



2012/13

# Adult Social Care Local Account



Phil Porter, Director  
London Borough of Brent  
2012/13

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# Section 1: FOREWORD



As Lead Member for Brent's Adult Social Services department it has been a pleasure to lead and support the department over the year 2012/13. The health and social care sector is changing rapidly. Last year saw the introduction of the Health and Social Care Act 2012, which ushered in a series of radical structural reforms to the NHS including the transfer of commissioning responsibilities to local GPs as well as the transfer of Public Health management to local councils. At the current time, the Care and Support Bill is out to consultation and is scheduled to become statute in April 2015. In a time of national change it is even more important for us to have strong local priorities.

The majority of our service users tell us they prefer to live independently in their own homes for as long as it is safe to do so. Therefore, our priorities are focused on achieving this. We will:

- Maintain a strong focus on prevention
- Provide short term help so that people can regain their independence
- Promote the use of personal budgets to ensure people have as much choice and control as possible
- Ensure there is more support for carers, and
- Focus on dignity in care and ensure there is a 'zero tolerance of abuse' across health and social care.

Delivering these priorities will, I believe, bring about real improvements in the quality and efficiency of local care provision in the borough. However, we must also recognise the challenging climate within which we will have to do this. As this report highlights, more people are living longer with more complex conditions. This is something to celebrate, but it also creates additional service demands in a time of very real financial austerity. Brent Council has delivered significant efficiency savings every

year for the last 3 years, but the recent Comprehensive Spending Review sets out an even bigger financial challenge for the foreseeable future. We have no choice but to think differently about how we deliver adult social care, and our local priorities, in the future.

We will work collaboratively with all of our partners and the community to shape and strengthen local health and social care services in the borough and strive to ensure that provision is designed to meet local needs. Health and social care integration is a crucial part of this, providing an important opportunity to improve services and outcomes for individuals. However, to achieve this we will need to develop a new integrated operating model, which will be more sustainable and maximise the use of local community assets.

We will also need to work differently with the people we support. We will need to build on the Reablement services we already provide to deliver a strengths-based approach, focusing on what people can do, rather than what they can't do, to build community resilience. In doing so we shall be ever mindful of the changing needs of our diverse community. Regardless of what the future holds, we will strive to protect front line services and continue to critically evaluate what we do in order to deliver the best possible outcomes for the service.

**Cllr. Krupesh Hirani,  
Lead Member**

## Section 2: DIRECTOR'S INTRODUCTION

Like many services in the public sector, Adult Social Care is constantly looking for ways to respond to the raft of changes at the national policy level. The dismantling of national performance management frameworks has provided renewed emphasis for Councils to drive sector-led improvement. As a result, the ADASS Improvement Board (Association of Directors of Adult Social Services) developed the Local Account mechanism to (a) report and benchmark performance (b) share good practice, and (c) drive up industry standards. The purpose of this Local Account therefore is to reflect on performance over the course of last year and set out the direction of travel for Brent's Adult Social Care service during the forthcoming twelve months.

Adult Social Care services provide a variety of community-based help and support to vulnerable people and their families/carers living in the borough. This includes:

- People with learning disabilities
- People with mental health problems
- People whose ability to perform everyday activities is limited by either a temporary or permanent physical disability
- People who are old, frail or otherwise vulnerable
- Young people with a disability aged 14-25.

Brent Council is committed to creating opportunities and improving the lives of local people. For Adult Social Care this means working with residents in order to help them find solutions. Our purpose therefore is to assist residents to use what they already have to lead full, active and independent lives so they can keep doing the things they value most. Brent's Health and Wellbeing Strategy provides a local strategic framework for our services. The strategy has 5 key priorities:

- 1) Giving every child the best start in life
- 2) Helping vulnerable families
- 3) Empowering communities to take better care of themselves
- 4) Improving mental wellbeing throughout life
- 5) Working together to support the most vulnerable adults in the community

With these in mind, the department is continuously refining and improving operational activities to ensure we are well placed to play a key role in helping to deliver this agenda. We aspire to build a model of excellence in Health and Social Care services and we operate according to the following principles:

- Preventing demand for public services

- Ensuring early intervention and a more personalised approach to meeting needs in the first place
- Doing more to support independence and resilience and recognising people's strengths and social networks
- Integrating services around individuals, through Personal Budgets and ensuring people have choice and control
- Embedding co-operation, collaboration and partnership as a way of thinking and acting
- Exploring the potential of different structures of delivery and governance to establish new and more effective and efficient ways of working
- Promoting dignity in care to prevent abuse and responding effectively when abuse happens.

Last year the department saw a number of successes. For example, the implementation of an Enhanced Reablement Service which brings together Occupational Therapists, Physiotherapists and home care workers to provide the integrated support people need to regain their independence; the launch of the Brent Carers Hub, jointly commissioned with Brent Clinical Commissioning Group to better meet the needs of carers in the Borough; the creation of the Transitions team for young people with disabilities aged 14-25; and the development of a new approach to service user and carer engagement, which places it at the heart of service development and contract monitoring. All these initiatives were designed to strengthen particular aspects of the service which we felt were in need of improvement, and whilst we have made good progress we recognise there is more work to do.

In February 2013, we participated in a sector-led peer review on our Reablement Service. There were recommendations for improvement, for example, the need to improve the information and advice available to people who may have a social care need and continue to streamline internal processes to benefit staff and customers. The overwhelming conclusion was that the service is having a positive impact on the local community and is a critical enabler to independence. Key findings included:

*“Service users were impressed with the service and it had made a significant difference to their lives”*

*“The majority of people who access Reablement do not go on to receive long term care packages”*

*“Local connections and personal relationships between the voluntary sector and managers was positive and there is confidence in the senior management team”*

*“Providers see Brent as a leading authority in the importance that has been given to Reablement as a function”*

External Peer Review Feedback Report, February 2013

Providing services to a community with increasingly complex needs is both challenging and rewarding. Like many public sector services we are in an on-going process of change, and whilst some aspects of our work are within our control, others are not, e.g. the national Care and Support Bill, which is currently out to consultation, will have profound implications for the service. We will develop a local Adult Social Care Strategy to set out our vision for the service over the next five years, to ensure that while we continue to reflect national changes, there is a clear focus on Brent's local priorities.

Central to this vision will be our aspiration to help build community resilience and ensure good outcomes for the Council and our residents. In doing so we will continue to take a person-centred approach to assessment and care management, and build on people's strengths and capabilities so they can preserve their independence and maintain choice and control. We will also implement a new approach to supporting carers, jointly with the Brent Clinical Commissioning Group. This will build on implementation of the jointly commissioned Brent Carers Hub, and will link in to the work GPs and the carers Primary Care Liaison Nurse are doing to ensure the advice, information and support is consistent wherever a carer seeks help. Together we can raise the profile of carers and support them to achieve a balance between their caring responsibilities and other commitments to improve their quality of life. Through our new Service User Engagement strategy we will actively encourage more service user participation in service planning and encourage them to co-produce the direction of travel for Adult Social Care by feeding back their knowledge and lived experience of commissioned services, which will then inform the design, delivery and evaluation of contracts. We will also strengthen our existing partnerships and explore opportunities to widen our community-based networks and achieve closer integration with the NHS.

I am personally grateful to all my team for their continued professionalism and dedication in helping to improve the quality of life for vulnerable people who live in our community. I am also grateful for the on-going feedback from service users and carers who continue to challenge us. Their support is vital to our efforts to shape and develop services which are responsive to local needs and are perceived as being of value. Their contribution is also essential to give focus to our drive for continuous service improvement.

Over the coming year we will face a variety of acute challenges - changes to health services, reduced Council resources and a growing and aging population to name but a few. We will take these changes in our stride, and whilst we recognise that difficult decisions will inevitably need to be made, we remain committed to ensuring that we will make the most effective use of the resources available to us.

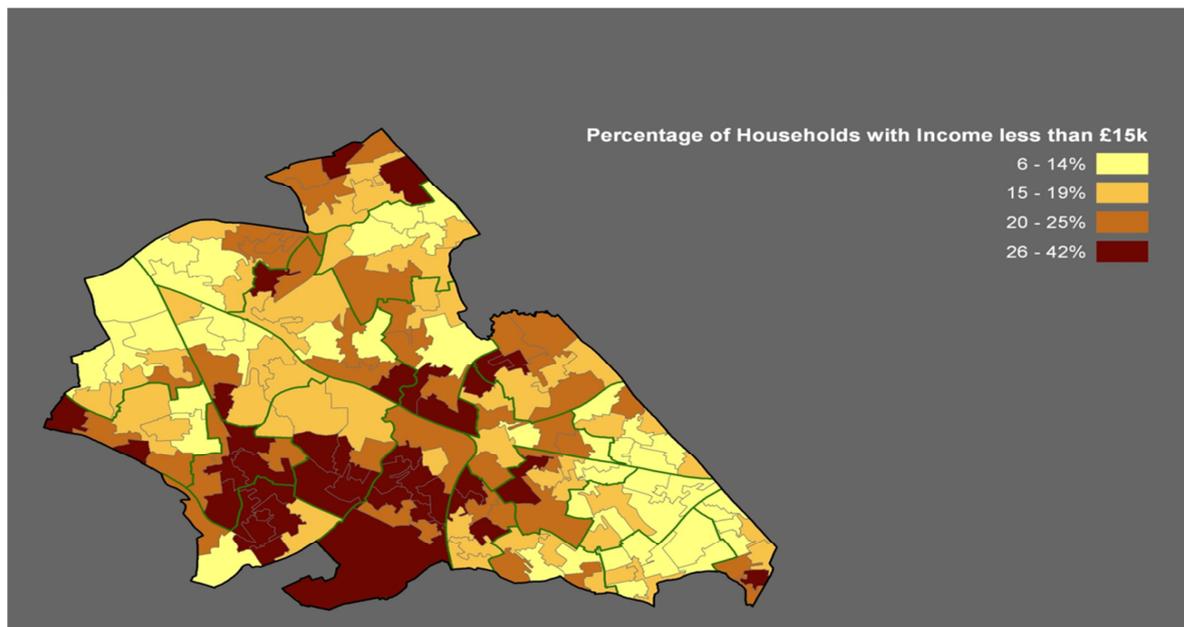
**Phil Porter,  
Acting Director of Adult Social Care**

## Section 3: LOCAL CONTEXT

### 3.1 Environmental Challenges

Brent has a population of 311,200 and is currently ranked amongst the top 15% most-deprived areas of the country. This deprivation is characterised by high levels of long-term unemployment, low average income levels and a reliance on benefits and social housing.

Percentage of households with income less than £15k per annum (source CACI 2012)



It is widely documented that living in poverty generally contributes to poorer health, wellbeing and social isolation, and statistical analyses show that people on low incomes are more likely to have a life limiting health condition, take less exercise and have a shorter life. While overall life expectancy in Brent is in line with the rest of London, significant health inequalities exist within the borough e.g. the gap in life expectancy for men between the most affluent and the most deprived wards is 8.8 years.

Individually and collectively these characteristics make Brent a particularly challenging working environment for Adult Social Care services. The ageing and growing population continues to drive increased and sustained demand on services. The increased complexity of needs and prolonged period of chronic health conditions places sustained pressure on services. Many pensioners who are lucky enough to own their own homes describe themselves as “asset rich but income poor”, which can often make daily living a struggle. A large proportion of residents who contact Adult Social Care meet the eligibility threshold to receive services.

### Resident population aged 65+ changes between 2001 and 2011 (source: ONS)

Ward	2001	2011	% change	Rank
Alperton	1,184	1,328	12.16	8
Barnhill	2,044	1,933	-5.43	21
Brondesbury Park	1,565	1,579	0.89	17
Dollis Hill	1,322	1,521	15.05	5
Dudden Hill	1,358	1,462	7.66	11
Fryent	1,542	1,592	3.24	14
Harlesden	1,133	1,365	20.48	2
Kensal Green	1,187	1,338	12.72	7
Kenton	1,660	2,082	25.42	1
Kilburn	1,386	1,464	5.63	13
Mapesbury	1,315	1,295	-1.52	20
Northwick Park	1,440	1,689	17.29	4
Preston	1,761	1,925	9.31	10
Queens Park	1,250	1,321	5.68	12
Queensbury	1,610	1,848	14.78	6
Stonebridge	1,434	1,467	2.30	15
Sudbury	1,557	1,577	1.28	16
Tokyngton	1,548	1,703	10.01	9
Welsh Harp	1,561	1,567	0.38	18
Wembley Central	1,211	1,435	18.50	3
Willesden Green	1,186	1,185	-0.08	19

## 3.2 Housing

High rents and lower than average incomes mean that housing affordability is a particular issue in Brent. Currently the average cost of a three bedroom semi is £375k, nearly 14 times the median household income level. Conversely the average rent level for a two bedroom property is £1,344 per week – i.e. 74% of median earnings. Average borough rental rates are currently the fifth highest in London.

Over the last 10 years Brent has experienced a high level of homelessness and overcrowding has become a major concern, not least because of its negative impact on health. Whilst the Council is committed to maximising the local accommodation portfolio, the rate of change is too slow to keep pace with growing and ever-more diverse needs. As such balancing needs and resources is a constant challenge, because for example the limited availability of ‘supported accommodation’ types can negatively impact on our ability to enable people to live independently.

