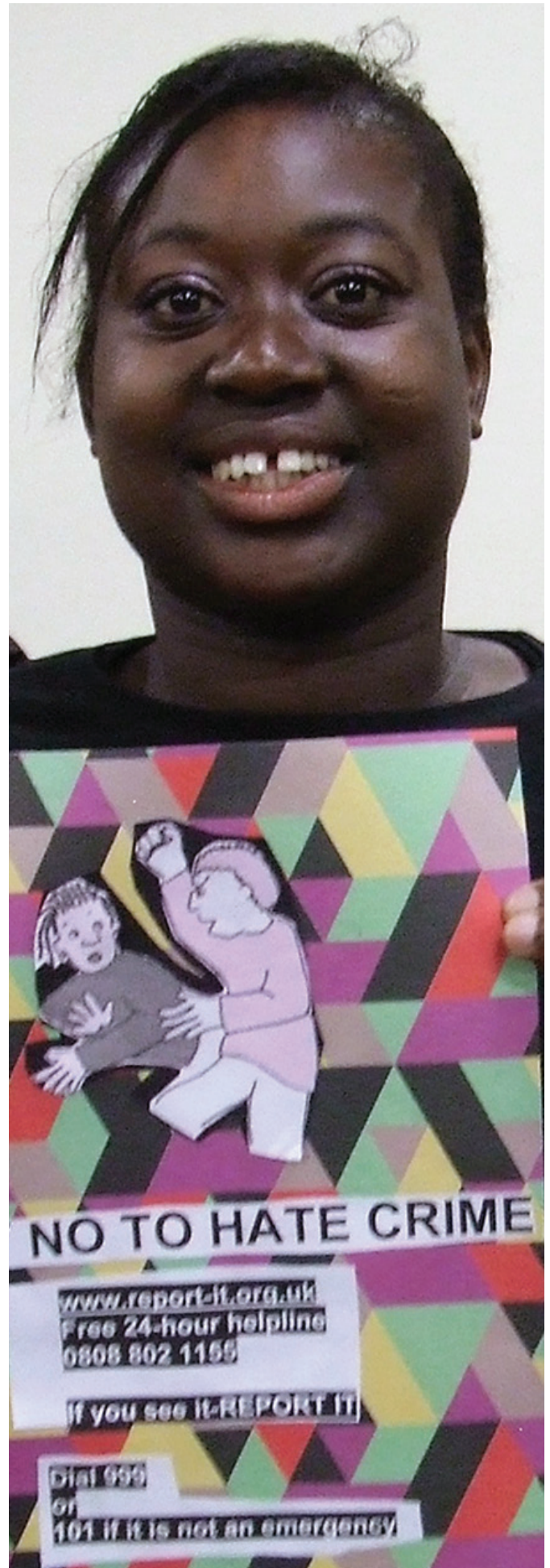
A number of safeguarding concerns have been raised and investigated previously, but as Mary did not want any support the cases were closed and no action taken. Her social worker accepted that her disability didn't prevent her from making some decision, but questioned the assumption she was able to freely weigh up the risks posed to her immediate and long-term wellbeing if she remained in the abusive relationship. She also questioned whether sufficient consideration had been given to what impact fear of reprisals from her boyfriend might have on Mary's capacity to engage with the safeguarding enquiry. Her carers reported that they believed Mary would stay away from the placement to avoid the chance that they would see and report visible signs of abuse, placing her at greater risk. As a result a further safeguarding enquiry was undertaken.

A professionals meeting was held with the social worker, safeguarding adults manager, police and representative working with her carers where a detailed shared risk assessment and management plan was agreed. The Police lead the safeguarding enquiry due to the criminal nature of the allegations. Part of the plan was to meet with Mary to discuss how to best support her. During this meeting Mary felt confident to speak about the abuse she had suffered, recognised that she had been placed under pressure to give her partner money and, most importantly, accepted that she would need support to protect herself from further harm. A protection plan was agreed with her which took into account that she still wanted to continue the relationship.

■ Awareness raising campaigns

Mencap continued to campaign to raise awareness of the damage caused by Hate Crime and how to report it (see www.report-it.org.uk). This has involved working with those most likely to experience it and alongside police colleagues to ensure that when this is reported adults at risk are offered support. As a result of this campaign the police report a dramatic increase in the numbers of crimes reported, which has risen from 468 in 2013-14 to 619 last year. This figure includes all types of hate crime. Disability hate crime is still under-reported, accounting for only 3 referrals over the year. So there is still much that is needed to be done to ensure everyone understands that they are entitled to live a life free from abuse.

The London Fire Brigade has also taken a lead in Community action on Dementia in Brent, promoting safety in the home to people living with Dementia.



Disability hate crime is still under-reported, accounting for only 3 referrals over the year. So there is still much that is needed to be done to ensure everyone understands that they are entitled to live a life free from abuse.



Deprivation of Liberty Safeguards activity in 2014-15

The Mental Capacity Act 2005 provides a framework for making decisions on behalf of people who don't have the mental capacity to do so for themselves. Deprivation of Liberty Safeguards (DoLS) procedures are designed to protect vulnerable adults who can't make decisions about treatment or care, who need to be cared for in a restrictive way. For example, some people who have dementia, a mental health problem (but are not detained under the Mental Health Act 1983) or a severe learning disability and need to be under constant supervision in their daily activities and/or they would not be free to leave those arrangements because they are necessary to keep them safe from harm.

The aim of the safeguards are to:

- make sure people can be given the care they need in the least restrictive way. This means following good practice in care homes and hospitals
- prevent decisions being made to suit the home or hospital rather than the needs of the person receiving care
- provide safeguards for people in receipt of restrictive care to ensure regular reviews of their care
- provide the rights to challenge unlawful detention against the person's will.

Best Interest Assessors (BIAs) find out whether a deprivation of liberty is in the best interests of the person. If the authorisation is to be granted, the BIA ensures the least restrictive option is in place. They act independently from those responsible for deciding and funding the care required for a vulnerable adult.

Nationally there has been a sharp rise in the

numbers of applications for authorisations following a legal case in March 2014 which provided clearer guidance on when the safeguards should be applied. This decision ensured many more people benefited from the additional assessments undertaken and, where applicable, advocacy support available to ensure that the care they received is in line with their best interests. Brent Council, in line with the picture nationally, saw a rise from 18 cases in 2013-14 to 449 applications in 2014-15, 29 cases related to people receiving care in hospital and 420 were for individuals living in residential care. 29 requests were not granted. In addition, there were a further 16 cases referred for assessment where the person was living in supported living accommodation. These are considered separately through applications to the Court of Protection and 7 applications have been submitted to date.

The change in the law has had a national impact and put pressure on qualified BIAs. In response to this increased pressure the SAB secured funding to train further BIAs and partners are working together to raise awareness among providers, regulators and care management staff of the need for health and social care providers to recognise appropriate cases and refer for authorisation. Despite this considerable pressure it is to be applauded that 214 of the assessments were completed within the strict time limits given under the procedures and a further 235 were completed within the extended time limit.

The Board continues to play a key role in the strategic oversight of the management of the DOL Safeguards, highlighting the changes in practice required as a result of the changing case law and responding to the Law Commission's proposal for reform of the legal framework.

What next...

The LSAB has set out in the Strategic Plan the work plan for 2015-16. The focus for the year will be to evidence improvements in practice and ensure that partners are compliant with the new safeguarding duties set out in the Care Act.

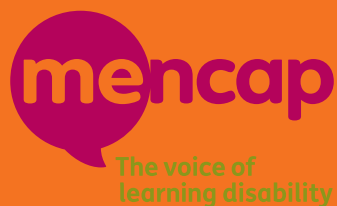


Central and North West London 
NHS Foundation Trust


Ealing and Harrow Hospital 
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London North West Healthcare 
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 Brent	<p style="text-align: center;">Cabinet 14 March 2016 (Scrutiny Committee 24 February 2016)</p> <p style="text-align: center;">Report of Strategic Director, Regeneration & Environment</p>
For Decision	<p>Wards Affected: Whole Borough (and in particular - Alperton, Barnhill, Brondesbury Park, Dollis Hill, Dudden Hill, Fryent, Harlesden, Kensal Green, Kenton, Kilburn, Mapesbury, Northwick Park, Preston, Queen's Park, Queensbury, Stonebridge, Sudbury, Tokyngton, Welsh Harp, Wembley Central and Willesden Green wards)</p>
<p style="text-align: center;">On-Street Parking Service Offer and Charges in Controlled Parking Zones; and Parking Statutory Guidance</p>	

1.0 Summary

- 1.1 Following the Cabinet meeting on 16 November 2015 it was proposed that a holistic review of on-street parking was undertaken prior to consulting on increases in charging. This report sets out a series of changes to the way in which the council manages, and charges for, on street parking. Subject to Cabinet approval, it will result in a widespread consultation with local residents and businesses leading to a final set of proposals which will come back to Cabinet in June 2016.

2.0 Recommendations

Cabinet is asked to agree:

Demand-Led Pay and Display Tariffs:

- 2.1 To consult residents and businesses on a recommendation to freeze parking prices in Pay & Display bays borough-wide.

Daily Visitor Parking Charges:

- 2.2 To consult residents and businesses on introducing new visitor parking arrangements in CPZ areas, with a £1.50 charge for up to 2 hours, a £3 charge for up to 4 hours, and a £4.50 charge for 'all-day' visitor parking of more than 4 hours.

Visitor Household Permit:

- 2.3 To consult residents on withdrawing the Visitor Household permit.

Carer's Permit

- 2.4 Subject to 2.3 above, to consult residents on the introduction of a new annual Carer's Permit at a 2016/17 rate of £165 for a full year; £99 for 6 months and £66 for three months; and with future increases linked to the same inflation formula and April revision date used for Resident Parking Permit price increases.

School Parking Permit:

- 2.5 To consult residents and schools on allowing schools within CPZs to:
- Purchase a maximum of 3 business permits at the standard rate (£361 in 2015/16) and terms and conditions; and
 - Purchase a maximum of 3 school parking permits at a rate discounted by 25% to reflect term-time use only providing the school has a bronze level accredited travel plan;
 - Purchase additional school parking permits at the reduced term-time rate should they have either a silver (up to 6 school permits in total) or a gold (up to 9 school permits in total) level accredited travel plan.

Household Car Permits:

- 2.6 To consult residents on measures to combat air pollution, including:
- Simplifying emission-based bandings for resident household permits, as set out in paragraph 7.3, to provide clearer encouragement to switch to low-emission vehicles
 - Capping the number of resident permits allowed per household to 2 cars
 - Introducing a £25 supplement for diesel cars to reflect their additional contribution to air pollution
 - Introducing a minimum charge of £25 for any resident parking permit for a vehicle other than a powered two-wheel vehicle

Visitor Permits:

- 2.7 To consult residents on measures to manage demand, including:
- Capping the number of visitor permits a household can buy to a maximum value of £350 a year (equivalent to just over 75 full day permits, 115 four hour sessions or 230 two hour sessions, or any combination thereof).

Trader Permits:

To consult local businesses and residents on:

- Making specific provision for the parking needs of local traders, in particular those engaged in residential building works.

Parking Statutory Guidance:

2.8 **Cabinet is asked to approve** the official list (as set out in paragraph 11.10) of officer posts permitted to cancel a Penalty Charge Notice, in accordance with the Secretary of State's Statutory Guidance on parking enforcement.

3.0 Background

3.1 The Council regulates and charges for on-street parking to manage demand from residents, businesses and visitors, assist the smooth flow of traffic, and reduce vehicle trips, particularly at peak times. This supports the council's aims of encouraging the uptake of sustainable travel options, reducing air pollution and reducing the number of people killed or injured on the borough's roads.

3.2 In November 2015, the council agreed its Parking Strategy (see Appendix A). This sets the context within which on-street parking policies and charges are made.