## 3.3 Health

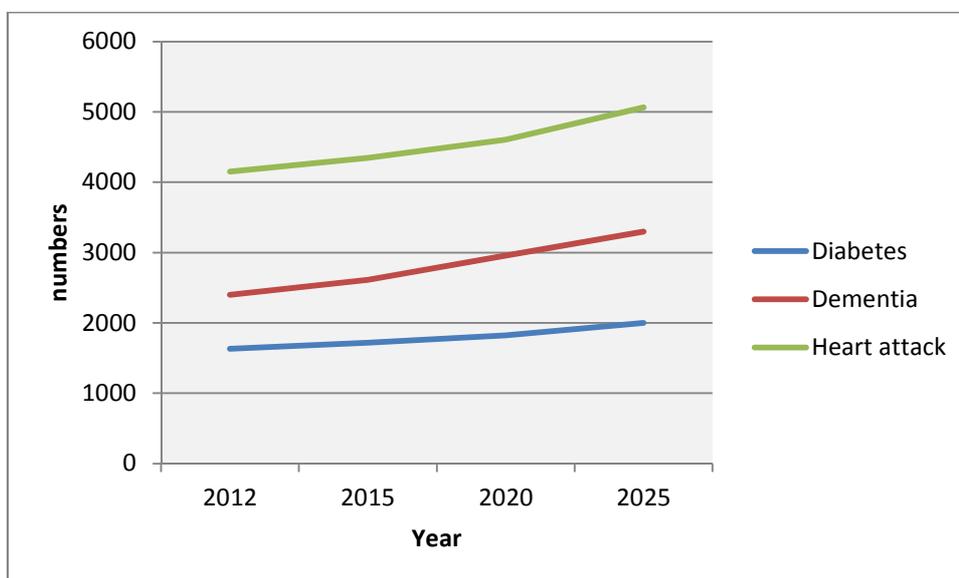
Poor health and wellbeing outcomes are often a reflection of wider social and economic inequalities present in society. Brent is a borough with marked health inequalities, which are both a symptom and a cause of wider deprivation. The deprivation experienced within some local neighbourhoods is

characterised by high levels of unemployment, low skills levels, low household in-comes and dependence on benefits and social housing. Our evidence base identifies a variety of local health and wellbeing challenges including:

- Rising levels of obesity – almost 25% of adults in Brent are estimated to be obese.
- Low levels of participation in physical exercise – over 50% of adults do no physical exercise. Increasing rates of alcohol-related hospital admissions.
- High levels of long-term chronic conditions like diabetes, cardiovascular disease, chronic respiratory disease etc.
- Rising levels of older adults with Dementia and people diagnosed with Autism.
- High levels of poor Mental Health – affecting 1 in 4 adults at some time in their lives.
- Rising numbers who have learning disabilities – approximately 9,000 people have a learning disability, 1,000 of which are classified as ‘severe’.

Individual behaviours such as smoking, diet, alcohol intake and physical activity significantly influence how healthy a person is and how long they will live for. Educating people about risks and supporting them to adopt healthy behaviours is integral to our preventative approach and supporting them to cope with long-term conditions and have quality of life is delivered through our policy of person-centred care.

**Brent residents aged 65+ predicted to have diabetes, dementia or a long standing illness caused by heart attack (source: POPPI)**



## Section 4: DIVERSE USER NEEDS

### 4.1 Older People

The process of ageing does not follow a linear pattern but people can be broadly differentiated as:

- **Entering old age:** This group can be as young as 50 years or have reached official retirement age. Most are active and independent and remain so for many years.
- **In transition:** This group tend to be in transition between a healthy active life and frailty.
- **Old and frail:** This group are highly vulnerable and can potentially have a range of conditions including falls, stroke, dementia, depression etc.

As such, older people are not a uniform group and because their individual circumstances tend to shape their needs, these can be both broad and diverse. When asked, older people in Brent are very clear about what independence means to them and what factors help them to maintain it. At the heart of their sense of independence and well-being lies their capacity to make choices and exercise control over their lives. Accepting help with some aspects of their lives enables them to remain independent in others.

Older people are the greatest users of services and their needs can at times be complex and pose considerable challenges to Health and Social Care services. Older people in Brent constitute a significant proportion of people who require critical interventions like Reablement at the point of contact with services. They often require on-going care over an extended period to meet physical and mental health needs arising from disability, accident or illnesses. These can be provided in a variety of settings including hospital, nursing home or the individual's home.

Housing is a major determining factor of health and well-being, and older people's needs include design, security, comfort and equipment to enable them to continue living independently at home for as long as possible. A high proportion of older people who live alone in Brent own their homes and many describe themselves as "equity rich but cash poor". The effects of low in-come in old age have direct implications for choices in relation to nutrition, energy use and housing. Many households have no central heating and the take up rates for home improvement grants is historically low.

Although many of Brent's older people are active, emergencies can often impose complications and hence the need for urgent, reactive support. Hospital admissions and attendance levels at local accident and emergency units are high and have been consistently rising over the past few years.

Current trends show that many older people are increasingly developing the condition known as dementia. For more details please see the Mental Health section of this report.

A growing and ageing local population means that service demands are likely to increase in the future and long-term conditions such as diabetes will be more prolonged. Supporting older people to remain living independently under such circumstances is also likely to mean that individual needs will become increasingly more diverse and complex.

## **4.2 Learning Disabilities**

Disability can be defined as “*A physical or mental impairment, which has substantial and long-term adverse effect on a person’s ability to carry out normal day to day activities*” Disability Discrimination Act 1995. Learning disabilities or learning disorders are an umbrella term for a wide variety of learning problems. A learning disability is not a problem with intelligence or motivation, rather people merely see, hear, and under-stand things differently. This can lead to difficulties with learning new information and skills, and putting them to use. The most common types of learning disabilities involve problems with reading, writing, maths, reasoning, listening, and speaking.

The number of people with severe physical and learning disabilities is expected to increase further in the future as medical advances mean that more people with a disability survive into adulthood. Approximately 1,000 people in Brent have a severe learning disability and 8,000 have a mild to moderate disability.

Many people in the borough who have mild to moderate learning disabilities may not be known to council services, and may not need very much additional support beyond their immediate family, friends and social net-works. However without information about and access to services in times of crisis, needs can quickly escalate to the point where individual support networks break down.

In recent years considerable progress has been made to improve access to information and quality of life for those with learning disabilities. However many report they are often the target of hate crime, that they are dependent on very limited and expensive transport to get around, and that being lonely is one of the things they fear most.

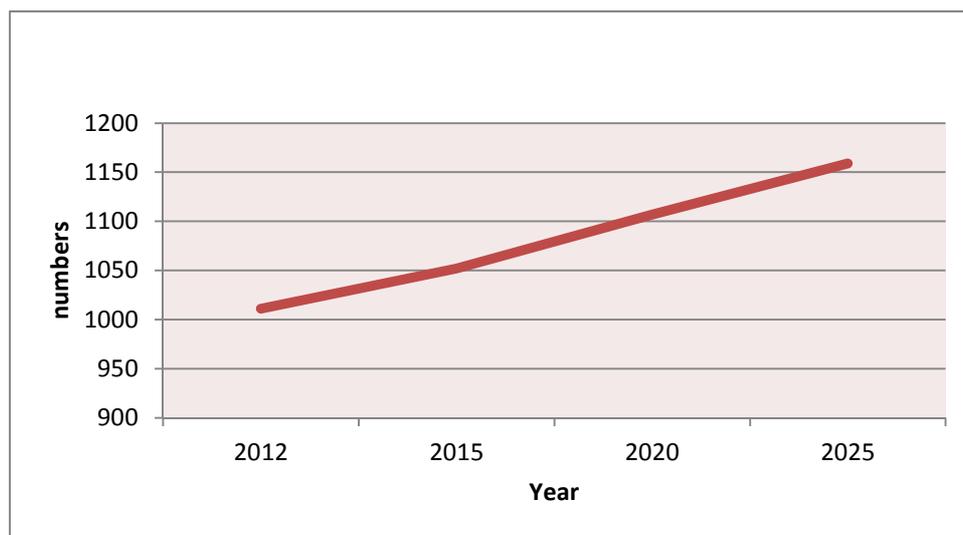
Brent Council is believes that people with learning disabilities and their families have the same human rights as anyone else. As such, we believe that people with learning disabilities should have choice and control over the way they live and be supported with dignity and respect.

Therefore our services are de-signed to support and enable vulnerable residents to participate in all aspects of community life, including work, education, travel and secure access to local services and social networks.

People with Learning Disabilities have particular health risks:

- The prevalence rate of epilepsy has been reported at 22%, compared to 0.4% - 1.0% for the general population.
- The prevalence rate of schizophrenia is 3% compared 1% for the general population.
- People are more likely to have a vision impairment compared to the general population, and approximately 40% have a hearing impairment.
- People have substantially lower bone density compared to the general population and as such are particularly susceptible to sustain fractures throughout their lifetime.
- People with learning disabilities are much more likely to be either underweight or obese, compared to the general population.

**Brent moderate or severe learning disability number projections  
for people aged 18 – 64 (source: PANSI)**



### 4.3 Physical Disabilities

Physical impairment refers to a broad range of disabilities which include orthopaedic, neuromuscular, cardio-vascular and pulmonary disorders. People with these disabilities often use wheelchairs, crutches, artificial limbs etc. to obtain mobility. Physical disability can either be congenital or the result of injury, muscular dystrophy, multiple sclerosis, cerebral palsy, heart disease etc. Less visible disabilities include conditions such as pulmonary disease, respiratory disorders, and epilepsy.

Although the causes of disability are broad and diverse, many people with physical disabilities face similar difficulties when going about their daily activities:

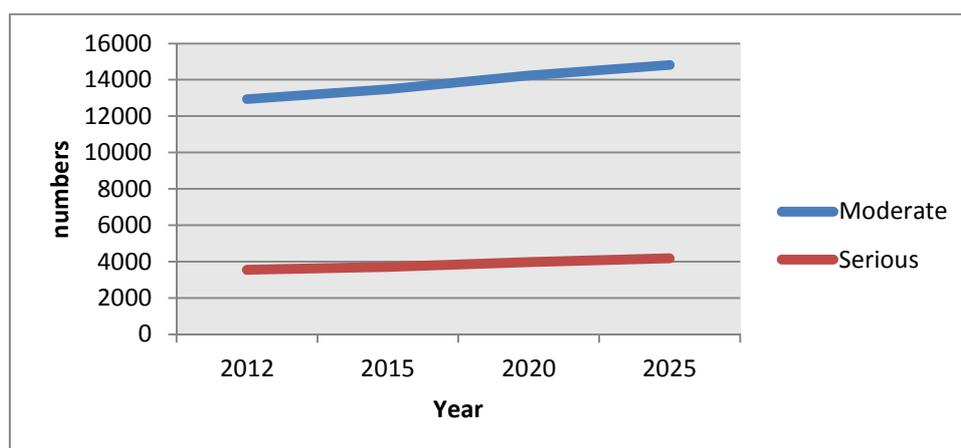
- Inability to gain access to buildings
- Reduced hand-eye co-ordination
- Impaired verbal communication
- Reduced physical stamina and endurance

Brent Council passionately believes in the value of diversity and the importance of social inclusion. In Brent a variety of service challenges exist for adults with physical disabilities.

- The pressure on housing costs directly impacts the availability of independent supported living accommodation.
- The difficult economic climate, and resulting reduced government funding and inflationary pressures, negatively impact on the costs of complex and personalised equipment.
- The impact of an aging population places additional pressure on budgets to fund long-term support.

Brent's local policy to provide intermediate care (Reablement) is designed to support people with disabilities to remain independent and at home. Routine use of personal budgets and support plans means that care packages are tailored to meet individual needs and regular reviews ensure that levels of support remain appropriate and cost effective.

**Brent moderate or serious physical disability number projections**  
for people aged 16 – 64 (source: PANSI)



Recent changes to the benefit system such as the move from Disability Living Allowance to Personal Independence Payments are likely to have a direct and potentially negative impact on those who have physical and/or learning disabilities. For example, the rising pressure on local

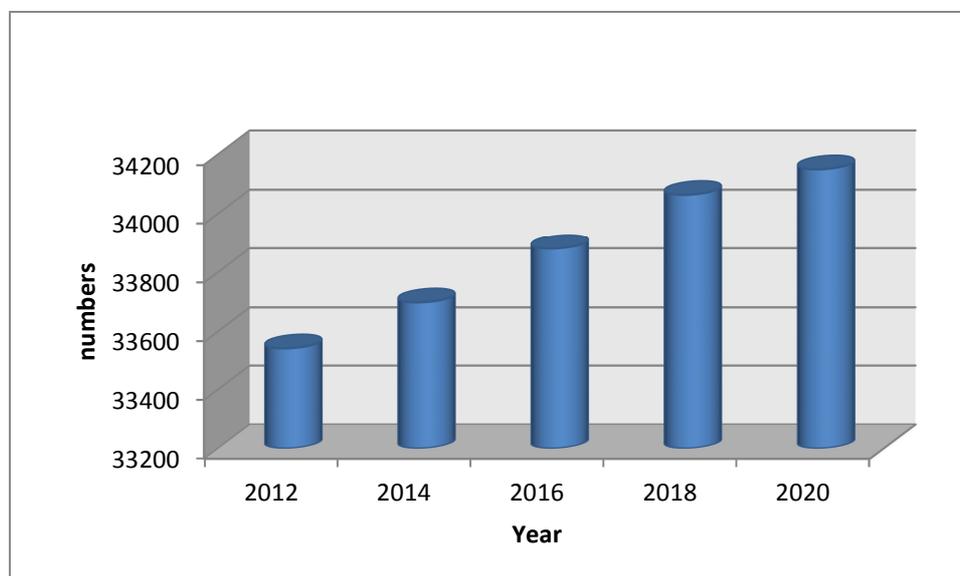
housing costs is already showing signs of having a negative affect on the availability of affordable housing and independent supported living in the borough. And whilst the Council is working hard to identify those at risk and mitigate the impact for existing service users, the long-term effect of these national changes is impossible to predict at a local level with any degree of certainty at this juncture.

## 4.4 Mental Health

Brent Mental Health Service (BMHS) was established in 2001, bringing together mental health services previously provided by the council's Social Services department and Central and North West London NHS Foundation Trust. The service provides support to residents aged 16 and over who have substantial or critical mental health needs. Those who are eligible for support receive access to assessment, care management, social care support and accommodation services.

In 2010/11 there were 16,574 Brent patients aged 18 and over on GP practice registers with a diagnosis of depression. The aim of primary care teams working with specialist community mental health teams is to provide multi-disciplinary support to individuals with serious mental illness to keep them well at home and to avoid admission to hospital. Other important issues include supporting service users with housing needs, employment and providing support to carers.

**Brent residents aged 16 – 64 predicted to have a common mental health disorder** (source: PANSI)



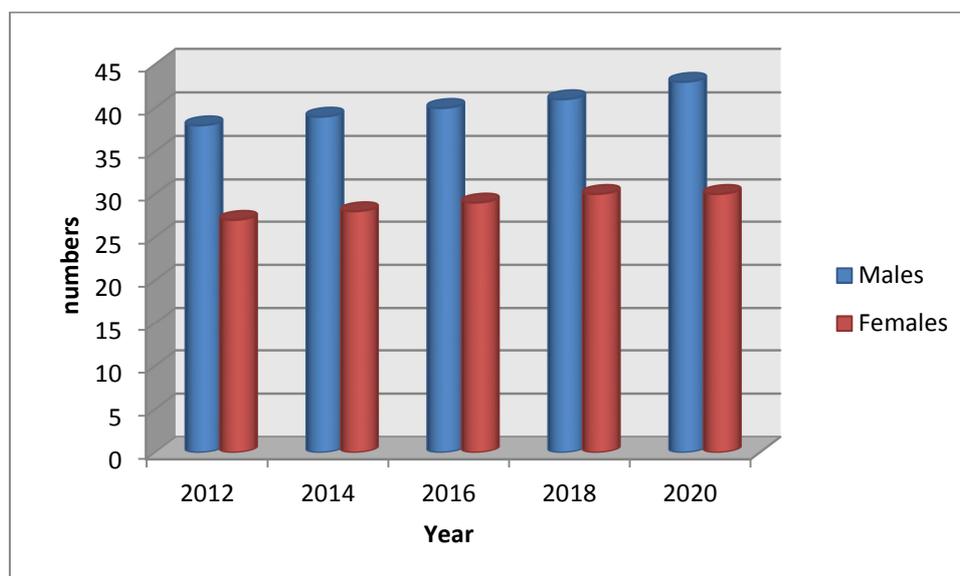
### 4.4.1 Dementia

Dementia is one of the most important health issues we face as the U.K.'s population ages. The number of people who develop Dementia in the U.K. is expected to double in the next 30 years to 1.4 million. The term 'dementia' is used to describe a number of illnesses which result in the

progressive decline of multiple areas of function such as memory, reasoning, communication and skills needed to carry out everyday activities. Those who have Dementia may also develop behavioural and psychological symptoms such as depression, psychosis, aggression and wandering. Dementia is a terminal condition, but people can live with it for 10-12 years following diagnosis. Dementia rates in Brent are consistent with European averages. Our aim is to help those who have Dementia to:

- Enhance their quality of life, health and wellbeing.
- Promote their independence.
- Promote choice and self-direction through personal budgets.
- Promote social inclusion.
- Ensure equality of access to primary care, community and secondary care services.

**Brent residents aged 30 – 64 predicted to have early onset dementia** (source: PANSI)



## 4.5 Alcohol and Substance Misuse

Substance misuse treatment services in Brent are commissioned via Brent Drug and Alcohol Action Team (DAAT) to address the complex health and social care needs of those who are directly affected by problematic drug and alcohol misuse. Brent takes an integrated approach to alcohol and substance misuse, because the behaviour is often driven by multiple and complex influences. As such, an integrated approach directly addresses the individual's health and social care needs, but it also addresses the wider social impact on the local community in relation to public health, community safety, offending behaviour, acquisitive crime (robbery, burglary etc.), violence, disorder, anti-social behaviour etc.

Treatment services and interventions in Brent operate 7 days a week supported by a 24/7 helpline. Services are delivered through the Brent Treatment Sector, which is a partnership comprising Brent Adult Social Care, Central & North West London Mental Health NHS Foundation Trust and a variety of third sector charities e.g. Addaction, CRI-Brent, EACH-Brent, WDP-Brent and Turning Point. Treatment is provided across 4 dedicated sites within the borough, including Cobbold Road Treatment and Recovery Service, Junction Service Station Road, Craven Park and Wembley Centre for Health and Care. It is also provided via 37 GP Practices and collectively the service helps to deliver:

- Treatment and Recovery services.
- Clinical interventions and Prescribing Services.
- Abstinence-based structured day programmes.
- Outreach and engagement.
- Criminal Justice interventions.
- Housing and Care Management services

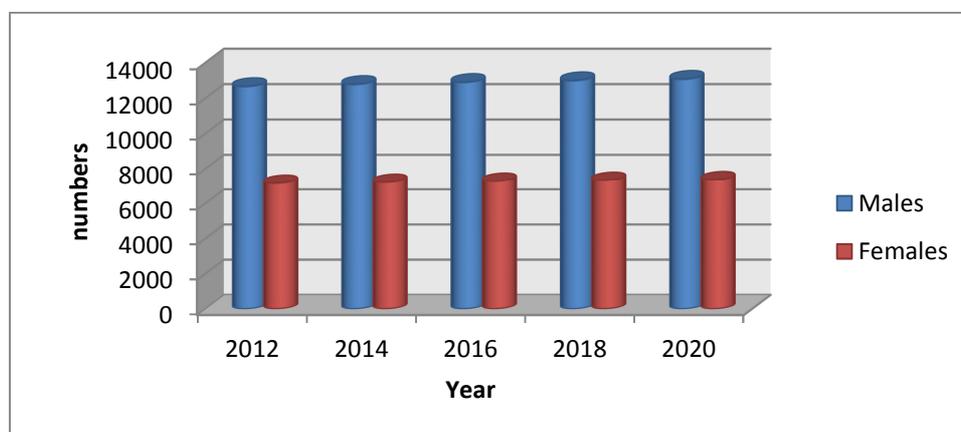
Brent has among the highest number of successful completions compared to other London DAAT partner-ships and is nationally amongst the top 20% for the volume successful drug treatment completions. As a proportion of the total number of exits from treatment, 60% are successful completions, compared to the national average of 47%.

**Percentage of people predicted to have a dependency** (source: PANSI)

Dependency	Males	Females
on alcohol	8.7%	3.3%
on illicit drugs	4.5%	2.3%

**People aged 18-64 predicted to have a drug or alcohol problem, by gender, projected to 2020**

(source: PANSI)



## 4.6 Sensory Impairment

Sensory impairment is when one of our senses - sight, hearing, smell, touch, taste and spatial awareness - is no longer functioning normally.

There are between one and a half and two million visually impaired people in the UK. The term 'visual impairment' refers to people with irretrievable sight loss and covers a wide spectrum of different impairments. It does not include those whose sight problems can be corrected by spectacles or contact lenses, though it does include those whose sight might be improved by medical intervention.

Only about one in five registered blind people can be described as seeing nothing at all. Many technically blind people have some useful perception of light and shape. The level of a person's visual impairment may vary according to lighting conditions and from one day to the next. It may be an unchanging condition or it could be one that is gradually deteriorating. A leading cause of vision impairment and blindness is age-related eye disease, macular degeneration, cataract and glaucoma. Other eye disorders, eye injuries and birth defects can also cause vision loss.

Hearing impairment refers to both complete and partial loss of the ability to hear. Common causes include exposure to excessive noise, head or ear injury, ageing, as well as a variety of infectious diseases such as meningitis, measles, mumps and chronic ear infections.

Dual sensory impairment or 'deafblindness' is the combination of both hearing and sight impairment. It is not necessarily a total loss of both senses; in fact the majority of dual sensory impaired people do have some degree of sight and/or hearing. With a single sensory loss, the person normally relies on the other sense to compensate. However, with both senses lost a unique disability emerges which requires specialist support. Dual sensory impairment is an extremely complex disability that often requires specialist communication methods and systems being introduced to the person and those around them to enable communication to take place.

Departmental referrals can either come through the council's contact centre or directly from specialist eye hospitals. Brent Social Services does not categorise people by their disability, rather we focus on their abilities and seek to meet their individual needs. The range of needs can be both broad and diverse, and relate to access, mobility, social care, housing or other aspects of daily living. As such, we do not have a standard procedure for people who have a vision, hearing or dual impairments, but prefer to tailor our response to individual circumstances.

The department employs dedicated specialists to support individuals which broadly include:

- **Concessionary Transport Schemes** - Blue Badge, Freedom Pass and Taxicard, for which all blind or partially sighted and profoundly deaf people qualify.
- **Prioritising Needs Assessment** - to identify support needs for those struggling to meet the demands of daily living.
- **Drop-in Sessions** - we run weekly drop-in sessions for anyone with a profound hearing impairment. This service provides advice and information, sign posting, telephone communication support as well as specialist equipment such as 'minicom' to assist those with communication difficulties.

## **Section 5: OUR SERVICES**

Since 2010/11, Adult Social Care has made sustained efforts to modernise and improve services. Our operating philosophy is characterised by:

- Preventing demand for public services
- Ensuring early intervention and a more personalised approach to meeting needs in the first place
- Doing more to support independence and resilience and recognising people's strengths and social networks
- Integrating services around individuals, through Personal Budgets and ensuring people have choice and control
- Embedding co-operation, collaboration and partnership as a way of thinking and acting
- Exploring the potential of different structures of delivery and governance to establish new and more effective and efficient ways of working
- Promoting dignity in care to prevent abuse and responding effectively when abuse happens.

### **5.1 Single point of contact**

Access to our service and those provided by our partners is managed through a single contact point, Brent Customer Services, which serves as a 'one stop' service. All calls are initially screened and provisional service requirements are identified. Callers are then either sign-posted appropriately or referred to specific services, such as the Reablement service.

### **5.2 Hospital Discharge Service**

Our Hospital Discharge team play a pivotal role in our efforts to support individuals following hospital discharge. They work closely with our NHS partners to ensure that patients are discharged from local hospitals in a planned and co-ordinated way to facilitate safe and smooth assimilation back into the community.

### **5.3 Reablement Service**

Our Reablement team provides carefully planned, short-term, intensive homecare support to help individuals recover from a period of illness and help to restore their self-confidence and independence by supporting them to carry out daily living functions like eating, washing etc. We also offer an enhanced Reablement service for those with more complex needs. Depending upon the nature of their illness, people may need to re-learn old skills or develop new ones to do things in a different way. Reablement is free to those identified as having eligible needs and can last for a period of up to six weeks. This intensive short-term support gives them the time and support they need to recuperate and adjust to their new circumstances as necessary.

## **5.4 Support Planning and Review Service**

We believe that self-determination is vital if the experience of person-centred care is to be truly meaningful. Person-centred care puts people firmly at the centre of the support planning process so they genuinely feel the ability to plan and shape their care and support needs. In doing so the Support Planning and Review teams give people choice and control to plan their route to recovery or manage an on-going health condition in their own unique way.

We passionately believe that everyone can be supported to have quality of life, regardless of their circumstances. We also believe that the most sustainable route to personal independence is to encourage people to do things for themselves, either by learning to regain old skills or to develop new ones. This not only helps to build confidence and self-esteem but personal resilience also. Setting goals and evaluating outcomes helps us determine how well support has improved people's quality of life and is therefore integral to the support planning process.

## **5.5 Transitions Team**

From April 2012 the Transitions team was integrated within Adult Social Care. The team supports young people from 14 up to the age of 25. Previously the Transitions team was within Children's Services and supported young people aged 14-18. The move to Adult Social Care means we are in a better position to provide a seamless service, and support young people and their families to put in place plans for adulthood. The focus is on the transitional journey the young person takes over time and lifetime planning, rather than sudden changes at the age of 18.

## **5.6 Direct Services**

Direct Services provides day and residential care services for the local community, particularly older people, those who have physical disabilities and those with learning disabilities. At Brent we are committed to the personalisation agenda and have taken a preventative approach to helping individuals live independent and fulfilling lives. Following national and local consultation on this issue it became clear that two significant changes were needed to improve outcomes for service users and carers alike.

- I. People needed a wider range of options to choose from and these options needed to include both specialist (sometimes building-based) and mainstream (in and within the community) services.
- II. In order to create this choice, Brent needed to focus more on commissioning and developing new services in the community and less on delivering traditional building-based services themselves.