3.3 Demand for parking in Brent is very high in some areas, especially within Controlled Parking Zones (CPZs). Over time the Council has introduced a number of measures to control the demand for kerb space. The south-eastern part of the borough and some areas of the south-western part of the borough around Wembley are controlled through Controlled Parking Zones. These areas are more densely developed compared to the northern part of the borough, and have better public transport links. The south-eastern part is well served by Jubilee line and Overground stations in zones 2 and 3, whilst the south-western part is well served by stations on the Bakerloo line [Wembley Central], Piccadilly Line [Alperton and Sudbury Town] and on the National Rail network [Wembley Stadium, Sudbury and Harrow Road].

3.4 There are 40 Controlled Parking Zones in the borough, which have been gradually introduced over recent years. These contain 33,000 spaces serving 56,000 households. Under present arrangements, each household is entitled to three car permits plus unlimited visitor parking. This entitlement is no longer sustainable. The 2011 Census showed the pattern of car ownership in the whole borough set out in the table below:

Table: Household car ownership in Brent

No. of cars/ vans per household	2011	
	No. of households	%
0 (car-free)	47,417	43.0
1	43,598	39.5
2	14,884	13.5
3+	4,385	4.0
Total Households	110,286	100

3.5 This report proposes a number of changes to the council's policies and charging regimes for on-street parking. If approved, all will be subject to consultation with residents and further deliberation by Cabinet.

3.6 Cabinet has committed to a programme of reviews of existing CPZs, including the boundaries, time of operation, assessment of the adequacy of Pay & Display and dual-use bays. This programme will need to include a review of the Wembley event day zone. This report does not seek to deal with wider concerns regarding CPZs which will be subject to the further review.

4.0 Demand-Led Pay & Display Tariffs

4.1 There are currently 704 Pay & Display machines across the borough's CPZs. Pay & Display bays are designated for short stay visits to businesses or homes within CPZs. Pricing policy seeks to ensure that there is a regular turnover of parking spaces.

4.2 Within the 2015/16 Budget Report, approved by Cabinet on 15 December 2014, various measures were recommended which were expected to have a significant impact on budget expectations for the Parking service. This included a £100k annual saving which was anticipated from an increase in Pay & Display parking charges, focused on areas where excessive demand for spaces might be experienced. However, the proposal was subject to the outcome of a substantial review. This review has now been completed.

4.3 The general principle underpinning on-street pay and display parking is to provide a quick turn-over of spaces, allowing easy access for motorists who wish to make short visits to shop or conduct business; and therefore park nearby. If charges are set too low, parking bays will not be freed up and this principle would be undermined.

4.4 Motorists who wish to park in a Pay & Display bay may do so by booking a session via a mobile device, such as a telephone or tablet, or by purchasing a ticket from a Pay & Display machine and displaying it on the windscreen of their vehicle. Pay & Display bay charges were set in 2013. Motorists pay 20p for up to 15 minutes; and then £1 for 30 minutes, £2 for one hour, £4 for 2 hours, £6 for 3 hours and £8 for 4 hours. For stays of more than 15 minutes, charges are 'linear' i.e. motorists need only pay for the duration of their expected stay. Coin payments are charged a 50 pence cash transaction supplement.

4.5 An analysis has been undertaken of the potential need to increase Pay & Display charges, to improve the management of parking and traffic. The review looked at:

- The prevalence of on-street short-stay parking (of up to 1 hour), based on coin and cashless income data from a sample month (September 2015).
- Price comparisons with adjacent boroughs, and statistical 'near neighbour' boroughs.

A benchmark was then agreed, on parking demand management grounds, to determine a satisfactory level of short-term parking; a satisfactory level of turnover was deemed to be achieved if at least 40% of stays were for less than one hour.

4.6 Length of parking stays when paying by coin

- For those motorists who pay by coin, data on the duration of parking stays is only available if a Pay & Display machine is networked.
- Only 37% of Brent's machines are modern, networked meters. The other meters are of a traditional design which simply accept cash payments – information from these machines is limited to the total cash collected
- The coverage of networked machines is very uneven. The west of the borough has a high proportion of networked machines; the south east of the borough a very low

proportion. This means we have very little data across the south east part of Brent - which has the highest concentration of Controlled Parking Zones.

- Based on available data, only one geographic area showed a relatively high number of machines with a low incidence (less than 40%) of short stay parking; this was Wembley (CP Zones C, E and W).
- However, Wembley is also the area with the highest proportion of networked machines, so this may simply be due to the availability of data for this area. Networked machines are essential in the Event Day area due to the need to cover different charging regimes.

4.7 Length of parking stays when paying by mobile device (cashless)

- For those motorists who pay by mobile phone, length of parking stay data is available across all cashless parking locations.
- The data shows that cashless payment locations in 26 out of 38 Controlled Parking Zones across the whole borough already have a sufficiently high proportion (over 40%) of parking visits which are short stay.
- The remaining 12 Controlled Parking Zones have a low proportion (less than 40%) of short duration parking stays, but these Zones are scattered across the borough and do not form a coherent geographic entity. Increasing tariffs in isolated locations would create an incoherent set of different tariffs in locations which are close to one another. This would create confusion for motorists, and be more difficult to manage and enforce fairly.

4.8 Benchmark comparisons, show that Brent Pay & Display bays are cheaper for the first 15 minutes, but are then more expensive than in adjacent boroughs. This suggests that there is little incentive for motorists to park in Brent Pay & Display bays, rather than across the border in other boroughs (see Appendix F). LB Westminster is currently consulting on increasing pay and display prices to £1.70 per hour, and has cited evidence of motorists crossing to park in Pay & Display bays within the Westminster boundary.

4.9 In conclusion, the evidence does not support an increase in pay and display charges at this time.

5.0 **Visitor Parking Pricing Scheme**

5.1 Daily visitor parking permits allow residents that live in Controlled Parking Zones to receive visitors during a Zone's operational hours. Daily visitor parking permits are currently priced at £1.50 per day. This price has not increased since 2013.

5.2 Residents can book a parking session for their visitor online, over the telephone or by text message, providing they have a parking account. In 2014/15 residents booked just over 411,000 visitor parking sessions. Residents can still use any remaining scratch cards but these have been phased out since May 2013.

5.3 A proposal to increase daily visitor parking charges to better manage demand was endorsed by Cabinet in the December 2014 budget report; the report advised that the price of visitor parking was markedly cheaper in Brent compared to neighbouring boroughs; and that an increase in the tariff would help control levels of demand.

5.4 In November 2015, Members received a detailed report on visitor parking charges. Cabinet took a decision to link the cost of visitor parking to the cost of public transport to encourage people to consider swapping to more sustainable modes of transport. They also agreed to a single pricing structure borough-wide to protect poorer residents living in high demand

areas. Cabinet also took account of the carbon emissions and air pollution caused by vehicle traffic. A full analysis of the relevant issues taken into account in arriving at these decisions is contained within the [16th November 2015 Cabinet report](#).

- 5.5 Cabinet also agreed that consultation should take place on a proposed all-day charge of £4.50 and a proposed £3 charge for up to 4 hours. This compares with the cheapest return fare on public transport of £3; and the capped cost of bus fares incurred in a single day at £4.50. Full details of public transport fares were set out in the November Cabinet report.
- 5.6 Since the decision of the Cabinet on 16th November was published, the Council has received a number of representations from residents and resident associations expressing concern at the impact of setting a minimum £3 charge on very short visits. Several contributors have also expressed a related concern that the availability of convenient Pay & Display bays for short term visitors may be limited in a number of residential CPZ areas. It is therefore now proposed that the current £1.50 charge should be retained for visitor parking permits of up to 2 hours duration. This would freeze the cost for short term visitors at the current rate which is the same price as a single bus fare. Additional 2 hour bookings could be made to extend a visitor parking stay, but for any stays of more than 4 hours duration a single payment of £4.50 for an all-day permit would offer better value.
- 5.7 Cabinet considered the level of charges in neighbouring boroughs and sought to align charges in Brent close to the level set by LB Ealing, rather than the higher charges in inner London boroughs such as LB Camden. The table below sets out the prices of daily visitor parking permits in neighbouring boroughs, alongside current proposals for Brent. The most expensive charging regimes are at the head of the table; least expensive at the foot.

Borough	Products Offered	2 Hours	4 Hours	All Day
Westminster	Pay and Display only. 4 hour max stay*	£3.40- £9.80	£6.80- £19.60	N/A
Kensington & Chelsea	Pay and Display only. 4 hour max stay*	£2.40- £9.20	£4.80- £18.40	N/A
Hammersmith & Fulham	1 hour	£3.60	£7.20	£14.40**
Camden	1 hour, with all day cap	£1.92	£3.84	£6.49
Hounslow	1 hour	£1.50	£3.00	£6.00**
Brent (proposed)	2 hour, 4 hour and all day	£1.50	£3.00	£4.50
Ealing	1 hour, with all day cap	£1.20	£2.40	£4.50
Harrow	All day	£1.69	£1.69	£1.69
Brent (current)	All day	£1.50	£1.50	£1.50
Barnet	All day	£1.00	£1.00	£1.00

* Max stay limits vary across these boroughs

** Hammersmith & Fulham do not offer an all-day visitor permit. Price is based on the cheapest cost of an 8 hour booking

5.8 Car usage makes a significant contribution to the borough's carbon emissions. Increasing the cost of visitor parking may encourage a greater uptake of more sustainable modes of transport for those journeys. For example, a 5% reduction in visitors travelling by car would equate to over 20,000 fewer return car journeys, and would therefore make a contribution to reducing both air pollution and carbon emissions in Brent.

5.9 Some authorities cap the number of individual visitor permits which can be sold to a particular household in a single year; or impose a surcharge for visitor permit bookings made above an upper limit. It is suggested that the consultation include a review of this issue. A possible upper limit for purchases could, for example, be set at £350 p.a. to just over the value of 75 full day permits/115 four hour permits/230 two hour permits, or any combination thereof. Setting a financial cap provides flexibility for residents rather than limiting the availability of any single type of permit.

6.0 Visitor Household Permits and the Proposed Carer's Permit

6.1 The council currently offers a Visitor Household permit to residents. This is a paper permit which displays the name of the resident's street. It allows visitors to park in any resident or shared use bay, but only in the named street (or part of the street) within the Controlled Parking Zone shown on the permit. The permit may be displayed on any vehicle, regardless of engine size or ownership. Each household may only hold one Visitor Household permit, which is currently priced at £110. In 2014/15, 3,956 Visitor Household permits were in use, with the associated income making a substantial contribution to the cost of managing and enforcing Controlled Parking Zones.

6.2 In September 2012 the council agreed in principle that the annual Visitor Household permit should be withdrawn. The concern expressed was that its relatively low cost created an incentive for some residents to purchase a Visitor Household permit for a vehicle of their own, to avoid the higher cost of a resident's permit for cars with larger engines, which can cost up to £300. The permit is not fully aligned with the council's 2015 parking strategy and transport objectives. Officers have also heard concerns about the risk of the permit being abused and sold as it can be used on any car.

6.3 The Executive recognised that a withdrawal of the annual Visitor Household permit would disproportionately impact on Controlled Parking Zone (CPZ) residents who require support from carers. To mitigate this risk, the Executive agreed that any withdrawal of the Visitor Household permit should be explicitly linked to the introduction of a new carer's permit restricted to those with critical or substantial care needs.

6.4 LB Brent has clear eligibility criteria for carer funding. There are four bands of need: critical; substantial; moderate; and low. Only those in the critical or substantial need bands are eligible for social care funding. Critical or substantial needs can be long term, e.g. terminal illnesses, mental health problems, physical disabilities etc.; or short-term, e.g. a needs for a few weeks care or post-operative rehabilitation.