In response to these needs our Direct Services were re -designed to create more personalised and community-based services. 2012 saw the completion of the John Billam centre, Brent's new state of the art facility specifically designed to meet the needs of local disabled people. In Brent 4.7% of residents define themselves as permanently sick or disabled and, as 86% of all adult social care service users live in the community, this new resource is highly valued by all stakeholders. The new facility is helping to develop personal independence and the programme of activities is designed to build and enhance individual life skills.

## 5.7 Integrated Commissioning

Integrated commissioning is strategically important because the team work closely with key partner organisations, providers and community groups to identify local care needs in the borough and commission and contract for the support and services needed to meet those needs – the immediate and planning for future needs. More specifically, the Integrated Commissioning function is responsible for the commissioning, contracting and purchasing of support and services. They are also responsible for contract monitoring and quality assurance of the support and services purchased to ensure they meet quality standards and deliver value for money. As such, user and carer engagement is essential because they are best placed to highlight gaps, test support and services and make recommendations for improvement.

## 5.8 Safeguarding

All the department's activities are underpinned by our enduring commitment to protect vulnerable people from abuse. The Department of Health (2000) defines abuse as "*a violation of an individual's human and civil rights*" and the Council supports the following principles set out in their guidance document 'No Secrets':

- Safeguarding must be built on empowerment or listening to the victim's voice.
- Everyone must help to empower individuals, but safeguarding decisions should be taken by the individual concerned.
- Safeguarding adults is not like child protection and adults should not be treated like children.
- The participation/representation of people who may lack capacity in some aspects of their lives is an important aspect of ensuring that as much choice and control is offered to the adult at risk.

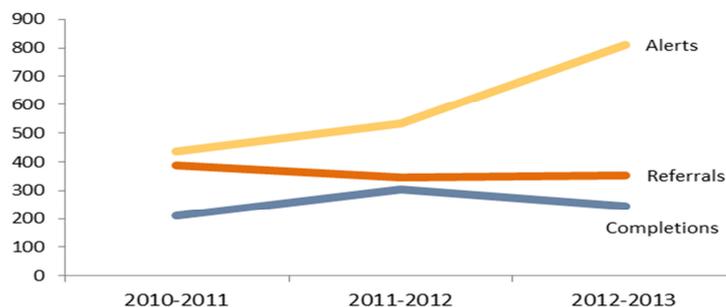
Through Safeguarding we strive to reduce the potential for abuse and prevent it from re-occurring. Abuse can take many forms:

- **Physical abuse:** hitting, pushing, shaking, misusing medication, withholding food or drink; force-feeding.

- **Sexual abuse:** rape, sexual assault, or sexual acts to which the person has not or could not have consented.
- **Psychological or emotional abuse:** threats of harm or abandonment, being deprived of social or other form of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse etc.
- **Financial or material abuse:** theft, fraud or exploitation, pressure in connection with wills, property, or inheritance, misuse of property, possessions or benefits.
- **Institutional abuse:** can sometimes happen in residential homes, nursing homes or hospitals when people are mistreated because of poor or inadequate care, neglect and poor practice.

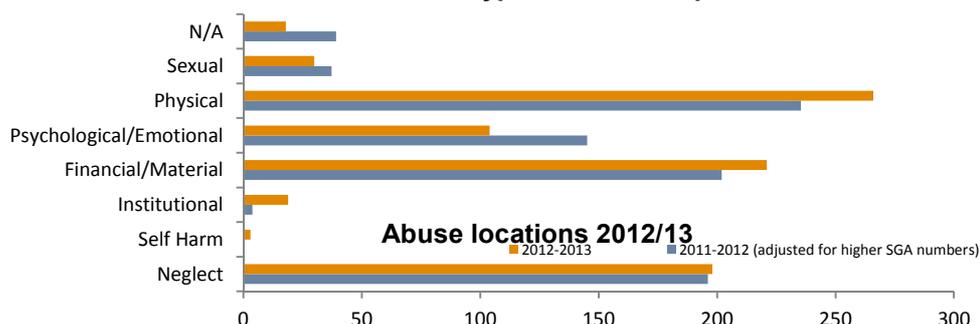
Those who need safeguarding are often elderly and frail, living on their own in the community, or without much family support in care homes. They are often people with physical disabilities, learning difficulties or mental health needs at risk of suffering harm both in institutions and in the community. Brent takes a multi-agency approach to abuse and adopts preventative strategies through our person-centred services. We also collaborate with customers to empower them to make choices and manage risks, which helps inspire confidence and prevent crises from developing.

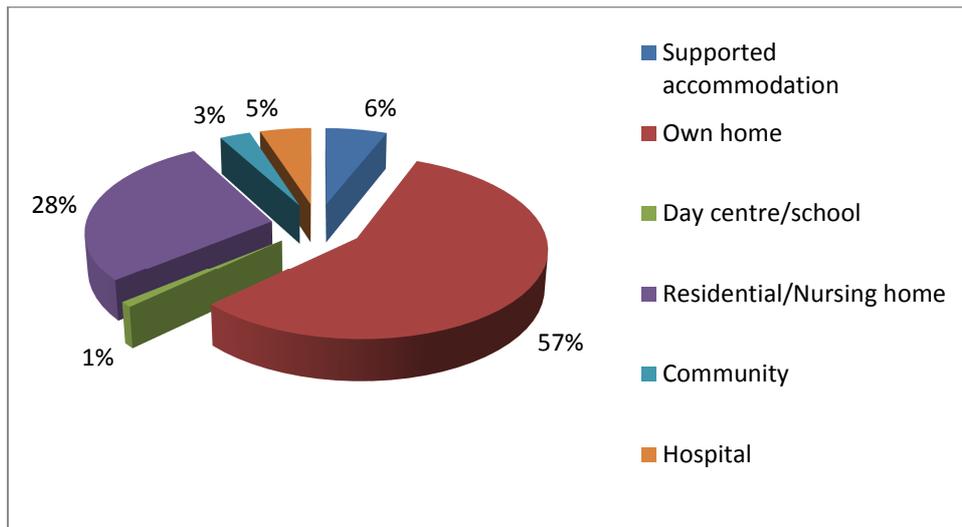
**Safeguarding alerts, referrals and completions trend 2010-13**



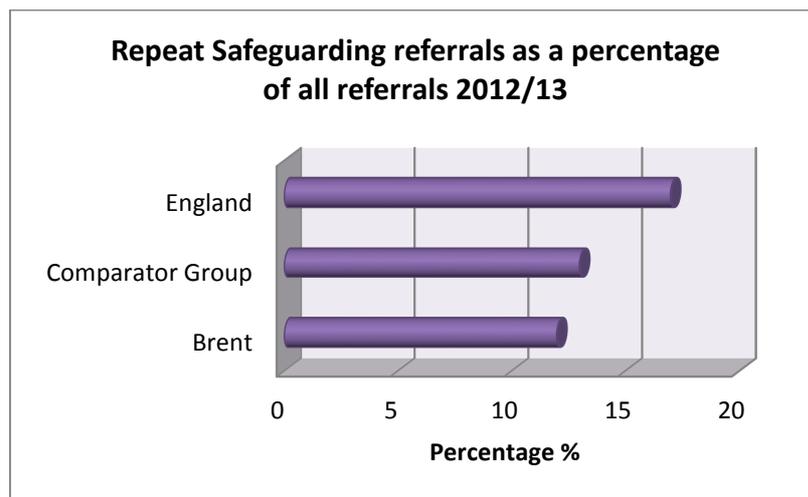
In 2012 the Council held a promotional campaign across the borough to raise awareness of Safeguarding. The success of this campaign is evidenced by the increased number of alerts this year and the fact that the number of actual referrals (following the screening process) have remained consistent since 2010. Physical abuse, financial abuse and neglect are the most common types in Brent and this year instances of emotional abuse reduced.

**Trends in the types of abuse reported**





Safeguarding is a critical aspect which underpins everything that the Adult Social Care service does. The volume of repeat safeguarding referrals provides a good measure of how successful the service is in taking effective action to deal with referrals.



## Section 6: CARER SUPPORT

Carers play a pivotal role in helping us to support and safeguard vulnerable adults and without them many service users would not be able to continue to live independently. Carers are often quite literally a lifeline, particularly for those individuals who have complex needs or conditions. A carer is someone who spends a significant portion of their time providing unpaid support to family members or friends who are ill, frail, disabled, have poor mental health or substance misuse problems. Carers help people they care for to deal with and manage problems in a practical way and also offer emotional support. Their responsibilities may be for short periods of time or in many cases over the course of a life-time. The condition of the person they care for can often be susceptible to change regularly or periodically, and as such it can be difficult to predict the demands on the carer.

People can find themselves in a carer role without warning as a result of an accident or sudden illness or the role can slowly evolve as the condition of the person they care for progressively deteriorates over time. Carers can also be much less directly involved in care by merely supervising someone they care for from a distance to help keep them safe and independent.

Carers provide care and support to a diverse range of people including older people, adults and children with physical and/or sensory disabilities, learning disabilities, mental health and substance misuse issues. While caring can be rewarding, it can also be exhausting both emotionally and physically. Caring responsibilities can involve all or a variety of the following, depending upon individual needs:

- **Physical care**—bathing, washing, dressing and toileting.
- **Physical help**—getting in and out of bed, walking, getting up and down the stairs.
- **Practical help**—administering medicines, shopping, preparing meals.

- There are currently 26,600 known carers in Brent or 9% of the borough's overall population.
- 7,888 carers are providing between 20-50 plus hours of care each week.
- 3,333 (2%) carers of working age are providing more than 50 hours of care per week.
- 1,023 young carers (aged between 10 and 17) are providing between 1 and 50 hours of care a week to a parent, sibling or relative.
- 14% of known carers are of working age (18-65) and provide between 1 and 19 hours of care each week.
- 10,499 carers of working age are female and 7,853 carers of working age are men.
- 3,402 carers aged 65-90 plus years provide between 1-50 plus hours of care each week.

Source: Brent Carers Strategy 2012-2014

Carers are usually unpaid and the job may be 24 hours per day, 365 days per year. As such carers can face multiple disadvantages including social isolation, mental stress and ill health. They can also have long-term poverty resulting from the high costs associated with caring and reduced income deriving from the need to become full or part-time carers. Many often need additional support to enable them to balance their caring responsibilities with other commitments and responsibilities such as work, education, training and family life. Carers' needs can vary and support includes:

- Services which are tailored to individual needs.
- Opportunities to take flexible breaks from caring.
- Relief cover to enable carers to fulfil other responsibilities.
- Practical advice and support to enable them to cope with their caring responsibilities.
- Involvement in planning services.
- Periodic review of needs.

We recognise and value the contribution that carers make, particularly because we know that their knowledge and experience makes them well placed to provide the best care for those they support. As such, carers are critical partners in the delivery of care and support. However whilst we aspire to create and sustain an environment which enables carers to feel supported in their role, feedback from a variety of sources tells us that Brent does not perform well in this area. This is partly due to the fact that up until now service users have tended to be the main focus of our attention, but it is also because people tend to drift into the role and as such family, friends or neighbours often fail to recognise or identify themselves as carers. Historically this situation has been exacerbated by the fact that we did not have a co-ordinated approach to supporting carers.

Last year, in an effort to redress this, we have been working closely with Brent Clinical Commissioning Group on a series of joint initiatives. For example, we commissioned the Brent Carers Hub. This is a 'one stop' service to provide carers with access to the information, advice and support they need or be sign-posted appropriately to organisations in the borough who can provide support. In 2013/14 we will continue to make this a priority. We are already working closely with GPs, who are proactively identifying carers and ensuring they are aware of the support available to them, and we are supporting the Clinical Commissioning Group to provide respite support for carers who would not be eligible for adult social care support. Building on all of the above we will implement a new approach to supporting carers through our assessment and care management team, to ensure the advice, information and support is consistent wherever a carer seeks help, and helps carers to achieve a balance between their caring responsibilities and other commitments, and ultimately to improve their quality of life.

## **Section 7: OUR PARTNERS**

### **7.1 Partnership Working**

Health and social care are inextricably linked and as such our Adult Social Services are critically dependent upon a variety of key partners. Without the support of a broad and diverse range of providers we would not have the capacity to deliver the range and quality of services to our residents. Collectively this network provides support to people who find everyday activities difficult to manage. We provide advice and support to:

- Older people who are having difficulty looking after themselves at home.
- People with a disability who need advice and support.
- People who are unable to look after themselves properly.
- Carers who need assistance with caring for a vulnerable adult.
- Vulnerable adults who need protection because they are frightened or worried by something.
- Vulnerable adults who lack capacity to manage their own affairs.

### **7.2 Safeguarding Adults Board**

Delivering care to our more vulnerable residents requires the Council to adopt a lead role in bringing together the knowledge, skills and resources of a diverse range of partners from local statutory, public, independent and voluntary sectors. This partnership routinely collaborates to promote inter-agency co-operation and co-ordination of all safeguarding work in the borough. The partnership is strategically managed through Brent's Local Safeguarding Adults Board, which directs monitors and quality assures performance as well as develops policies, processes and good practice initiatives.