6.5 Residents requiring formal care for critical or substantial needs can access parking permits for their carers through the Essential User Permit. This is provided to public sector workers and staff of eligible charitable organisations who provide essential care and services to people who live or work in CPZs. The eligibility criteria are: *"any person who performs a statutory service on behalf of the Council, including social housing management and residential or community care management, or is a health visitor, general practitioner, district or community nurse, midwife, chiropodist, dentist or osteopath employed by the*

National Health Service, or who provides home visiting on behalf of religious or non - profit making charitable organisation”.

- 6.6 Those who provide informal care, such as volunteers, friends and relatives, are not entitled to Essential User Permits, and to date many have benefitted from use of the Visitor Household permit.
- 6.7 Adult Social Care does not provide ongoing support to people with low or moderate needs, although they are assessed on request and advised about support; some receive limited support on a one-off basis. Many residents with moderate or low levels of need are not known to the Council; many of them cared for or provided with regular support by family members and friends.
- 6.8 It is therefore proposed to cease offering the Annual Visitor Permit and replace it with a new Carer's Permit based on the existing criteria together with the requirement to sign a legal declaration confirming that the resident requires care or support. This would enable all residents needing care to continue benefiting from an annual permit facilitating parking for their carer/s with no additional burden in terms of testing or assessment. Sampling of Carer permit usage would be undertaken, with any breach of the terms and conditions leading to withdrawal of the permit.
- 6.9 There is a potential risk that use of the Carer's permit might be abused although it will be monitored through a programme of random sampling. The council will review usage of the new Carer's Permit after 12 months and consider whether further criteria are required. The council will also explore commissioning support for the scheme through the Carers Hub.
- 6.10 It is proposed that an annual Carer's Permit would cost £165 at 2016/17 prices. This cost would offer a price advantage compared to the purchase of individual visitor vouchers, provided at least one visit per week (on average) is made. £165 would equal the proposed cost of 55 four hour visitor permits costing £3 each; or 110 two hour permits costing £1.50 each. To align with resident permits, it is also proposed to make future annual adjustments to the price of this permit on 1 April each year, based on the most recent available Retail Prices Index (RPI) data published by the Office for National Statistics, and rounded to the nearest pound. This will be the January RPI figure, published on 20 February each year.

7.0 Resident Parking Permits

- 7.1 Resident parking permits are available in CPZs for household cars, subject to proof of ownership.
- 7.2 Permit Application Restrictions: Each of the 56,000 households in Brent located in CPZs are currently entitled to purchase up to 3 resident permits This can be contrasted with the 33,000 spaces available within CPZs. Residents complain about the lack of spaces available and this is supported by evidence. Limiting the number of permits available per household would reduce demand. It is proposed to consult residents on reducing the maximum number of resident permits issued to a household down to two. This change would affect about 600 households in CPZs. Households would still be eligible for the proposed Carer's permit in addition, if someone living there required care. Only one authority in England has been identified offering just one resident permit – RB Kensington and Chelsea – but many offer just two. Parking stress within RB K&C is extreme, with high density housing, relatively wealthy residents in many areas, and with few off-street residential parking facilities.

- 7.3 Consolidation of Carbon Emission Bands: Resident parking permits currently cost between £0 and £300 (see pricing schedule attached as Appendix G). LB Brent's current emissions-based resident permit scheme currently has 7 categories of vehicle, linked to vehicle data held by the DVLA. The high number of categories may provide a lack of clarity in giving a steer to motorists to opt for vehicles producing a lower level of emissions. A recent survey of London motorists concluded that the average annual cost of car ownership in the capital was over £3,400 p.a., much greater than the cost of residential parking permits. In order to provide more clarity in 'nudging' vehicle owners towards low emission vehicles, it is proposed to consult on simplifying the emissions based permit charges to just 3 categories - for *low emissions* (less than 110 gCO₂/km), *standard emissions* (110-200 gCO₂/km) and *high emissions* (more than 200 gCO₂/km) vehicles. The proposal would be designed to be revenue-neutral but could impact on individual households.
- 7.4 It is also suggested that residents' views are sought on whether an additional surcharge of £25 should be levied on diesel powered vehicles, given concerns about NO_x emissions. Finally the issue of whether a zero charge is appropriate for a first vehicle emitting less than 110 gCO₂/km has also been raised, given that such vehicles are not entirely emission-free and that the marginal administration cost for issuing a permit does need to be covered. It is proposed to consult on a minimum starting price for any resident permit of £25, reflecting the fact that all vehicles emit carbon and take up space on the street.

8.0 School Parking Permits

- 8.1 Parking pressure experienced by residents in close proximity to schools continues to be an issue, particularly during the morning drop-off and evening pick-up times when parents and carers often park indiscriminately. This causes congestion and has safety implications for pupils, staff and visitors. Complaints from residents about the parking and driving behaviour of parents and carers greatly outweigh concerns expressed about school staff.
- 8.2 Brent Council actively encourages all schools to produce a School Travel Plan (STP) which includes information about the school and pupil & staff modes of travel. Plans are reviewed annually.
- 8.3 School Travel Plans (STPs) are aimed at reducing car use and improving safety on the journey to school. Every STP should contain results from a survey showing how pupils and staff currently travel to school, and how they would like to travel to school, as well as a measurable action plan that includes measures and actions that the school wants to carry out to enable it to meet its STP targets and objectives. More information on the benefits of School Travel Plans is included in Appendix H.
- 8.4 There are three levels of independent accreditation for school travel plans: bronze; silver; and gold. These are awarded in accordance with the activities undertaken, evidence provided and the commitment displayed by the school to reduce congestion and pollution utilising modal shift targets for pupils and staff. Currently, 34 Brent schools have a travel plan approved by TfL of which 17 have a bronze accreditation, 3 silver, and 14 gold.
- 8.5 In September 2012 a review of all parking permits and charges was undertaken which led to a recommendation to phase out the special permit for teachers. The parking permit for teachers was introduced to assist schools in CPZs with recruitment and retention difficulties.. A temporary concession to allow renewal for a further 24 months was given to schools achieving: the TfL Silver Travel Plan Standard by October 2013; or the TfL Gold Travel Plan Standard by October 2015. These schools would have an option to renew one

half of any remaining permits for a further and final 12 months. It was agreed the cost for a permit would increase in stages; it is currently £220 p.a.

- 8.6 The concession finishes in September 2016 after which time all school permits will cease, unless the Cabinet makes a new decision.

Impact on Schools and Residents

- 8.7 There is a need for further school places within the borough and as such the Council is completing a school expansion programme. There is often no additional land and school expansions are being accommodated within existing footprints. This places pressure on the ability of the school to provide the required space for playing fields etc. As a result the amount of space to provide off street parking for all staff is not always achievable and there is a risk schools will not engage with the expansion programme if parking spaces are lost and no alternative is offered.
- 8.8 The Early Help and Education service commented in September 2015: “*Schools in the more deprived wards where the majority of CPZs are located believe their recruitment of teaching staff will suffer compared with schools which have on-site car parks and/or are not in CPZs. Teacher recruitment is an ongoing issue for primary schools across London, with this in mind consideration should be given to approving options that allow the purchase of permits*”.
- 8.9 Currently all businesses in CPZ areas are entitled to three business permits. In addition, more schools are coming forward as Free Schools and Academies operating on a business model, and therefore entitled to business permits.
- 8.10 This year we achieved a record number of schools with a gold level Travel Plan. These schools demonstrate a significant impact on reducing the extent to which children and staff travel to school by car. There is a real concern that this achievement will be jeopardised if the incentive of obtaining parking permits for key school staff is removed. The objective of school travel plans is to positively encourage more sustainable modes of travel by pupils and staff and improve road safety surrounding the school, and any reduction in the number of schools with travel plans could have the negative outcome of increasing parking and road safety problems in the vicinity of schools.

Alternative Policy Proposal

- 8.11 An alternative policy framework has been developed by the Transportation and Parking & Lighting services that proposes to:
- Recognise the need to treat schools no less favourably than local businesses by allowing schools to purchase up to 3 business permits for allocation to staff.
 - Provide an incentive for schools to actively engage or remain engaged in travel planning to reduce the school sites’ overall demand for car parking spaces and the use of private cars to travel to school.
 - To provide increased incentives for schools to achieve higher levels of travel accreditation, thereby further reducing parking demand.
 - Ensure that residents’ interests are also protected by minimising the on-street parking demands made by schools.
 - Assist in teacher recruitment and retention, through schools being able to offer support to key staff who need to travel by car to the workplace in a managed way.

- 8.12 In order to provide equity it is proposed to allow all schools located within CPZs to purchase up to 3 business permits for staff at the same price (£361 in 2015/16), terms and conditions as local businesses. These permits will be restricted to the CPZ within which the school is located. It should be noted that the school itself would need to apply, not individual staff.
- 8.13 To provide an incentive for schools to seek travel plan accreditation, it is proposed to allow all schools in CPZs with bronze accreditation to purchase up to 3 school permits for staff, instead of business permits. School permits would be a new permit offer offering a 25% discount on the price of business permits, recognising that school staff only require parking space within the CPZ area during term time. Terms and conditions would be based on the Essential User Permit available to care and health staff, rather than the business permit model. Once a school permit is made available it would be a replacement for the business permit **not** additional to the business permits held by a school.
- 8.14 To provide further incentives for schools to achieve higher levels of travel plan effectiveness, it is proposed to allow schools with silver accreditation to purchase up to 6 permits instead of just 3; and schools with gold accreditation to purchase up to 9 permits. Schools with higher levels of travel plan accreditation have demonstrated that they are taking active steps to reduce the overall parking impact of staff and parents on the local area, and therefore the overall impact on local parking spaces would be contained.
- 8.15 The purchase of permits would apply to all schools within the borough located in CPZs.
- 8.16 It has been suggested that permits made available to schools should include detailed restrictions on where they can be used, e.g. not within a ten minute walk of the school. However there may be practical difficulties in taking this approach due to: the cost and delay which would be involved in making changes to the permit issuing system; the additional enforcement complexities; and the additional management this would require. The costs of this approach, and dis-benefit to schools, could outweigh the potential benefit to residents if school staff are required to park on more distant but less pressured roads. In addition business permits are not subject to this level of restriction so it would be seen as an inequitable approach to schools.

9.0 A Trader's Permit

- 9.1 Currently residents can book visitor permits for smaller trade vehicles occupying a single bay, or allow such vehicles to use their Visitor Household permit. Larger vehicles are required to apply for a bay suspension for which a charge is levied. It is proposed to invite proposals for how the parking needs of traders, particularly businesses based in Brent, could be met in future; particularly if the council does decide to replace the Visitor Household permit with a Carer's permit. One neighbouring borough offers a 'builder's permit', for example, allowing traders to park within a specified area for a daily charge. Other possibilities might include a one day permit for all CPZs, allowing a trader to attend several jobs in a single day, or an extension of the existing suspension scheme to include provision for single parking bays at an appropriate price. Any new parking offer to local traders would need to be set at an affordable level.

10.0 Consultation

Approach

- 10.1 It is proposed to utilise a wide range of consultation methods in consulting all stakeholders on the proposals outlined in this report including:

- A letter and email to all residents in CPZs who have a parking account
- Discussions with Resident Associations based in CPZs
- Discussions at Brent Connects Forums
- A Web survey
- Discussions with schools in CPZs
- Focus groups of stakeholders to collect qualitative input
- Discussions with Businesses – via Business Fora and the Chamber of Commerce

All parking account holders would be sent a letter advising them about the consultation and how to respond. A budget of up to £20,000 would be needed to facilitate the consultation exercise, drawn from existing budgets for 2016/17.

Timeframe

10.2 It is proposed that a two stage consultation process be undertaken before new charges are implemented. The proposals set out in this report would require a change to be made to the terms and conditions of visitor permits, and therefore a second stage formal consultation on the corresponding amendment to the relevant Traffic Management Order would be required. Cabinet would have the opportunity to consider responses to informal consultation at its meeting on 27 June 2016, before commencing formal consultation on the Traffic Management Order which would implement the final option. A target date of 1st October 2016 is proposed for implementation of any changes to visitor parking permit charges.

11.0 Procedure for PCN Appeals and Representations

11.1 Penalty Charge Notices, or PCNs, are usually issued by a Civil Enforcement Officer (CEO) for breaches of parking restrictions at the location where the contravention occurred. In some specified circumstances (for example by CCTV at bus stops and on school Keep Clear zig-zag markings; or where a motorist drives away before a CEO can issue a PCN) they may also be sent to the owner of the vehicle by post. CCTV is also used to enforce bus lane and other moving traffic contraventions.

11.2 London Councils' Code of Practice on Civil Parking and Traffic Enforcement details the guidelines that all London authorities have agreed to follow; including reasons for cancelling PCNs (see Appendix C). If the owner of a vehicle feels that a PCN was incorrectly issued, or that there are special circumstances that should be taken into account, then motorists may challenge the PCN; but they can only do so through the statutory appeals process.

11.3 The statutory grounds to challenge a PCN or Notice to Owner are set out in Appendix B. Vehicle owners may also make representations if there are any other compelling reasons why they believe they should not pay the Penalty Charge.

11.4 Vehicle owners may only appeal to the independent adjudicator, (ETA, formerly PATAS), after representations to the council have been rejected. The adjudicators at ETA act as a tribunal – their decision is final and binding on the motorist and the council.

Members' and Officers' Role in PCN Appeals

11.5 On occasions motorists may contact their local councilor or Member of Parliament in relation to a PCN that they have received, and ask for support in making a PCN appeal. In such instances, Members are requested to first advise motorists that they must follow the statutory appeals process for the appropriate stage of their appeal.

11.6 Where a Member wishes to submit evidence in support of a resident's appeal, this should be sent as a Member's Enquiry in accordance with agreed Council procedure. Member enquiries should be submitted via email to: members.enquiries@brent.gov.uk ; and need to include the PCN reference number (beginning with 'BT'). Responses to parking enforcement-related enquiries will normally be signed off by the Head of Service (see Appendix L).

11.7 The London Councils' Code of Practice on Civil Parking and Traffic Enforcement, agreed by its Transport and Environment Committee, provides the following guidance:

"Consideration of challenges to enforcement is a quasi-judicial function and elected members of authorities should play no part in deciding on individual representations. Their involvement should extend no further than to ask, and receive information, about the progress of consideration of challenges and about the eventual outcome of any challenge."

11.8 The Statutory Guidance published by the Secretary of State for Transport (under section 87 of the Traffic Management Act 2004) sets out the policy framework for Civil Parking Enforcement. In Section 10.16, under Formal Representation, the Statutory Guidance states:

"...elected members and unauthorised staff should not, under any circumstances, play a part in deciding the outcome of individual challenges or representations. This is to ensure that only fully trained staff make decisions on the facts presented"

11.9 In order to meet the requirements of the statutory process, and promote a fair and equitable approach to all PCN appeals, formal approval is sought for an official list of officer posts that are qualified and permitted to cancel PCNs to achieve a consistent and well-managed approach. The Statutory Guidance, Section 10.16, recommends:

"The authority's standing orders should be specific as to which officers have the authority to cancel penalty charge notices."

11.10 In accordance with the Statutory Guidance, the recommended list of officer posts with authority to cancel Penalty Charge Notices is set out below. All LB Brent Appeals Officers have now attained the NVQ Level 3 Award in Notice Processing, providing motorists with additional assurance that representations and appeals will be determined professionally.

- a) Parking Appeals Officers (x10)
- b) Contract Operations Manager (Notice Processing)
- c) Senior Contracts Manager (Parking and Lighting)
- d) Head of Parking and Lighting
- e) Departmental Directors relevant to the Parking and Lighting service

The Operational Director and Strategic Director would only very rarely need to review PCN appeals. It is, however, important that senior officers from outside the team are permitted to cancel PCNs; for example in cases where other members of the Parking team itself have had prior contact with a case referred back to the Council by the independent appeals service, ETA.

11.11 Council (or contractors') employees and elected Members who receive a PCN are of course required to appeal only through the statutory process, in the same way as any other motorist. Guidance is available on the Council's intranet. PCNs are a financial penalty and

therefore a relevant extract from the recently revised Member Code of Conduct, in respect of Personal Interests, is attached as Appendix M.

12.0 Legal Implications

Pay & Display - Legal Implications

12.1 Although the Mayor of London's Transport Strategy has now superseded the earlier Traffic Management and Parking Guidance (TMPG) for London, the boroughs continue to rely on the TMPG document as an authoritative interpretation of the legal framework. It advises:

"(2.23) The level of parking charges must be set for traffic management reasons, such as to ration available space and ensure that there is a rapid turnover of parking spaces, rather than to maximise revenue. This is because section 122 of the Road Traffic Regulation Act 1984 does not include the maximisation of revenue from parking charges as one of the relevant considerations to be taken into account in securing the safe, expeditious and convenient movement of traffic".

12.2 Whilst it is reasonable for a Council to take due regard of estimated costs and income arising from the management of parking, it is not lawful for a local authority to use the Road Traffic Regulation Act 1984 to justify imposing charges to raise revenue.

12.3 Following the review, there is insufficient evidence to support a price increase on traffic management grounds.

Visitor Parking Pricing Scheme - Legal Implications

12.4 Under section 45 of the Road Traffic Regulation Act 1984 (RTRA 1984), a local authority has powers to designate parking places on the highway, to charge for use of them, and to issue parking permits for a charge.

12.5 Section 55 of the RTRA 1984 makes provision for the monies raised under section 45 of the RTRA 1984, in that it provides for the creation of a ring-fenced account (the SPA – Special Parking Account) into which monies raised through the operation of parking places must be placed, and for the application of any surplus funds. Any surplus generated is appropriated into the Council's General Fund at the year end and can be spent on matters defined in section 55(4) of the RTRA 1984 Act (mainly transport and highways matters, which are listed in the Act).

12.6 Section 122 of the RTRA 1984 imposes a general duty on local authorities when exercising functions under the RTRA. It provides, insofar as is material, as follows:

"(1) It shall be the duty of every local authority upon whom functions are conferred by or under this Act, so to exercise the functions conferred on them by this Act as (so far as practicable having regard to the matters specified in subsection (2) below) to secure the expeditious, convenient and safe movement of vehicular and other traffic (including pedestrians) and the provision of suitable and adequate parking facilities on and off the highway...

(2) The matters referred to in subsection (1) above as being specified in this subsection are—

(a) the desirability of securing and maintaining reasonable access to premises;

(b) the effect on the amenities of any locality affected and (without prejudice to the generality of this paragraph) the importance of regulating and restricting the use of roads by heavy commercial vehicles, so as to preserve or improve the amenities of the areas through which the roads run;

(bb) the strategy prepared under section 80 of the Environment Act 1995 (national air quality strategy);

(c) the importance of facilitating the passage of public service vehicles;

(d) any other matters appearing to the local authority to be relevant”

- 12.7 Although the Mayor of London’s Transport Strategy has now superseded earlier Traffic Management and Parking Guidance (TMPG) for London, the boroughs continue to rely on the TMPG document as an authoritative interpretation of the legal framework. It advises:

“(2.23) The level of parking charges must be set for traffic management reasons, such as to ration available space and ensure that there is a rapid turnover of parking spaces, rather than to maximise revenue. This is because section 122 of the Road Traffic Regulation Act 1984 does not include the maximisation of revenue from parking charges as one of the relevant considerations to be taken into account in securing the safe, expeditious and convenient movement of traffic”.

- 12.8 This interpretation of the RTRA 1984, in the context of on-street charges, is widely accepted. Case law supports the view that the Act’s purpose is not revenue-raising and this is set out in the judgements in the cases of *R (on the application of Cran) v LB Camden [1995]* and *R (on the application of Attfield) v London Borough of Barnet [2013]*. The British Parking Association’s Parking Practice Notes “1 - Charging for Parking” (Revised August 2011) emphasises this point by quoting the Camden judgement, saying that the RTRA 1984:

“...is not a fiscal measure. It contains no provision which suggests that parliament intended to authorise a council to raise income by using its powers to designate parking places on the highway and to charge for their use”.

In the *Attfield v Barnet* case, the Court ruled that the RTRA 1984 did not authorise a local authority to use its powers to charge for parking in order to: raise surplus revenue for other transport purposes funded by the Council’s general fund; to defray other road transport expenditure; and reduce the need to raise income from other sources, such as fines, charges and council tax.

- 12.9 Should a revision to visitor parking charges be approved for implementation, this would require the amendment of the existing Traffic Management Order (TMO) under the Road Traffic Regulation Act 1984.

Parking Statutory Guidance 2015

- 12.10 This Statutory Guidance (“the Guidance”) was published by the Secretary of State for Transport under Section 87 of the Traffic Management Act 2004, and applies to all authorities in England exercising civil parking enforcement powers. It sets out the policy framework for Civil Parking Enforcement. It explains how to approach, carry out and review parking enforcement in order to promote as much national consistency as possible, while allowing parking policies to suit local circumstances.

- 12.11 Although the Guidance is not binding, local authorities must have due regard to it. Where the Guidance says that something must be done, this means that it is a requirement in

either primary or secondary legislation. In all other instances, section 87 of the Traffic Management Act 2004 stipulates that local authorities must have regard to the information contained in the Guidance when exercising their functions.

13.0 Financial Implications

Pay & Display - Financial Implications

13.1 The December 2014 budget report assumed that an increase in visitor parking charges would lead to an increase in income of £795k p.a. from 2016/17, and that an additional £100k p.a. would be derived from the introduction of demand-led pay & display charges. This was expected to result in additional income of £895k in 2016/17 and subsequent years.

13.2 If the recommendation not to proceed with increasing Pay & Display bay charges set out in section 4 is agreed' the £100k additional income p.a. assumed in the December 2014 Budget report would not be achieved. However, it is anticipated that additional net income would be generated by the proposed increase in charges for visitor permits and the switch to Carer's permits, together with additional enforcement income which would make up the shortfall. No change in budget assumptions for 2017/18 onwards would therefore be required if the coherent package of recommendations made in this report are agreed for consultation.

Visitor Parking Pricing Scheme - Financial Implications

13.3 The table below forecasts the total income which would be generated by agreeing the proposed increases set out in this paper. The forecast assumes a baseline level of demand derived from the 2015 calendar year, and a reduction in demand depending on the extent of the price increase (see Appendix E).

Option Description	Product Split	Transaction Volumes	Forecast Income	Increase
Current: £1.50 All day	N/A	451,119	£676,679	-
Proposed: £4.50/£3.00/£1.50 for: All day 4 Hours 2 hours; with associated demand reductions	40% 30% 30%	451,119	£1,309,188	£632,509

For budget planning purposes, the estimated increase in net visitor parking income is £632k p.a. as shown in the table above. It is anticipated that the linked proposal set out in section 6 to switch from Visitor Household permits to Carer's permits, would increase income by an estimated additional £218k. In total therefore net income could be expected to increase by £850k p.a. This is a shortfall of £45k compared to the income anticipated in the December 2014 Budget report. However, this shortfall could be closed by 2017/18 through efficiency savings and additional enforcement income. No change would therefore be required to budget planning assumptions from 2017/18 onwards.

13.4 Due to the time required for consultation and scheme implementation, the estimated additional income would be limited to £425k in 2016/17, resulting in a budget pressure of £470k from the £895k originally assumed in the December 2014 budget report. The budget pressure will need to be managed and closely monitored.