### **7.3 Health and Wellbeing Board**

The Health and Wellbeing Board draws together representatives from public, private, voluntary and community sectors across the borough. This board is strategically responsible for health and wellbeing and works to reduce the current burden of preventable health and social care needs as well as the health inequalities that currently exist within the borough. The board uses its strategic influence to improve quality of life for all Brent residents, promote well-being by tackling discrimination, disadvantage and social exclusion, and deliver accessible, high-quality and efficient services based on local needs. Brent's Health and Wellbeing Strategy 2012-15 offers a good example of the Council working in partnership with the NHS to evaluate local needs and provide strategic focus for improving health outcomes for the local community. We are also actively

participating in a new multi-agency Integrated Care pilot project, which is designed to improve care pathways for those with high levels of need for diabetes and elderly care.

## 7.4 Learning Disability Partnership Board

The Department of Health's three year strategy Valuing People Now (2009) advocated the setting up of a local Partnership Board in order to take a strategic approach to:

- Help decide what services are needed for people with learning disabilities in the local area.
- Regularly evaluate how well these services are working.

In response to this the Learning Disability Partnership Board was set up. This group meets every two months to talk about opportunities for greater social inclusion as well as the local support mechanisms in place. Its purpose is to work in partnership with carers, people with learning disabilities and local agencies to improve their quality of life within the borough.

## 7.5 Service User Engagement

In Brent consultation is integral to service planning and we routinely consult with service users and carers as well as other stakeholders. Consultation exercises reveal that users and carers want:

- Better quality and access to services, particularly GP and out of hours services.
- Better communication between service providers.
- More information to support people's choices and control over their health care arrangements.
- More advice about how to be healthy, including details about the range of activities available in the local area.
- A more holistic approach to service provision and design.
- More culturally appropriate services, particularly for black and minority ethnic communities, people with disabilities and other hard to reach groups.

## 7.6 Forums

For Brent Adult Social Care, creative communication and engagement with service users and the general public has been a particular priority during the past year. We are committed to working with our service users and carers to find creative solutions: engaging with them is a key step in this approach. Brent has a broad and diverse range of community engagement forums to facilitate access and dialogue with the local community:

- **Area Consultative Forums** - There are currently 5 forums which provide an important opportunity for members of the public to access, participate in and influence the council's

decision-making process and those of partner organisations. These are chaired by a local councillor and assisted by a lead manager.

- **Brent Disabled User Forum** - This group provides a focal point for disabled people and mental health service users, their carers, advocates, service providers, advisors, council officers and members as well as representatives from voluntary organisations and community groups to meet regularly and exchange viewpoints as well as learn from others experience.
- **Brent Pensioners Forum** - This group provides a focal point for older people, their carers and other stakeholders to regularly meet and discuss council policy and local issues which may affect older people in the borough. The group is also used as a formal point for consultations and offers the opportunity to raise awareness and identify concerns.
- **Brent Care Connects** - This online forum is entirely service user-led, both in its design (through consultation with service user engagement groups) and delivery (through local champions). It provides an opportunity to connect users digitally, extending the reach of ASC into the digital 24/7 world, and combats social isolation in a creative and innovative way.
- **Focus Groups** - As part of our service modernisation programme we have held a number of focus groups to help plan the changes. These meetings offer a valuable opportunity to explain the rationale behind proposed service changes and enable users and carers to understand and discuss the implications. The feedback is then used as a basis for reviewing and refining final decisions.

In 2013 we have committed to a programme of community engagement activities designed to promote issues which are of critical importance to our service users. For example, the Brent 'Hidden Heroes' event was delivered in collaboration with local partners and designed to celebrate the diverse talents of people with Learning Disabilities who live in our community. However events represent just one channel of engagement. We have also delivered several multi-channel communication campaigns e.g. our Safeguarding Awareness campaign which utilised powerful images to raise awareness of the abuse of vulnerable adults and how to report it. Mediums such as bus advertisements, billboards, posters, leaflets, social media, national online publications, blogging etc. reinforced the message that Brent takes a zero tolerance approach.

## **8: Surveys**

### **8.1 Carer Survey 2012**

Every two years the Council conducts a Carer Survey. The latest one in 2012 received a 44% response rate, compared to 37% in 2010. Key findings include:

- 78% said they share accommodation with the person they care for.
- 47% said they were 'very satisfied' or 'fairly satisfied' with the service and support they received within the past 12 months, which represents a drop of 8% from the 2010 survey.
- 23% felt they have as much control as they want over their life, 61% felt they have only some control and 17% felt they have no control. These findings are broadly comparable to the 2010 survey.
- 31% said they found it 'easy' or 'fairly easy' to find information and advice about support services and benefits, which compares unfavourably to 44% in 2010. 39% found it 'difficult' or 'very difficult' compared to 32% in 2010, while 30% had not sought any support over the past 12 months which is a slight increase from 24% in 2010.
- 17% said they themselves had a long-standing illness.
- 23% said they felt they neglected to look after themselves, which is broadly comparable to 24% in 2010.

It should be noted that these findings are from the period before the Carers Hub went live in February 2013. The Carers Hub represents a significant change in the support we (Brent Council and the Clinical Commissioning Group) provide to carers. However, we recognise that there is more work to do which is why carers will continue to be a priority for Brent Council and the CCG, and why we will work together to proactively identify carers and provide better information, advice and support for them. Our new Service User and Carer Engagement strategy, and the work that service users and carers are doing to deliver the strategy, will give a strong voice to carers and ensure they help us shape the direction of travel for Adult Social Care. Carers are key partners and we will strive to ensure they are well placed to look after their own individual health needs as well as those they care for and in doing so strengthen local community resilience.

### **8.2 Adult Social Care Service User Survey 2012**

Every year the Council conducts an Adult Social Care survey. This year's survey received a response rate of 28%, which compares favourably to 22% in 2011, however this remains low compared to other London boroughs. This postal survey samples approximately 1,000 clients from

all client groups as part of the Health and Social Care Information Centre (HSCIC) annual returns. Clients receiving community based services, residential care and nursing care services are included in this survey. Local analysis and key findings include:

**Satisfaction with services:**

- 83.3% of all respondents said they were ‘*extremely*’ or ‘*very satisfied*’ (48%) with the care and support services they receive while 35.3% said they were ‘*quite satisfied*’. This is an increase of 5% on 2012/13
- 89.2% of Learning Disability respondents said they were ‘*happy with the way staff help*’ them, compared to the London average of 84.6%.

**Perceptions of choice and control:**

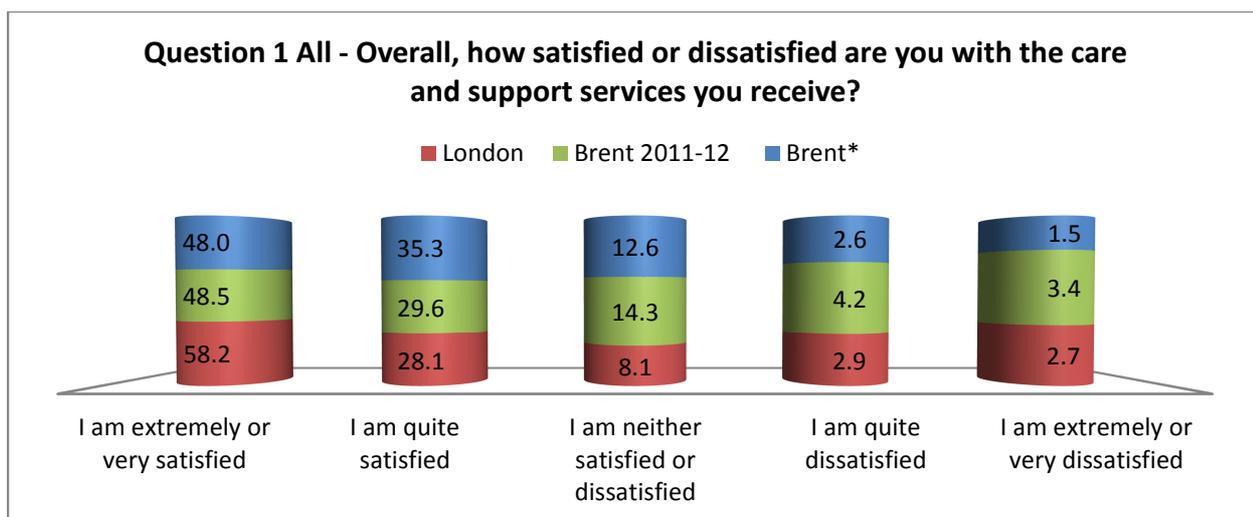
- 64.7% of all respondents said that they ‘*as much control*’ or ‘*adequate control*’ over their daily lives, compared to the London average of 70.7%. However,
- 82.9% of all respondents said ‘*care and support services help them to have control over their daily life*’, which is in line with the London average (82.9%).

**Perceptions of safety:**

- 89.3% of all respondents said they feel ‘*as safe as I want*’ or ‘*generally safe but not as safe as I would like*’, which is broadly in line with the London average of 90.9%.

**Quality of Life:**

- 92.4% responded positively about their ‘*quality of life*’. 55.8% of all respondents said their life in general is either ‘*so good it could not be better*’, ‘*very good*’, or ‘*good*’ while 36.6% said it was ‘*alright*’. This total is slightly above the London average of 57.2% and 30.5% respectively (total 87.7%).



Source: Brent's annual Adult Social Care Survey 2013

## Section 9: STRATEGIC PRIORITIES FOR 2013/14

### 9.1 Core Objectives

As this report has highlighted, there are not only a number of significant pressures on the service, but there is also significant change being developed at a national for implementation in April 2015. In order to maintain a strong focus on outcomes for the people of Brent, the department is focused on four key objectives:

- Prevention: a strong focus on information, advice and guidance which enables people to make informed choices and take personal responsibility and maintain their independence
- Early intervention: to provide people with intensive short-term assistance so they can regain and sustain their independence, where it is safe to do so
- Personal Budgets and Choice and Control: to ensure that those who require on-going assistance have access to practical support, which is tailored to suit individual needs and is designed to maximise independence now and in the future
- Ensure there is more support for carers, evidence from the recent Carers survey and national performance indicators is clear that this is an area we need to focus on, and
- Zero tolerance of abuse: To help people avoid abuse and ensure we respond swiftly and effectively should it occur.

### 9.2 Improving Health and Well Being

As part of the Health and Well Being Strategy and as set out in the Brent Borough Plan, the department has a number of priorities:

***Reduce the number of people living in residential care.*** Brent Council is committed to working with external partners to develop alternatives to residential care provision for older and disabled people. This priority recognises the on-going cultural change required across health and social care services to promote new and creative ways to help people to live at home. It also recognises the need for a step change in the accommodation available in the borough. For example, there will need to be a substantial increase in the number of extra care units (specifically designed accommodation which has care on site) to provide people with alternatives to living at home or going into residential care.

***Ensure that every service user has the option of self-directed support in Adult Social Care to ensure they can maximise independence and personal choice.*** All service users have a Personal Budget in Brent, but there is more work to be done to ensure that people have control over

how that personal Budget is spent. We have to work harder to remove the barriers to people taking control and exercising their choices. One of the ways in which we will do this is to increase the proportion of service users receiving direct payments by 10%.

***Implement a new operating model for Brent Mental Health services.*** Last year we carried out a comprehensive review of our Mental Health offer and concluded there was scope to improve some aspects of the service and build closer alignment within the partnership. Therefore, it is crucial in 2013/14 to improve existing working practices and processes, and evaluate how we can move towards a new operating model of community-based provision which is focused on prevention and person centred support, which facilitates greater independence, choice and control. It is also important that Brent Council sets a positive example in relation to Mental Health, which is why we have signed up to the 'Time to Change' pledge.

***Develop a more efficient model for future delivery of adult social services, including a single point of access (across health and social care) for rehabilitation and Reablement options for adult social care service users.*** At the national level the implementation of the Health and Social Care Act 2012 and the imminent introduction of the Care and Support Bill will have a profound impact on the way health and social care services are managed and delivered in the borough. They also represent a considerable opportunity to achieve much closer integration between health and social care services, which should pave the way towards a much more co-ordinated and strategic approach to the design and delivery of care services in the borough.

***Improve the support available to Carers.*** The results from the Carer Survey 2012 show that Carers feel they need more support. The survey was carried out before the launch of the Brent Carer Hub, but it still highlights the need to maintain the focus on this local priority, particularly as the Care and Support Bill, which will be implemented in April 2015, will introduce new rights for Carers. Therefore, it is important that we build on the launch of the jointly commissioned Brent Carers Hub earlier this year, working closely with the Brent Clinical Commissioning Group to ensure that the Carers Hub delivers a step change in support for Carers in Brent. We will also need to work closely with GPs and ensure that our core assessment and care management services include Carers in a meaningful way that makes a difference to the quality of their lives.

### **9.3 How we will deliver this**

***Adult Social Care Strategy:*** Given the evolving health and social care landscape and the wider political, social and financial challenges which the Council is currently facing, it will become increasingly important to clearly articulate put vision for Adult Social Care in Brent for the service over the next five year period. This vision will need to be clear in scope and be supported by an

aspiration to build community resilience by enabling independence, choice and control. It must also articulate clear boundaries of mutual responsibility and reflect an approach to service delivery which is both affordable and sustainable for the longer term.

***Market development and management:*** In order to deliver we must work with our external partners and the full range of adult social care providers. Wherever possible we will seek to commission opportunities rather than conventional services, so that people can feel socially included, remain close to their communities and enjoy quality of life. We will design and deliver support services within a framework of shared responsibilities. Solutions will be co-produced and co-owned by both the local community and the Council. We recognise that everyone is an individual and as such we will encourage them to build on what they can do, instead of focussing on what they cannot do. The development of the local 'Market Position Statement' will be at the core of this. This statement will be driven by a thorough analysis of the drivers and barriers which shape the current local health and social care market. This analysis will then be used as part of a wider service user engagement strategy to identify and forecast future market needs. The Council will then be well placed to collaborate and consult with key partners and stakeholders to develop solutions which meet longer term needs in the borough. The principles that will drive this approach are:

***Service User and Carer Engagement:*** Engaging with service users and carers to identify existing gaps and review the quality of current service provision will also be critical in empowering local residents to help shape future service provision. This process will also help the Council to evaluate whether existing services are perceived as delivering value for money. It will also help to consider how we can support providers and local community groups to successfully deliver new models of support. The challenge for 2013/14 will be to encourage wider community participation in helping to shape local service provision and support existing to improve or new providers to develop high quality services which meet local needs now and in the future.

## **9.4 Reduced Resources**

The depressed economic outlook remains a cause for concern, not least because it is widely predicted to be prolonged. Therefore a key priority for the coming year will be to continue to maximise the use of our limited resources and work collaboratively to ensure maximum efficiency across the complete range of services. Maintaining a balanced budget will be a challenge in the context of rising demand for services, and the success of our modernisation programme to date means that we have no more scope to deliver 'more for less'. As such, the pressure to operate within the strict confines of limited resources while preserving front-line services remains acute.

## **Section 10: FINANCIAL PERFORMANCE 2012/13**

### **10.1 End of Year Out-turn**

The 'Caring for our Future' White Paper (H.M. Government 2013) sets out a vision for a modern social service as a system that promotes people's wellbeing by enabling them to prevent or postpone the need for care and support. It also aspires to put them firmly in control of their lives so they can pursue opportunities, including education and employment, to realise their potential.

The need for the Council to balance rising service demands with diminishing resources is a constant challenge, which has dominated our strategic planning over recent years. The Council's finances are under constant pressure because of a variety of global risk factors.

- Reduced government grant has resulted in less funding being available to spend on or invest in services.
- The growing and ageing local population increases demand and prolongs support to those with long-term conditions.
- Poor lifestyle choices and person-centred care increases the complexity of individual support needs.
- Medical advances continue to improve survival rates with the result that the proportion of the population with disabilities continues to grow.
- New legislation is placing new statutory duties on councils to provide services to carers and individuals who fund their own care.

Individually each of these risks presents its own challenges, but collectively the inevitable conclusion is that our current operating model is unsustainable for the longer term. As such the department must constantly appraise its operating costs and review its policies to ensure that the services provided remain affordable and conducive to the Council's wider strategic objectives.

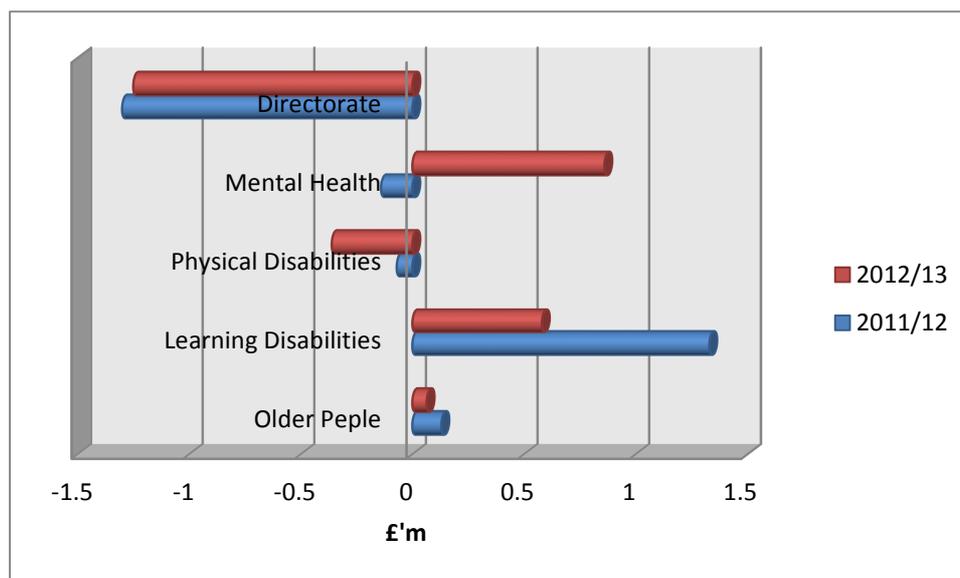
Delivering quality services at an affordable cost within the current financial framework has dominated our service planning activities during 2012/13, not least because the process is becoming ever more difficult. However our 2012/13 project programme has helped the department to deliver its efficiency savings targets of £2.412m. This was achieved mainly by redesigning and improving procurement processes and renegotiating contracts with providers. We also commissioned alternate services in some cases and consolidated all day centres into the new purpose-built John Billam Resource Centre. This new facility enables service users to access services in the community more independently as well as facilitating the learning of new life skills.

In 2012/13 Brent Adult Social Care underspent by £0.107m on a net budget of £91.0m, and compared to previous years it demonstrates the on-going improved performance delivered by this department.

End of year out-turns	2009/10	2010/11	2011/12	2012/13
Variance	£1.910m	£1.270m	(£0.050m)	(£0.107m)

Budget variance comparisons 2011/12 and 2012/13			
Variance by	2011/12	2012/13	Year on Year
Customer group	£'m	£'m	Movement £'m
Older People	0.130	0.064	(0.066)
Learning Disabilities	1.330	0.580	(0.750)
Physical Disabilities	(0.070)	(0.361)	(0.291)
Mental Health	(0.140)	0.860	1.000
Directorate	(1.300)	(1.250)	0.050
<b>TOTAL</b>	<b>(0.050)</b>	<b>(0.107)</b>	<b>(0.057)</b>

#### Budget variance comparisons between 2011/12 and 2012/13



The main areas of 2012/13 budget pressures were:

- ◆ Increased demand for services for Older People services of which nursing care is a significant element.
- ◆ Increased demand for Reablement to help avoid demand upon social care services.
- ◆ Young people transitioning from Children's Social Care to the Learning Disabilities services with high cost packages of care. The underlying pressure and the specific area of concern related to Residential Care for clients aged 18-25.

## 10.2 Residential and nursing care placements

### 10.2.1 Expenditure Trends

From 2011/12 to 2012/13 there was a reduction in expenditure of 5.6% against a reduction in demand for residential and nursing services of 3.1% (reduction of 31 clients). The successful implementation of the Reablement service enables customers to remain living independently in their own homes and this equated to efficiencies of £1.09m in 2012/13.

Item	2010-11	2011-12	2012-13	Projections 2013-14
Residential & Nursing placement costs	£42.8m	£42.9m	£40.5m	£40.0m
Residential & Nursing customer numbers	991	1,016	985	998

The following table highlights efficiencies being made across all client groups since 2011/12 to 2012/13, with some of the average weekly costs reducing across client groups. The table below show the efficiencies being made within the services through a combination of the reclassification of Adults to Older People Services, and the use of supported living accommodation. In practice this means that higher needs younger clients are being referred to 'supported living' schemes rather than being placed into residential care, at an earlier stage.

Nursing and Residential Care Placements	2011/12		2012/13		Projections for 2013/14	
	Number of customers	Average weekly cost	Number of customers	Average weekly cost	Number of customers	Average weekly cost
Older People	651	£597	670	£575	669	£560
Learning Disabilities	200	£1,490	179	£1,448	194	£1,316
Physical Disabilities	78	£838	70	£836	70	£746
Mental Health	87	£840	66	£818	65	£850
<b>Total</b>	<b>1,016</b>	<b>£812</b>	<b>985</b>	<b>£756</b>	<b>998</b>	<b>£732</b>

## 10.3 Domiciliary care

### 10.3.1 Expenditure trends

The below highlights the positive direction of travel continuing into 2012/13, with a reduction in expenditure since 11/12 of 4.38% against an reduction in demand since 11/12 of 4.89% equating to efficiencies of £0.058m since 2011/12. The demand for domiciliary care generally remains stable

across all service areas and this is managed by the Reablement service providing short-term intensive support for clients enabling them to stay in their own homes. Based on current projections we can equitably expect a reduction in expenditure in 2013/14.

Item	2010-11	2011-12	2012-13	Projections 2013-14
Cost of Domiciliary Care	£13.6m	£11.4m	£10.9m	£10.7m
Domiciliary Care customer numbers	1,231	1,246	1,185	1,193

The following table highlights efficiencies being made in several customer groups 2011/12 to 2012/13, with a reduction in client numbers across the older people and physical disability service. The figures provide evidence of the council's efforts to support customers with greater needs to remain in community-based settings, rather than being moved into residential care.

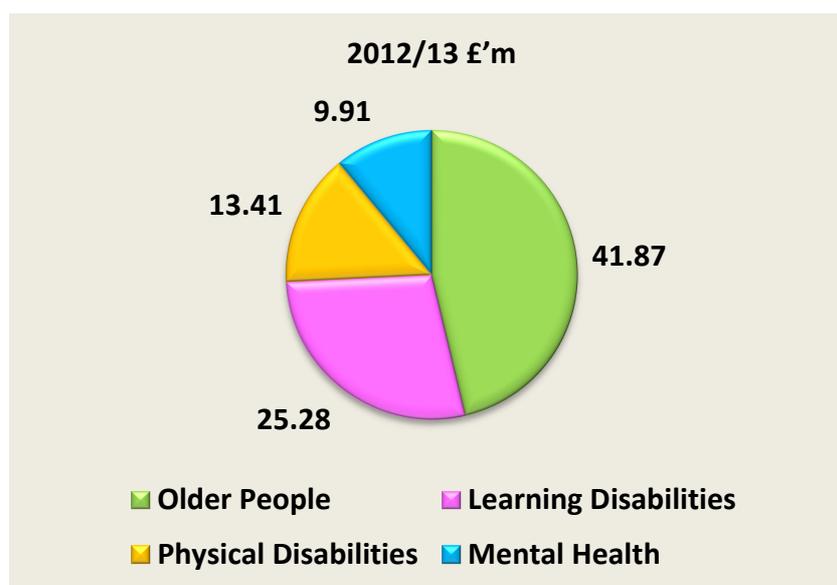
Domiciliary Care	2011/12		2012/13		Projections for 2013/14	
Customer group	Number of customers	Average weekly cost	Number of customers	Average weekly cost	Number of customers	Average weekly cost
Older People	1055	£175	1010	£168	1023	£168
Learning Disabilities	30	£328	34	£395	34	£301
Physical Disabilities	158	£158	137	£196	133	£182
Mental Health	3	£109	4	£48	3	£111
<b>Total</b>	<b>1,246</b>	<b>£176</b>	<b>1,185</b>	<b>£166</b>	<b>1,193</b>	<b>£172</b>

## 10.4 Service user type expenditure

The table and graph below indicates how resources have been used to provide services for specific customer groups. In 2012/13 there was an overall 4.48% increase across all client group expenditure compared to 11/12. There has been a notable change in the funding arrangements for a number of mental health clients where social services are funding the full cost of packages that were joint funded with health in the past.

Year End Out-turn per Client group	2011/12	2012/13	Comparison between 11/12 and 12/13	%
Older People	£40,547,289	£41,872,769	£1,325,480	3.26%
Learning Disabilities	£24,491,971	£25,281,160	£789,189	3.22%
Physical Disabilities	£13,816,028	£13,419,127	<b>-£396,901</b>	<b>-2.87%</b>
Mental Health	£7,753,053	£9,914,802	£2,161,749	27.80%
<b>Total</b>	<b>£86,608,341</b>	<b>£90,487,857</b>	<b>£3,879,516</b>	<b>4.48%</b>

### Year end Outturn by Client Group 2012/13 £'m



## 10.5 2013/14 and beyond

The coalition have already signalled that the local government resource budget will be reduced by 10% in 2015/16 and this will inevitably result in diminished resources on the one hand coupled with pressure to provide services to a growing client base with increasingly diverse needs. The NHS and local authorities will continue in their efforts to pool resources wherever possible to support integrated health and social care work in the coming years. Collectively we aim to strive to deliver better outcomes and greater efficiencies through more integrated services for older and disabled people.

The council has been preparing for the transfer of Public Health responsibilities and functions from NHS Brent. The majority of the Public Health budget is spent on contracts with NHS, private and third sector organisations who deliver a variety of public health services. An important measure going forward therefore will be the successful transfer of the contracts post April 2013 and the extent to which we can assure services deliver the best value for money going forward.

The new capped costs system for funding care and support, based on the recommendations of the Dilnot Commission will materialise in 2014/15 and 2015/16, and this is currently highlighting the importance of good quality financial advice. This will need to be reflected in the development of the department's information and advice service going forward.

# 11: NATIONAL PERFORMANCE INDICATORS

The national performance indicator set is currently being reviewed and refreshed to make the indicators more relevant to changes which have taken recently place within the Adult Social Care sector (e.g. the development of Reablement services). The Department of Health intends to take a phased approach and during the transition, the Health and Social Care Information Centre is using the Adult Social Care Outcomes Framework indicators for reporting purposes.