13.5 The financial forecast does not factor in the possibility of customers stockpiling the current all day £1.50 permit prior to the price increase taking effect. This would have the effect of

increasing visitor parking sales in the immediate short term, but lead to a reduction in sales in the following period. It may be possible to limit stockpiling, however.

- 13.6 Charges for parking are designed to help regulate demand for the limited spaces available and to improve the flow of traffic in the borough. As in many other areas of local authorities' activities, an estimate of the financial impact of changes in pricing policy - in this case an increase in the income likely to be raised – needs to be made, in order to ensure that the budget reflects the requirement to use such income to fund matters which are listed and set out in section 55(4) of the Road Traffic Regulation Act 1984. Brent invests considerably more in funding such costs than the total income that it raises from parking charges. In 2014/15, the £8.957m surplus on the parking account was used to cover the revenue cost of the Transportation service (£2.091m) and make a contribution of £6.866m to the cost of concessionary fares – this covered less than half of the total expenditure incurred by the Council on concessionary fares (£15.913m in 2014/15).

Visitor Household and Carer's Permits - Financial Implications

- 13.7 For budget planning purposes, replacing the Visitor Household permit (at a cost of £110 p.a.) with a new Carer's permit (costing £165 p.a.) could be expected to result in an increase in income of £218k. This assumes that any households dropping out of the scheme will switch to an equivalent amount of daily Visitor Permit bookings. In the interim period before the new Carer's permit is introduced it may be necessary to increase the charge for Visitor Household permits to this level.

School Permits - Financial Implications

- 13.8 The current level of income arising from issuing school parking permits is £28,000 per annum. This would cease by October 2016 under the current policy.
- 13.9 Income received for Parking from businesses and residents is fully used to offset the cost of administration and maintenance of the Council's Control Parking Zones (CPZs).
- 13.10 The maximum number of permits which might be issued to the 49 schools located within CPZs would be 240. This could potentially provide an income of £59,000 per annum to contribute to the cost of managing and enforcing CPZs. Should it be assumed that 50% uptake is achieved this would more likely result in approximately 120 permits issued to schools, which would generate gross receipts of approximately £29,500 and net revenue of £25,500.
- 13.11 Should a 50% uptake be achieved then this would help to provide a balanced budget from which to continue to cover the cost of maintaining and enforcing the Council's CPZs. Should the permit offer be withdrawn, following consultation, the balance would be a cost pressure on the parking account. The shortfall might then need to be met by cost increases for resident and/or other permits within CPZs.
- 13.12 The new permit, as existing permits are, would be subject to annual adjustment on 1 April based on the most recent available Retail Prices Index (RPI) data published by the Office for National Statistics, and rounded to the nearest pound. This will be the January RPI figure, which is published on 20 February for each year.
- 13.13 There would be miscellaneous costs in introducing the new permit, subject to approval, which can be met from the existing parking budget.

14.0 Diversity Implications

Visitor Household Permit - Diversity Implications

- 14.1 S149 of the Equality Act 2010 requires the Council to have due regard to the need to eliminate discrimination, and advance equality of opportunity and foster good relations between those who share a protected characteristic and those who do not. An Equality Analysis of the proposals was undertaken and included within the 16th November 2015 report agreed by Cabinet. Further Equalities Analysis advice will be included within the decision report to be brought to Cabinet in June 2016.
- 14.2 Cabinet was concerned that the proposed increase in visitor parking charges may adversely affect those residents who live in CPZs and receive visitors who provide them with care. This may particularly affect elderly residents, or those with disabilities. However two measures are already in place which will mitigate against this impact: the Essential User Permit; and the Visitor Household permit which this report recommends could be replaced by a new Carer's permit.
- 14.3 The Essential User Permit is issued by the Council to charitable and public sector organisations which provide essential services including formal residential and community care to people who live or work in Controlled Parking Zones. Residents who receive care visits from an Essential User Permit holder will be unaffected by the proposal to increase visitor parking charges.
- 14.4 The proposed new Carer's permit would continue to offer a significantly cheaper alternative to daily visitor permits for those residents who receive regular visitors to their property. Residents who purchase the Carer's permit would be affected to a lesser extent than other residents by the proportionately lower increase in the cost of this permit compared to the current cost of the Visitor Household permit which it would replace; the purchase of this permit by those residents who receive care visits means that they would not be disproportionately affected by the proposal to increase visitor parking charges for daily permit visitors.

Background Papers

19th September 2012 Executive report – Parking service simplification and pricing

15th July 2013 Executive report – Statutory consultation on proposed changes to parking tariffs, charges and permits

15th December 2014 Cabinet report – Budget 2015/16 and 2016/17

[16th November 2015 Cabinet report](#) – Visitor Parking Charges

2015 Parking Strategy

2016 Long Term Transport Strategy

Secretary of State's Statutory Guidance on Parking Civil Enforcement (November 2015)

London Councils Code of Practice (Parking and Traffic Enforcement)

Appendices

Appendix A – 2015 Parking Strategy: Policy and Operational Objectives
Appendix B – Average visitor parking bookings per household, per CPZ
Appendix C – Vehicles with 100+ visitor parking bookings by CPZ
Appendix D – Air Quality Management Areas within Brent
Appendix E – Assumptions made in financial modelling
Appendix F – Benchmarking Pay & Display Tariffs
Appendix G – Resident Parking Permit Prices
Appendix H – School Travel Plan Objectives
Appendix I – Statutory Grounds for PCN Challenges
Appendix J – London Councils Code of Practice
Appendix K – Statutory Representations
Appendix L – Guidance on Member Parking Enquiries
Appendix M – Member Code of Conduct (extract)

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Appendix A – 2015 Parking Strategy: Policy and Operational Objectives¹

Policy objectives

The Council seeks:

- To improve the safety of all road users.
- To provide affordable parking spaces in appropriate locations to promote and serve the needs of the local economy.
- To assist in providing a choice of travel mode and enable motorists to switch from unnecessary car journeys, to reduce traffic congestion, carbon emissions and pollution.
- To promote carbon reduction and improved air quality by encouraging the use of vehicles with lower emission levels
- To support local businesses by facilitating effective loading and unloading, and providing allocated parking where appropriate.
- To provide the right balance between long, medium and short stay spaces in particular locations
- To achieve a turnover of available parking space in shopping and commercial areas, to maximise business activity and promote economic growth
- To assist the smooth flow of traffic and reduce traffic congestion.
- To enable residents to park near their homes.
- To facilitate visitor parking, especially by those visiting residents with personal care needs.
- To assist disabled people with their parking needs, and enhance their access to local shops and key amenities
- To prioritise parking controls to support the needs of local residents and businesses over event traffic.

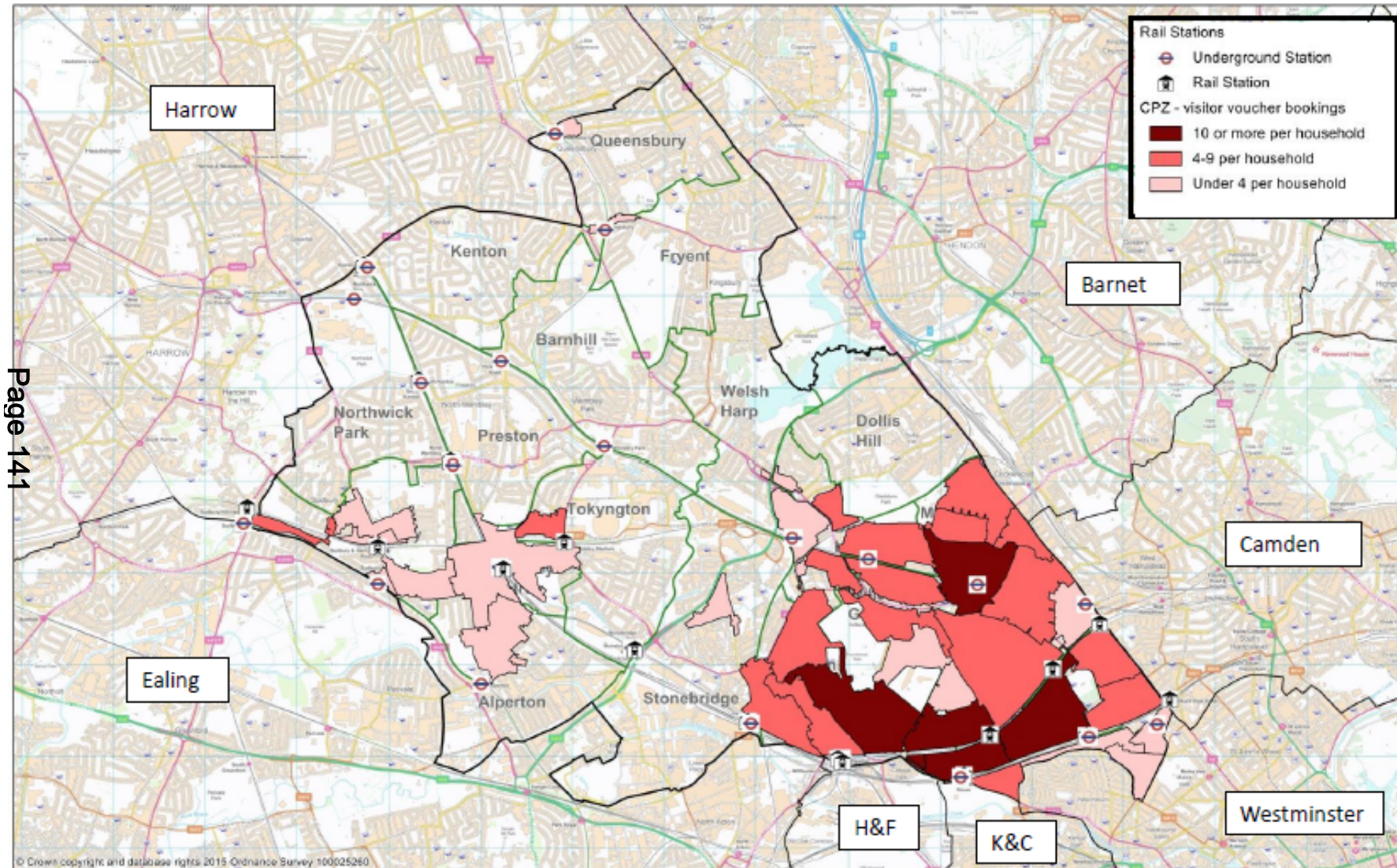
Operational objectives

The Council aims:

- To set a level of charges which balances demand and supply for parking spaces across the borough.
- To provide an efficient service which constantly seeks to improve.
- To be fair, consistent and transparent in our dealings with customers.
- To publish clear statistical and financial information on a regular basis.