## 11.1 Strongly performing areas include:

- a) Helping service users to achieve and sustain independent living.
- b) Ensuring people have stable, independent accommodation and reducing the number of admissions to residential and nursing care homes.
- c) Reducing the numbers of delayed transfers of care attributed to adult social services in the borough.

## 11.2 Areas for improvement include:

- a) **The key area for improvement is in relation to Carers.**

Survey responses suggest that:

- There are comparatively low levels of satisfaction with the support they receive from adult social care
- They feel that they should be more involved in the care planning for the person they care for
- There is work we can do to improve the information and advice that is available to them, and
- Overall, they feel their quality of life should be improved.

It should be noted that these findings are from the period before the Carers Hub went live in February 2013, which is a significant change in the support we (Brent Council and the Clinical Commissioning Group) provides.

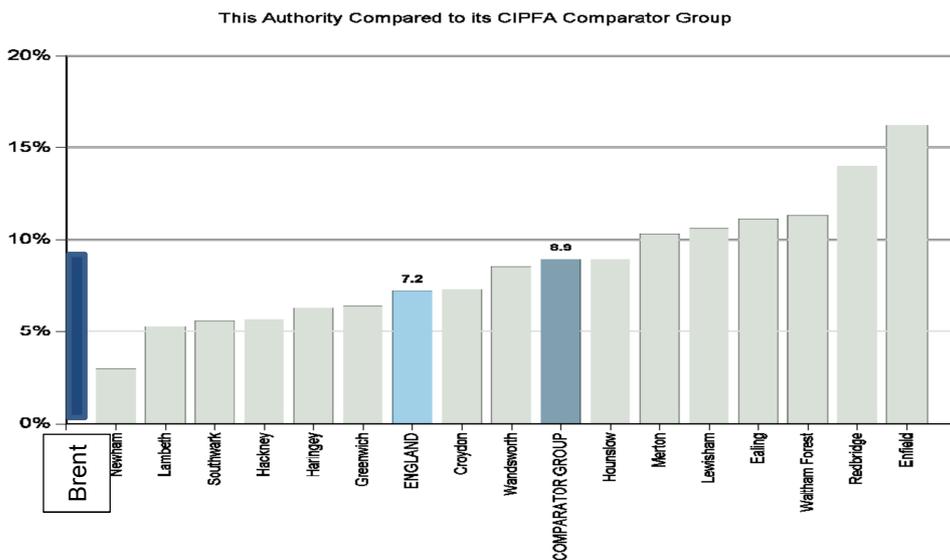
- b) **More effort needs to be made to improve the process for the taking up of direct payments so service users and carers can be empowered to exercise maximum choice and control.**

# 11.3 Independence indicators

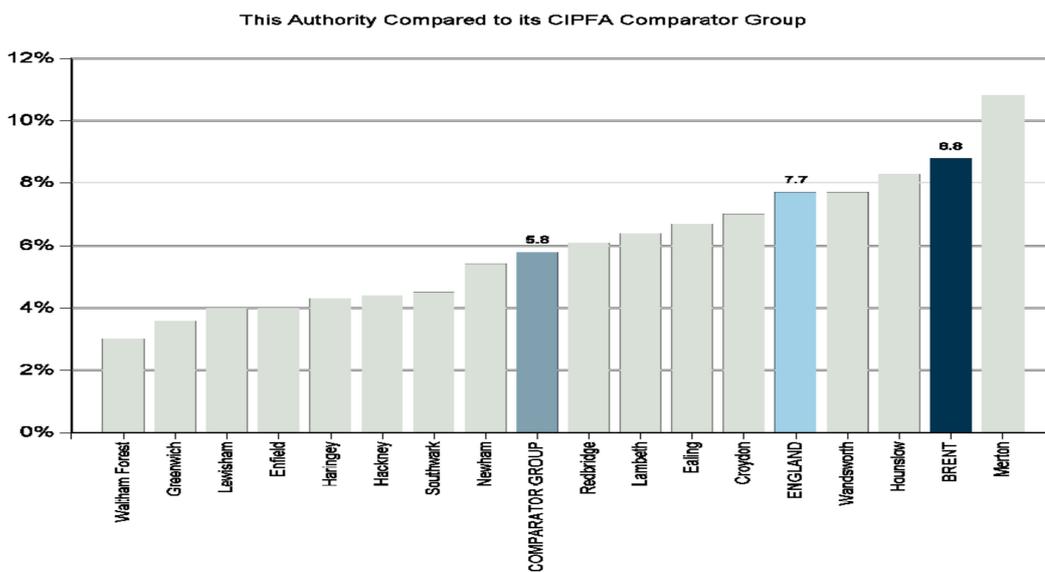
## Employment

Brent performs well in terms of the employment indicators for adults with a learning disability and adults in contact with a mental health service, outperforming the London average and the national average for both groups – as set out in the two graphs below (1E and 1F). However, if the difficult economic outlook is prolonged it may affect our ability to build on successes to date and improve performance in this area.

**1E - Adults with learning disabilities in paid employment, expressed as a percentage, 2012-13**



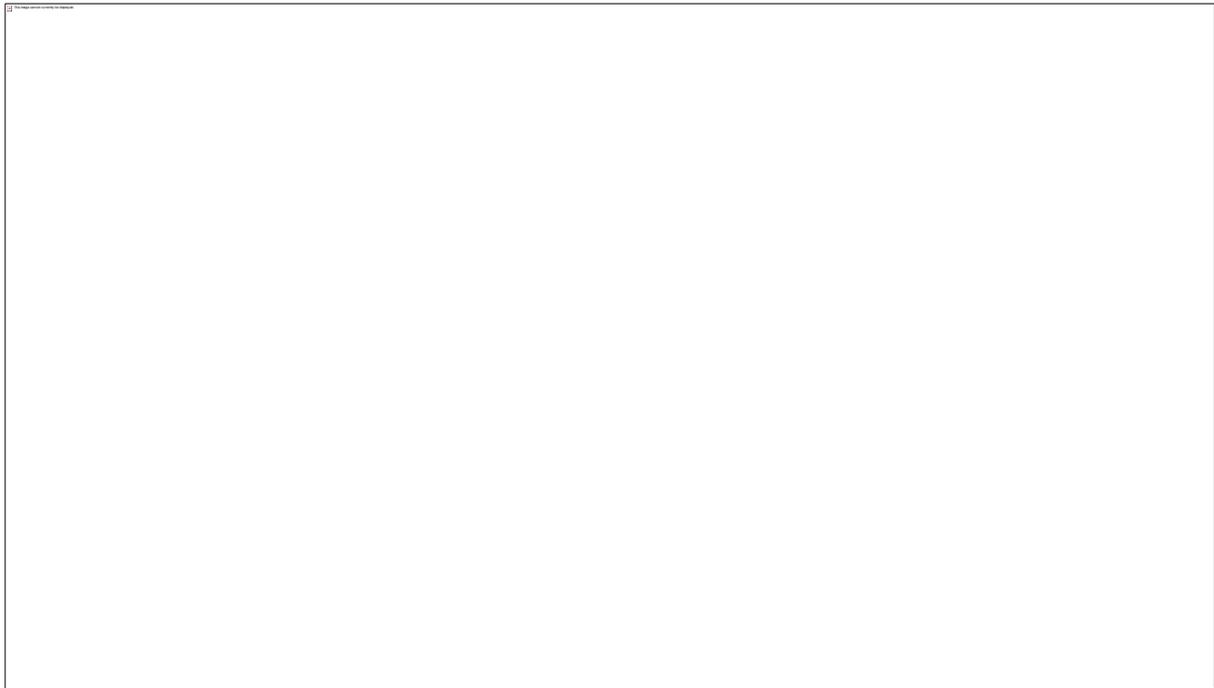
**1F - Adults in contact with secondary mental health services in paid employment, expressed as a percentage, 2012-13**



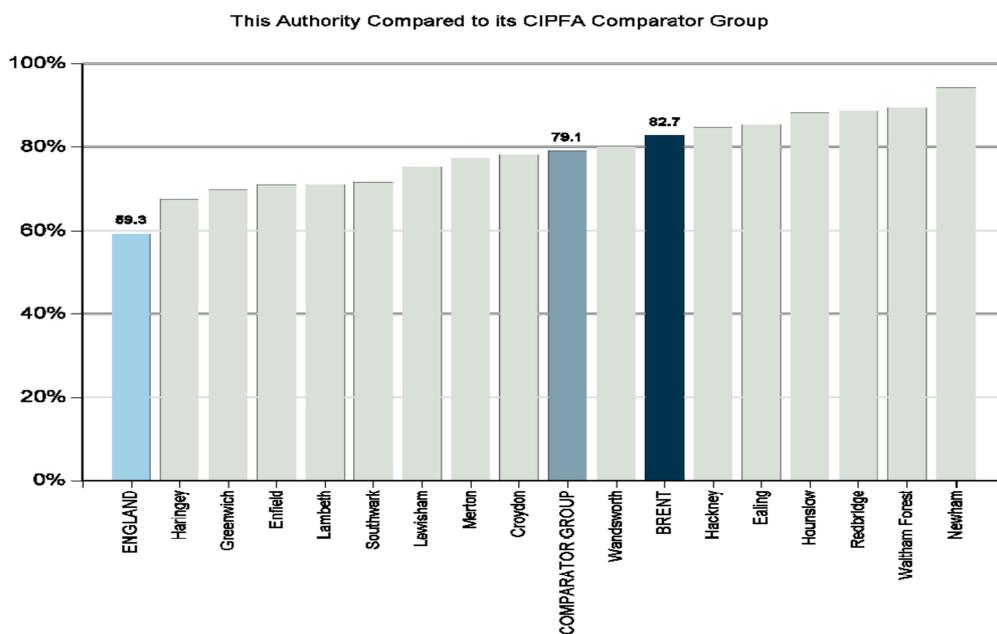
### Stable accommodation

Brent also performs well in terms of the percentage of adults with a learning disability and adults in contact with a mental health service, who are living independently in stable accommodation – as set out in the two graphs below (1G and 1H). In fact Brent was highlighted in the Municipal Journal as one of the top ten councils in the country for supporting adults with a learning disability to live independently.

**1H - Adults in contact with secondary mental health services living independently, with or without support, expressed as a percentage, 2012-13**



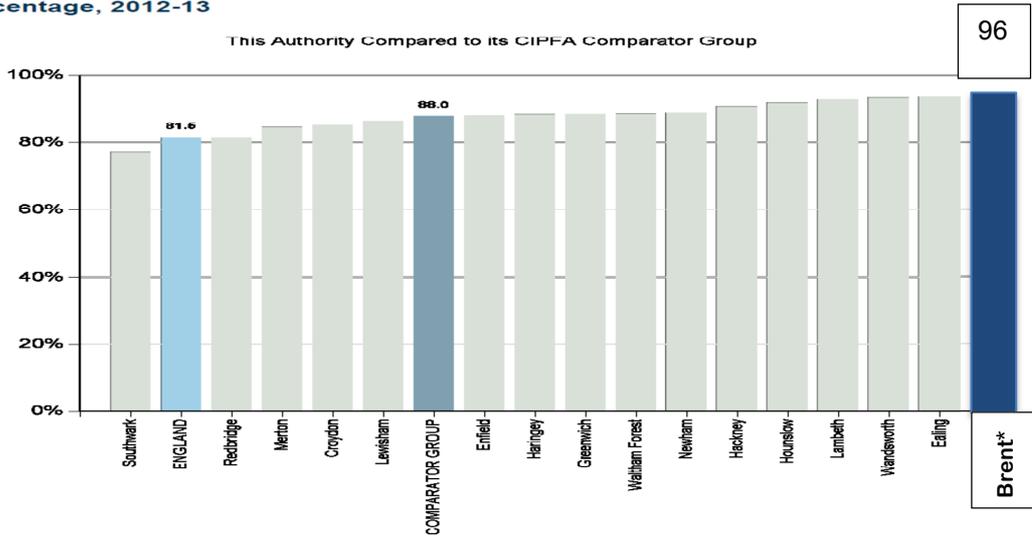
**1H - Adults in contact with secondary mental health services living independently, with or without support, expressed as a percentage, 2012-13**



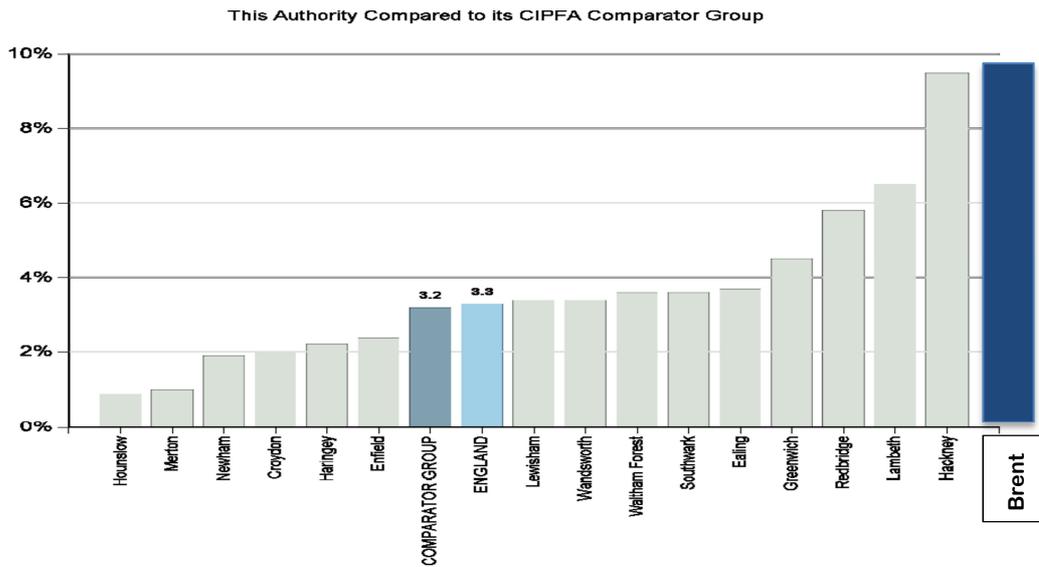
**Reablement and supporting people to live independently**

The next two indicators (2B part 1 and 2B part 2) highlight Brent's performance in developing and implementing the Reablement service (April 2011 through the Customer Journey) and the Enhanced Reablement service (launched in November 2012). These two services are the focus for all new referrals (unless there are clear reasons why it is not appropriate) and provide intensive short-term support for up to six weeks following a period of illness or injury.