¹ London Borough of Brent draft Parking Strategy 2015, section 2.27
Cabinet 14 March 2016

Appendix B – Average visitor parking bookings per household, per CPZ



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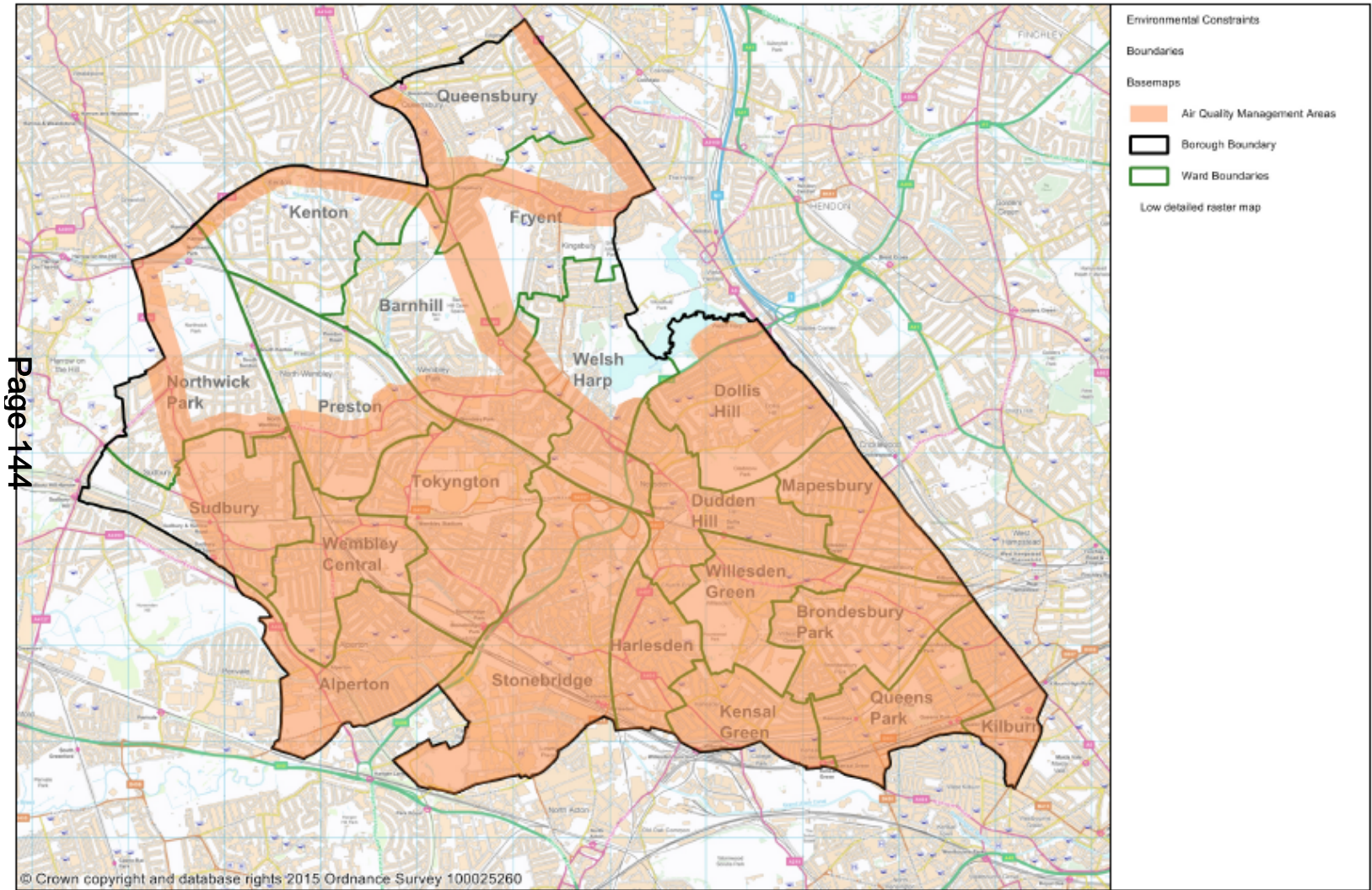


Appendix C – Vehicles with 100+ visitor parking bookings by CPZ

CPZ	Ward (s)	Occurrences of the same vehicle booking 100-149 sessions	Occurrences of the same vehicle booking over 150 sessions	Nearby Underground stations	Nearby Overground stations	Travel Zone (s)
KR_1	Queens Park, Kensal Green	16	4	Kensal Green	Kensal Rise	2
GC	Willesden Green	15	4	Dollis Hill, Willesden Green		2, 3
KQ	Queens Park	14	4	Kensal Green, Queens Park	Kensal Rise, Brondesbury Park	2
MW	Mapesbury, Dudden Hill, Brondesbury Park	14	8	Willesden Green		2
PW	Kensal Green, Harlesden	13	10	Willesden Junction, Kensal Green	Willesden Junction	2, 3
Y	Harlesden, Dudden Hill	13	3	Harlesden, Dollis Hill		3
KB	Kilburn, Queens Park	11	2	Kilburn Park, Queens Park	Kilburn High Road	2
GH	Willesden Green, Brondesbury Park	8	4	Dollis Hill, Willesden Green		2, 3
KD	Kilburn	8	6	Kilburn, Kilburn Park, Queens Park	Brondesbury, Brondesbury Park	2
KL	Queens Park, Kensal Green, Brondesbury Park	8	9	Kensal Green, Willesden Junction	Kensal Rise, Willesden Junction	2
H	Kensal Green	7	3	Harlesden, Willesden Junction	Willesden Junction	2, 3
KG	Queens Park	7	2	Kensal Green	Kensal Rise	2
KS	Brondesbury Park, Queens Park	5	5	Willesden Green	Kensal Rise, Brondesbury Park	2
MA_1	Brondesbury Park, Mapesbury	5	1	Willesden Green, Kilburn	Brondesbury, Brondesbury Park	2
GD	Dudden Hill, Willesden Green	4		Dollis Hill, Neasden		3
HS	Harlesden, Stonebridge	4		Harlesden, Willesden Junction	Willesden Junction	2, 3
KC	Kilburn, Queens Park	4	1	Kilburn Park, Queens Park	Kilburn High Road	2

CPZ	Ward (s)	Occurrences of the same vehicle booking 100-149 sessions	Occurrences of the same vehicle booking over 150 sessions	Nearby Underground stations	Nearby Overground stations	Travel Zone (s)
GM	Mapesbury	3	1	Willesden Green	Cricklewood	2, 3
KR_2	Kensal Green	3		Kensal Green, Willesden Junction	Kensal Rise, Willesden Junction	2
NS	Dudden Hill, Welsh Harp	3		Neasden		3
C	Wembley Central, Sudbury, Tokyngton	2	2	Wembley Central	Wembley Stadium	2,4
GB	Dudden Hill	2	2	Dollis Hill		3
K	Kilburn	2	2	Kilburn Park, Queens Park	Kilburn High Road	2
PAIA_2	Mapesbury	2	4	Willesden Green, Kilburn	Cricklewood	2,3
H	Sudbury	2	1	Sudbury Hill	Subury Hill Harrow	4
103 S	Willesden Green, Brondesbury Park	1		Willesden Green		2
KM	Kilburn	1		Kilburn Park, Queens Park	Kilburn High Road	2
MK	Brondesbury Park, Mapesbury	1	1	Kilburn	Brondesbury, Brondesbury Park	2
NT	Dudden Hill	1		Neasden, Dollis Hill		3
W	Tokyngton	1		Wembley Central	Wembley Stadium	4
GA	Mapesbury		1	Willesden Green	Cricklewood	3

Appendix D – Air Quality Management Areas within Brent



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Appendix E Assumptions made in financial modelling of changes to visitor permit charges

Assumptions made in financial modelling
Demand forecasts based on volume of visitor parking booking transactions completed in 2015: 451,119 visitor parking bookings
In CPZs that operate for more than 5 hours, demand is assumed to be split between the All day, 4 hour and 2 hour permits in the ratio 40:30:30
In CPZs that operate for 5 hours or less, demand is assumed to be evenly split between the 4 hour and 2 hour permits i.e. one half each.
Demand forecasts assume a reduction on the baseline 2014/15 as follows: demand drops by 7.5% for all day bookings; 5% for 4 hour bookings; and 0% for 2 hour bookings

Appendix F – Benchmarking Pay & Display Tariffs

On-Street Parking Charges: Benchmarking Data for Demand Led Tariffs							
Authority	Subsidy Period	1 Hour - Lowest Rate	1 Hour - Higher Rate	2 Hour - Lowest Rate	2 Hour - Higher Rate	4 Hours - Lowest Rate	4 Hours - Higher Rate
Bordering Boroughs							
Brent (lower rate for cashless)	20p for 15 minutes	£2.00	£2.50	£4.00	£4.50	£8.00	£8.50
Harrow	20 mins	£0.30	£2.40	£0.60	£4.80	£3.60	£9.60
H&F	No	£2.20	£2.80	£4.40	£5.60	£8.80	£11.20
Barnet	No	£1.30	£2.00	£2.60	£4.00	£3.60	£8.00
Camden	No	£1.25	£1.65	£2.50	£3.30	£5.00	£6.60
Ealing	30/60 mins	£0.90	£2.40	£1.80	£2.80	£4.80	£7.00
Westminster (lower rate applies on Brent border)	No	£1.70	£4.90	£3.40	£9.80	£6.80	£19.60
K&C (lower rate applies on Brent border)	No	£1.20	£4.60	£2.40	£9.20	£4.80	£18.40
Comparable Borough							
Hillingdon	30 mins	£1.40	£3.20	£3.60	£6.40	£5.60	£8.40
Hounslow	No	£2.00	£2.00	£4.00	£4.00	£8.00	£8.00
Haringey	No	£1.30	£3.30	£2.60	£6.60	£5.20	£8.40
Waltham Forest	No	£1.30	£1.30	£2.60	£2.60	£5.20	£10.40

Appendix G – Resident Parking Permit Prices

On street parking permits

Our charges for resident and annual visitor parking permits reward environmentally responsible behaviour and are designed to encourage residents to consider the contribution their vehicle makes to climate change and local air quality.

Vehicle band	1	2	3	4	5	6	7
Vehicle emissions (gCO ₂ /km) of passenger vehicles registered on or after 1 March 2001	Less than 110	110-130	131-150	151-175	176-200	201-255	255+
Cylinder capacity of engine (cc) of passenger vehicles registered before 1 March 2001 and goods carrying vehicles	Less than 1101	1101-1200	1201-1550	1551-1800	1801-2400	2401-3000	Over 3000
Duration: 12 months							
1st permit (£)	0	55	83	110	138	165	220
2nd permit (£)	40	95	123	150	178	205	260
3rd permit (£)	80	135	163	190	218	245	300

Appendix H

School Travel Plan Objectives

For the pupils:

- Improving health and fitness by walking, scooting and cycling
- Improving travel awareness and road user skills
- Improving awareness of their surroundings

For the school:

- Improving safety around the school
- Reducing congestion around the school
- Establishing safer walking and cycling routes around the school
- Contributing to other school policies such as Eco Schools and Healthy Schools etc.
- Can be linked to the National Curriculum

For parents:

- Reducing stress and time spent driving to school, especially when it is congested
- Increasing quality parent/child contact time

For the local community:

- Improving the local environment by reducing air and noise pollution
- Reducing congestion/obstruction problems
- Improving walking routes
- Improving road safety

Appendix I - Statutory grounds on which a PCN or Notice to Owner can be challenged

- The alleged contravention did not occur - This will include cases where a vehicle was loading and unloading in accordance with a TMO, where a PCN was issued too early by the CEO, or where the vehicle was displaying a valid permit, ticket badge or voucher. If you can you should provide evidence to support your claim, for example if you are claiming that you stopped to unload goods you should send a copy of the delivery note.
- The recipient was never the owner of the vehicle in question; had ceased to be the owner before the date on which the alleged contravention occurred; or became the owner after that date. - You should submit evidence to support your claim, for example a letter from DVLA. If you are making representations under the second or third circumstances outlined, you are legally obliged to provide the name and address of the person to whom the vehicle was disposed of or acquired from if you have this information.
- The vehicle had been permitted to remain at rest in the place in question by a person who was in control of the vehicle without consent of the owner. - This covers stolen vehicles and vehicles which have not been stolen but were used without the owner's consent. If you can you should submit evidence to support your claim, for example a crime reference number or insurance claim.
- The recipient is a vehicle hire firm and: the vehicle in question was at the time hired from that firm under a vehicle hiring agreement; and the person hiring it had signed a signed a statement of liability acknowledging his liability in respect of any PCN served during the period of the hire agreement. - This only applies to hire companies where the hirer has signed a suitable agreement accepting liability for penalty charges.
- The penalty charge exceeded the amount applicable in the circumstances of the case. - For example you are being asked to pay the wrong amount; the PCN was not correctly issued; the council believes that you paid less (or later) than you did.
- There has been a procedural impropriety on the part of the enforcement authority. - This means a failure by the council to observe any requirement imposed on it by the Traffic Management Act 2004, or the relevant regulations made under that act in respect of the civil enforcement of parking contraventions. An example of this would be that the NtO was served out of time.
- The traffic order (except where it was made under Schedule 9 of the Road Traffic Regulation Act 1984) is invalid. - This applies if the Traffic Management Order is defective. Details of why you believe that the order is invalid should be provided.
- The CEO was not prevented from serving the original PCN by affixing it to the windscreen or handing it to the owner or person in charge of the vehicle. - This applies when the council sent the PCN to you by post because it claims the CEO was prevented by someone from issuing at the scene.
- The NtO should not have been served as the penalty charge had already been paid in full or had been paid within the specified period at the reduced amount. - This means that correct amount of penalty was paid during the prescribed time period before the NtO was issued. Evidence of the payment method, date and amount should be provided.

Appendix J - London Councils' Code of Practice (extract)

Reasons for Cancelling PCNs

169) A PCN must always be cancelled when satisfactory evidence is produced of any of the statutory grounds for representations.

170) In addition authorities can always exercise discretion and consider cancelling PCNs under other circumstances.

The following paragraphs provide the basis for a consistent approach to cancelling PCNs.

It is not a definitive list and authorities will still need to consider the particular circumstances of each case when making their decisions. PCNs should be cancelled:-

- a) when the parking meter is faulty or all nearby (and easily visible) pay-and-display ticket machines are faulty;
- b) when the PCN has not been issued properly (e.g. the information on the PCN is inadequate or incorrect due to an error by a parking attendant);
- c) the vehicle was broken down at the time and reasonable steps had been taken to move it as soon as possible;
- d) where special arrangements exist whereby PCNs are waived (e.g. HEB users attending a medical emergency);
- e) where there has been an undue delay at any stage in processing of the PCN. This would certainly be the case with any delay exceeding 6 months, but even shorter delays may be considered unreasonable, for instance if they contribute to a motorist being unable to make detailed representations or present a case for appeal - for example, except in extraordinary circumstances, authorities should respond to representations within at most 60 working days. In cases where authorities have had difficulties tracing owners, longer delays may be acceptable;
- f) in cases of extenuating circumstances, authorities should establish guidelines under this category to ensure consistency and assist management control. This should include guidance on what evidence would be appropriate in each set of circumstances. Authorities must consider using their discretion on all occasions if none of the statutory grounds apply, but the need to be flexible in considering exceptional circumstances must be balanced with the need to enforce parking controls firmly and fairly. Where there is an element of doubt, it would be reasonable to give the motorist the benefit of the doubt for a first contravention but to be stricter on later occasions. For this reason it is appropriate to monitor discretionary cancellations carefully to check that the same exceptional circumstances are not being claimed on multiple occasions. At all times each case must be considered on its merits.

Appendix K - STATUTORY REPRESENTATIONS

(Extract from the Secretary of State's Statutory Guidance, April 2015)

186) The people considering statutory representations should be independent of PCN issuing staff and the function of considering these representations must not be contracted out. There are statutory grounds for representations that can be made to an authority. Authorities are not constrained to these grounds and may exercise discretion as to whether or not to cancel PCNs on other grounds and it is important that authorities exercise their discretionary powers responsibly and reasonably. If the authority rejects their representations, the motorist may appeal to the adjudicator. Representations should only be accepted in writing, in order to avoid confusion, and should contain the name, address and signature of the person making them. If representations are made electronically by email, or online, the name of the person making them should be in the message header or in the message and can be taken to be a signature. In such cases it is advisable to validate the message content (e.g. by sending an acknowledgement of receipt containing a copy of the original message) so no later changes to the representations can be made.

187) The relevant grounds for representations against an NtO defined in Paragraph 2 of Schedule 6 to the RTA 1991 (as amended) are that:

- a) the recipient was not the owner of the vehicle at the time of the event;
- b) the alleged contravention did not occur, usually because the vehicle was waiting in accordance with an exemption listed in the relevant traffic order, (e.g. there was loading or unloading taking place)
- c) the vehicle had been permitted to remain at rest in the parking place by a person who was in control of the vehicle without the consent of the owner (e.g. the vehicle was stolen at the time);
- d) the designation order is invalid;
- e) the recipient is a vehicle hire firm and -
 - (i) the vehicle was at the time of the contravention hired from the firm under a vehicle hiring agreement; and
 - (ii) the person hiring it had signed a statement acknowledging his liability in respect of any PCN affixed to the vehicle during the period of hire;
- f) the PCN charge exceeds the amount applicable in the circumstances of the case;
- g) the parking attendant was not prevented from serving the PCN (in London only).

188) These grounds can be divided into two distinct categories, which result in different action being taken if representations are accepted. The first set of grounds are those which challenge the validity of the PCN itself, and are that:

- a) the contravention did not occur – 187) b)
- b) the traffic order was not valid – 187) c)
- c) the penalty charge exceeded the amount applicable in the circumstances of the case– 187)f)
- d) the parking attendant was not prevented from serving the PCN – 187) g)

189) The second set of grounds does not challenge the validity of the PCN itself but are raised by the owners as a challenge to their liability. These are that:

- a) the person to whom the NtO was sent was not the owner – 187) a)
- b) the vehicle had been taken without the owner's consent – 187) c)
- c) the owner is a vehicle hire firm – 187) e)

190) The distinction between the grounds for representations is important to ensure that the correct action is taken in the case of representations being accepted. Successful representations on grounds that challenge the validity of the PCN should result in cancellation of both the PCN and the NtO. Successful representations on grounds that challenge the liability of the recipient need only result in the cancellation of the NtO.

Appendix L – LB Brent Parking Services: Member Enquiries (10 January 2014 - extract)

Summary

This briefing provides guidance to elected Members on the Council's parking services, and how Members can best seek information or refer on complaints and feedback.

Making an Enquiry or Complaint

Members are reminded that, in accordance with agreed Council procedure, any formal: requests for information or assistance; complaints; feedback; or questions to officers; should be treated as 'Member Enquiries'. This procedure should be followed for any of the Council's services.

All Member Enquiries, including those relating to parking, should be submitted by Members via email to members.enquiries@brent.gov.uk . Parking queries will then be assigned to the Council's Parking and Lighting Service, where a response will be drafted. ...

When a resident contacts a Member in relation to a Penalty Charge Notice that they have received ... we would request that the Member first advises the appellant to follow the statutory process for the appropriate stage of their appeal (i.e. informal Challenge, formal Representation, or formal Appeal). Where a Member wishes to submit evidence on behalf of a resident, this should also be sent as a Member Enquiry to the aforementioned email address, with the PCN reference number (beginning with 'BT'), included in the email.

Appendix M – Brent Council's Code of Conduct for Members (extract)

Personal Interests:

13.

(1) For the purposes of this Code you have a personal interest in any business of the Council where either –

(a) The business of the Council relates to or is likely to affect an interest that you are required to register ... or

(b) Where a decision in relation to that business might reasonably be regarded as affecting your well-being or financial position or the well-being or financial position of a relevant person to a greater extent than the majority of other council tax payers, ratepayers or inhabitants of the electoral ward affected by the decision;

and that interest is not a disclosable pecuniary interest.

(2) For the purpose of paragraph 13(b) a "relevant person" is –

(a) a member of your family or your friend or any person with whom you have a close association; or

(b) any person or body who employs or has appointed persons in sub-paragraph

(2)(a), any firm in which they are a partner, or any company of which they are a director; or

(c) any person or body in whom persons in sub-paragraph (2)(a) have a beneficial interest in a class of securities exceeding the nominal value of £25,000; or

(d) any body of a type described in Appendix B, paragraph 1) and 2).

Scrutiny Committee Data Request Log

Date	Data Request	Officer and Organisation	Status
10/02/15	Northwick Park Hospital report about funding to see how patient flow could be improved	Robert Larkman – NWL CCG	Data Received 09/03/15
10/02/15	Bed figures in respect of Central Middlesex Hospital	Robert Larkman – NWL CCG	Data Received 10/03/15
24/03/15	Follow up questions 1. obtain the number of people in each category 2. approximate length of staff in each category on temporary contract	Robert Larkman – NWL CCG	DRIW
10/02/15	Data on the LNWHNT's agency and bank staff and what is the difference between the two	Professor Ursula Gallagher – NWL CCG	Data Received 24/03/15
10/02/15	Winter Resilience ???	Sarah Mansuralli	SDRIW
11/03/15	Phone Call Stats	Margaret Read	Data Received 01/04/15
11/03/15	Signed Non disclosure	Jon Lloyd Owen	DRIW (Update Received 21/3/15)
16/06/15	A copy of the data modelling which was used by Shaping a Healthier Future	Sarah Mansuralli CCG	Data Received 29/06/15
16/06/15	Members request that Rob Larkman (Accountable Officer - CCG) provide further details of the financial costs set out in the table at para 2.2 regarding how the same level of paediatric service would be achieved within reduced costs.	Rob Larkman	Data Received 29/06/15
16/06/15	Members requests that the financial return for Public Health expenditure made to the Department of Health is also circulated to scrutiny.	Melanie Smith Brent Public Health	Data Received 28/08/15
16/06/15	Members asked for a detailed breakdown of the numbers of people offered and accepting a health check update by GP practice	Melanie Smith Brent Public Health	Data Received 26/06/15
16/06/15	It was requested that a breakdown of the drugs and alcohol budget with numbers of patients in treatment by type of treatment is provided to the committee. This should include the indicative figures for the range of spend per patient for different types of treatment packages.	Melanie Smith Brent Public Health	Data Received 26/06/15
Follow up Question	The number of people who have been helped to stop smoking by GP practice.	Melanie Smith Brent Public Health	Data Received 14/08/15

16/06/15			
Follow up Question 16/06/15	Cost of substance misuse - range of cost of packages across all the categories' of service. In response to Cllr Filson's subsequent query, we cannot provide information on a cost per case basis as we do not contract on this basis.	Melanie Smith Brent Public Health	Data Requested (20/07/15) Unable to provide Data Updated Cllr Filson, (22/07/15)
16/06/15	Members requested further information on the use of discretionary housing payments to support childcare costs for people moving into employment who have been affected by changes in welfare benefit payments.	Gail Tolley – Brent Children & Young People Sue Gates & Sasi Srinivasan	Data Received 23/06/15
16/06/15	Update of work undertaken to assess the impact of support given to parents to access employment.	Gail Tolley – Brent Children & Young People Sue Gates & Sasi Srinivasan	Data Received 23/06/15
14/07/15	A paper regarding Policy of High Value property to be sold, as a result of central government policy change.	Jon Lloyd-Owen – Brent Housing	Data Requested (20/07/15) Update Provided (20/07/15)
14/07/15	1% Reduction in rent (£10 Mil) - Model is available to members and ongoing member involvement.	Jon Lloyd-Owen – Brent Housing	Data Requested (20/07/15) Update Provided (20/07/15)
14/07/15	Cost of Leaseholder Management System	Tom Bremner & Peta Caine - BHP	Data Received 14/08/15
14/07/15	Management Service Charge – Total sum for last financial Year	Tom Bremner & Peta Caine - BHP	Data Received 14/08/15
14/07/15	Details of the number of tribunal's successfully challenged	Tom Bremner & Peta Caine - BHP	Data Received 14/08/15
14/07/15	Case studies for collecting rent/financial inclusion – where this worked well and lessons learnt	Tom Bremner & Peta Caine - BHP	Data Received 14/08/15
14/07/15	Cost of possession orders – Total figures passed onto tenants	Tom Bremner & Peta Caine - BHP	Data Received 14/08/15
14/07/15	No of major voids – How much rent was lost (1%) please provide the actual figure (£)	Tom Bremner & Peta Caine - BHP	Data Received 14/08/15
14/07/15	The no. of Anti Social Behaviour (ASB) cases for this year	Tom Bremner & Peta Caine - BHP	Data Received 14/08/15

17/07/15	Letter from Joanne Drew Chair of BHP Board to the Chair of Scrutiny Committee	Joanne Drew Chair of BHP Board	Data Received 17/08/15
12/08/15	Transport Budget for the last 5 years	Tony Kennedy – Brent Transport	Data Received 16/10/15
12/08/15	Car Clubs (Zip Car) Brent usage: 1. Demographical Stats 2. Location Stats (North, South, East & West of the borough)	Tony Kennedy – Brent Transport	Data Received 16/10/15
12/08/15	Stats and trends for General Car usage in Brent	Tony Kennedy – Brent Transport	Data Received 16/10/15
12/08/15	What is the cost of the consultation for the Freight Strategy	Tony Kennedy – Brent Transport	Data Received 16/10/15
12/08/15	Stats on Speeding prosecutions (over 20 mph and over 30mph)	Tony Kennedy – Brent Transport	Data Received 16/10/15
12/08/15	When did Brent Council express its support for the Heathrow Expansion and in what terms	Tony Kennedy – Brent Transport	Data Received 16/10/15
12/08/15	Stats on Brent's Air Quality	Tony Kennedy – Brent Transport	Data Received 16/10/15
09/09/15	The request was made for figures covering June to date to be supplied on the number of restraining incidents, those involving rapid tranquilisation restraint and where they took place.	Natalie Fox – Borough Director for Brent, CNWL Trust.	Data Received 24/09/15
09/09/15	The number of unauthorised absences occurring since May 2015 broken down by all types	Natalie Fox – Borough Director for Brent, CNWL Trust.	Data Received 24/09/15
09/09/15	The number and type of restraining incidents during the previous three months	Natalie Fox – Borough Director for Brent, CNWL Trust.	Data Received 24/09/15
09/09/15	How long young patients had to wait from being referred to getting an appointment (mental health).	Natalie Fox – Borough Director for Brent, CNWL Trust.	Data Received 24/09/15
09/09/15	No of children referred with Attention Deficit Hyperactivity Disorder (ADHD).	Natalie Fox – Borough Director for Brent, CNWL Trust.	Data Received 24/09/15
08/10/15	Killed and seriously injured (KSI) accident information for the Last five years broken down by year and ward	Tony Kennedy – Transportation	Data Received 19/10/15
08/10/15	The extent to which the new parking contract has helped to achieve improvement targets.	Gavin F Moore – Parking and Lighting	Data Received 28/10/15
08/10/15	The amount of parking enforcement money collected by the debt	Gavin F Moore – Parking and Lighting	Data Received 28/10/15
05/11/15	Number of incidences of CSE reported to the Council and whether any convictions had resulted. The questions with regards to CSE and FGM are more complex	Mike Howard - Independent chair of the Brent Local Safeguarding Children Board (LSCB)	Data Requested 05/11/15 Update received

	and cannot be answered briefly. This complexity will be addressed through the LSCB Annual Report 2015-2016 which is due to be completed by 31.3.2016 and will provide a more contemporaneous perspective of multi agency safeguarding in Brent.	Sue Matthews	01/12/15
05/11/15	The data held by the Council on FGM. With regards to CSE Mike will be producing a report co authored by Graham Genoni, Operational Director Children's Social Care, which is to be presented to CMT in January.	Mike Howard - Independent chair of the Brent Local Safeguarding Children Board (LSCB) Sue Matthews	Data Requested 05/11/15 Update received 01/12/15
05/11/15	Figures on children missing from education divided between the primary and secondary sectors.	Mike Howard - Independent chair of the Brent Local Safeguarding Children Board (LSCB) Sue Matthews	Data Received 01/12/15
02/12/15	Details of any existing PMS contract holders that also have a role in the CCG.	Julie Sands – NHS England	Data Requested 02/12/15
02/12/15	Information on the performance issues with the Sudbury Surgery	Julie Sands – NHS England	Data Requested 02/12/15
02/12/15	Accurate figures on the number of social housing units existing pre redevelopment and the number post redevelopment compared to the number of private units provided.	Richard Barrett – Brent Operational Director, Property and projects	Data Requested 02/12/15
02/12/15	Members to be provided with a schedule of rents for the area including a comparison with the pre redevelopment level of rents.	Richard Barrett – Brent Operational Director, Property and projects	Data Requested 02/12/15
02/12/15	A population profile for the area showing how the number of people was projected to rise.	Richard Barrett – Brent Operational Director, Property and projects	Data Requested 02/12/15
02/12/15	Information on employment in the area so that it could be seen if the regeneration of the area was leading to a rising employment rate.	Richard Barrett – Brent Operational Director, Property and projects	Data Requested 02/12/15
02/12/15	More information on how the plans for the area attempted to design out potential crime and the involvement of the police in this.	Richard Barrett – Brent Operational Director, Property and projects	Data Requested 02/12/15
02/12/15	More information on the use of decanted units to house homeless people, including the number involved, the timeframes involved and the financial considerations.	Richard Barrett – Brent Operational Director, Property and projects	Data Requested 02/12/15
06/01/16	Request for the numbers taking composting bins to be divided	Rob Anderton, Head of Service,	Data Received

	between wards and made available to members of the committee.	Public Realm,	04/02/16
06/01/16	Q3 waste data – residual waste tonnages and recycling rates and number of fly tips attributed to garden waste.	Rob Anderton, Head of Service, Public Realm,	Data Received 04/02/16
06/01/16	Request for average waste per household figures for across the borough to be supplied.	Rob Anderton, Head of Service, Public Realm,	Data Received 04/02/16
06/01/16	Request for number of households each refuse vehicle passes per day.	Rob Anderton, Head of Service, Public Realm,	Data Received 04/02/16
06/01/16	Government allocating of capital money - details of how Brent's share of £300,000 has been put to use.	Conrad Hall – Brent Chief Finance Officer	Data Received 02/02/16
06/01/16	Information on Council's highways maintenance budget and approach to such aspects as how gully cleaning might be prioritised if it was related to preventing local flooding.	Conrad Hall – Brent Chief Finance Officer	Data Received 02/02/16
06/01/16	Details of work being carried out looking at various ring-fenced budgets and other resources being held for specific purposes.	Conrad Hall – Brent Chief Finance Officer	Data Requested 06/01/16
09/02/16	Comparisons of Mental Health Budgets - Children & Adults per head.	Duncan Ambrose – Assistant Director CCG, Dr Sarah Basham CCG, Jackie Shaw – Service Director CAMHS, Central and North West London NHS Trust	Data Requested 09/02/16
09/02/16	What % is the CHAMS budget of the overall CCG budget.	Duncan Ambrose – Assistant Director CCG, Dr Sarah Basham CCG, Jackie Shaw – Service Director CAMHS, Central and North West London NHS Trust	Data Requested 09/02/16
09/02/16	How many Children were seen during the year 14/15 and how many were residents of Brent.	Duncan Ambrose – Assistant Director CCG, Dr Sarah Basham CCG, Jackie Shaw – Service Director CAMHS, Central and North West London NHS Trust	Data Requested 09/02/16
09/02/16	How many young people committed suicide in the years 12/13 and 14/15.	Duncan Ambrose – Assistant Director CCG, Dr Sarah Basham CCG, Jackie Shaw – Service Director CAMHS, Central and North West London NHS Trust	Data Requested 09/02/16
09/02/16	What is the reason for the increase of patients from 45 to 70.	Duncan Ambrose – Assistant	Data Requested

		Director CCG, Dr Sarah Basham CCG, Jackie Shaw – Service Director CAMHS, Central and North West London NHS Trust	09/02/16
09/02/16	TAMHS (Targeted Mental Health in Schools) What is the break down between primary and secondary schools?	Duncan Ambrose – Assistant Director CCG, Dr Sarah Basham CCG, Jackie Shaw – Service Director CAMHS, Central and North West London NHS Trust	Data Requested 09/02/16
09/02/16	Of the 1,500 referrals to CAMS what was the number of Brent children who are treated at St Mary's Hospital and the number treated at the Royal Free Hospital.	Duncan Ambrose – Assistant Director CCG, Dr Sarah Basham CCG, Jackie Shaw – Service Director CAMHS, Central and North West London NHS Trust	Data Requested 09/02/16
09/02/16	Detailed Break down of Gangs in Brent by (Ward) Map.	Chris Williams - Head of Community Safety and Public Protection	Data Requested 09/02/16
09/02/16	Letter to be sent by BSP to TFL re Islamophobic bus incidents. Please send copy of letter to scrutiny committee	Chris Williams - Head of Community Safety and Public Protection	Data Requested 09/02/16
09/02/16	Fear of crime survey - 2014 members' survey, by ward.	Chris Williams - Head of Community Safety and Public Protection	Data Requested 09/02/16

Key:

- Data Requested At Meeting (DRAM)
- Data Requested In Writing (DRIW)
- Second Data Request in Writing (SDRIW)
- Data Not Received (DNR)
- Data Received (DR)

**Scrutiny Committee
Forward Plan 2016
24th February 2016**

Date of Committee	Agenda items	Responsible officers
Wednesday 24 February 2016	<ul style="list-style-type: none"> • School Achievement Report and update on Brent Education Commission. • SEND reforms and Implementation update • Changes to Parking Charges. • Adult Social Care Local Account • Adult Safeguarding Annual Report 	<p>Gail Tolley, Strategic Director Children and Young People</p> <p>Gail Tolley, Strategic Director Children and Young People.</p> <p>Lorraine Langham, Strategic Director of Regeneration and Environment</p> <p>Phil Porter, Strategic Director Community and Well-being.</p> <p>Phil Porter, Strategic Director Community and Well-being.</p>
Tuesday 5 April 2016	<ul style="list-style-type: none"> • Adoption – implications of changes to national policy guidance. • Access to affordable childcare • CIL/S106 Task Group Report • Equalities and HR Policies and Practices Review – update on implementation of the recommendations 	<p>Gail Tolley, Strategic Director Children and Young People</p> <p>Gail Tolley, Strategic Director Children and Young People</p> <p>Chair of task group</p> <p>Stephen Hughes, Strategic Director of Resources</p>

	<ul style="list-style-type: none"> • Current Status of Systems Resilience Group and Winter Pressure update – Request moved to 5th April 	NHS London and Brent CCG – Phil Porter Strategic Director of Community and Wellbeing
Date of Committee	Agenda items	Responsible officers
Tuesday 26 April 2016	<ul style="list-style-type: none"> • Annual Report of Scrutiny Committee • Housing Associations Task Group Report • Overall impact of the Benefit Cap in Brent after two years of implementation • Housing pressures in Brent • Employment Skills and Enterprise Strategy update on progress 	<p>Cathy Tyson, Head of Policy and Scrutiny</p> <p>Chair of Task group</p> <p>Lorraine Langham, Strategic Director of Regeneration and Environment</p> <p>Phil Porter, Strategic Director of Community and Well-being</p> <p>Lorraine Langham, Strategic Director of Regeneration and Environment</p>
Tuesday June 2016 (TBC)	<ul style="list-style-type: none"> • Unemployment and Work Programme providers • Environmental Sustainability Agenda • Update on Customer Access Strategy 	<p>Lorraine Langham, Strategic Director of Regeneration and Environment</p> <p>Lorraine Langham, Strategic Director of Regeneration and Environment</p> <p>Stephen Hughes, Strategic Director of Resources</p>

Date of Committee	Agenda items	Responsible officers
Wednesday July 2016 (TBC)	<ul style="list-style-type: none"> • Update - Central and North West London NHS Foundation Trust - Care Quality Commission report and action plan • Complaints Annual Report 2014-15 	<p>NHS London and Brent CCG</p> <p>Peter Gadsdon, Director of Policy, Partnerships and Performance.</p>

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