**2B part 1 - Older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services, expressed as a percentage, 2012-13**



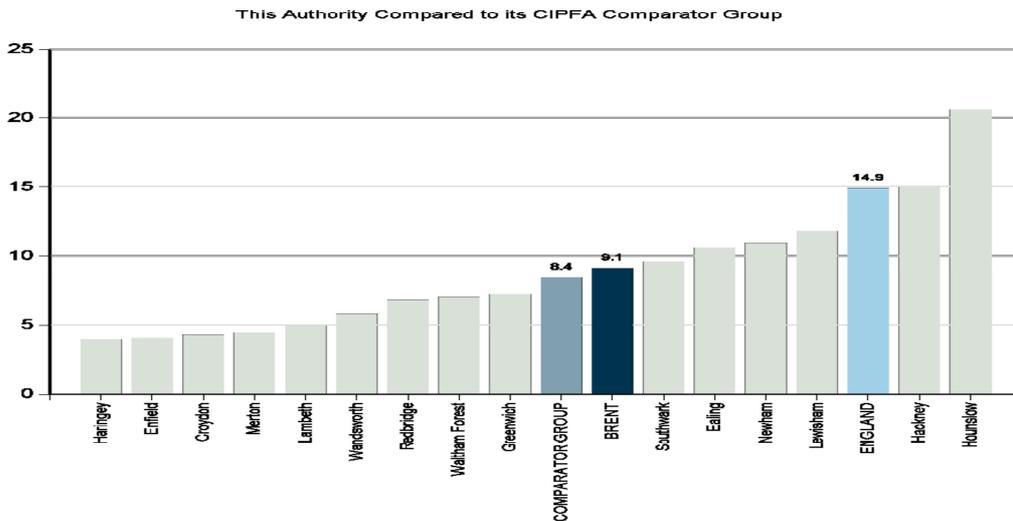
**2B part 2 - Older people (65 and over) who were offered reablement services following discharge from hospital, expressed as a percentage, 2012-13**



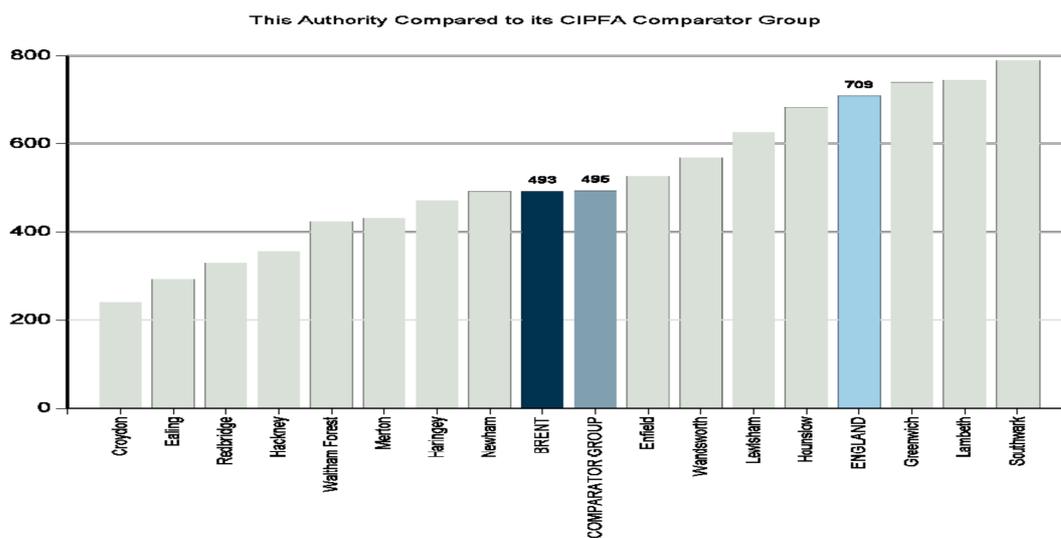
### Providing alternatives to residential and nursing care

Supporting people to live in the community has been and continues to be a key priority for the department. Indicator 2A Part 1, shows that while we are doing well compared the England average and some of our comparator group, we can do more. The Transitions team, Learning Disability Team and the Mental Health service have all been focused on working with Integrated Commissioning in 2013/14 to improve our performance on this indicator. Indicator 2A part 2, shows that we have achieved more for people over 65 as we are below both the comparator group average and the England average. However, there is still more to do which is why it is a priority for 2013/14.

**2A part 1- Permanent admissions to residential and nursing care homes for younger adults (18-64), per 100,000 population, 2012-13**



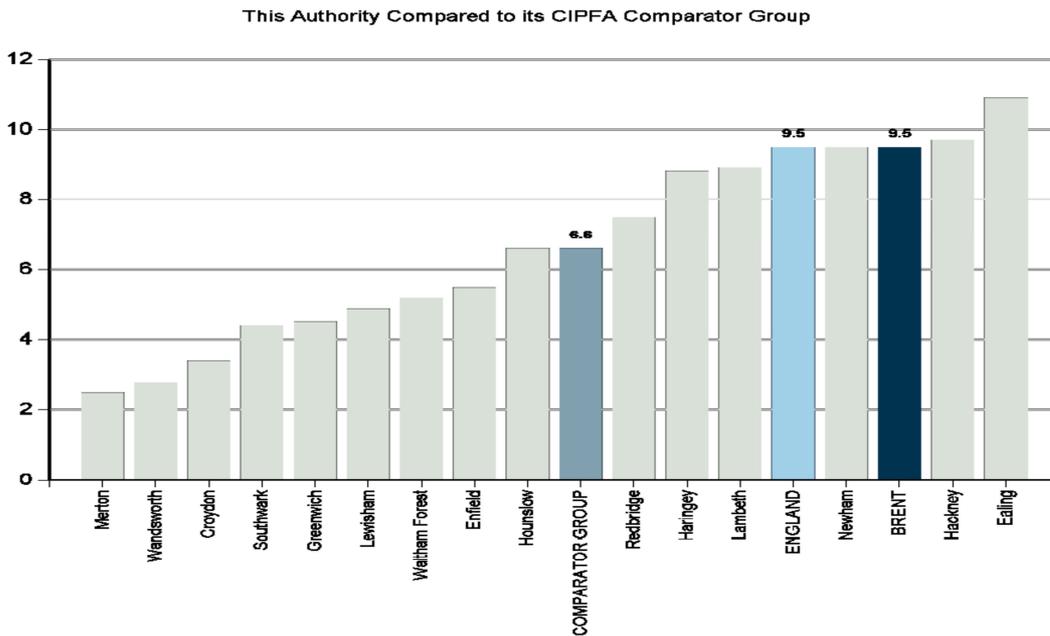
**2A part 2 - Permanent admissions to residential and nursing care homes for older people (65 and over), per 100,000 population, 2012-13**



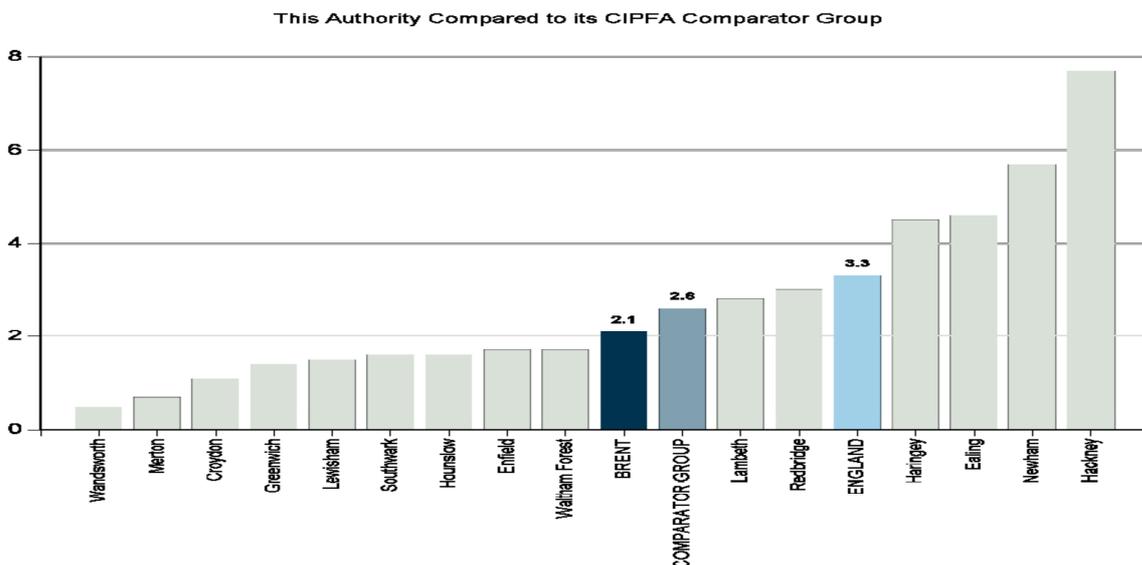
### Health and social care integration

Delayed transfers of care (delays in discharging somebody to their home) can be caused by any number of factors and any number of partners (hospital, family, adult social care, community health services). It is recognised that reducing delays is important in terms of supporting people to be independent. As indicator 2C part 1 shows Brent (all health and social care partners) does not perform well for delayed transfers of care. However, 2C part 2 shows that Brent Council does perform well in terms of the delays attributable to adult social care. Ultimately, it does not matter to the patient who is delaying the transfer of care and it must be a priority for all partners in 2013/14 to reduce all delays.

#### 2C part 1 - Delayed transfers of care from hospital, per 100,000 population, 2012-13



#### 2C part 2 - Delayed transfers of care from hospital which are attributable to adult social care, per 100,000 population, 2012-13



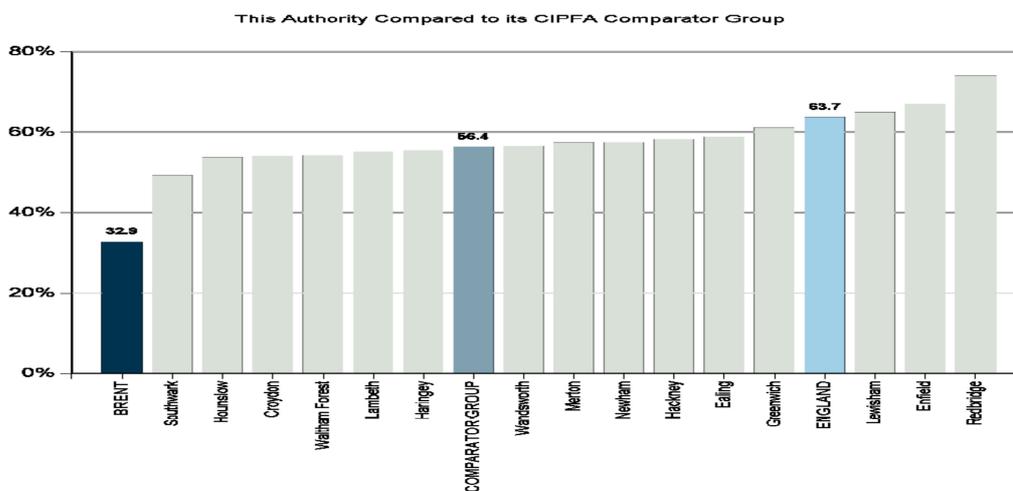
## 11.4 User satisfaction indicators

### Overall satisfaction levels

Section 8 of this report sets out detailed findings from the most recent Adult Social Care (ASC) and Carers surveys which were both conducted in 2012/13. This gives a clear and detailed picture of levels of satisfaction with Adult Social Care services and support. The indicators in this section draw on the findings of these surveys to create the following indicators (from their Adult Social Care Outcomes Framework). The indicators combine elements from both surveys, add weightings and aggregate the statistics to produce their datasets. They exclude any survey responses where a person did not complete all of the questions, which accounted for 10% of all Brent responses. We do not have access to their weightings, so it is not possible extrapolate or track the data back to our local dataset with any degree of accuracy, therefore, we have focused on the raw data as analysed in Section 8. However, these indicators have been included as they are part of a national dataset which are used for comparisons.

The following indicator is compiled using combined elements of both the Adult Social Care and Carer surveys and associated weightings (ASC Q1 and Q2; Carer Q2). Section 8 of this report provides more detailed analysis which shows that 83.3% of Service Users were 'extremely' or 'very' satisfied with the services they receive, and 47% of Carers were 'very' or 'fairly' satisfied.

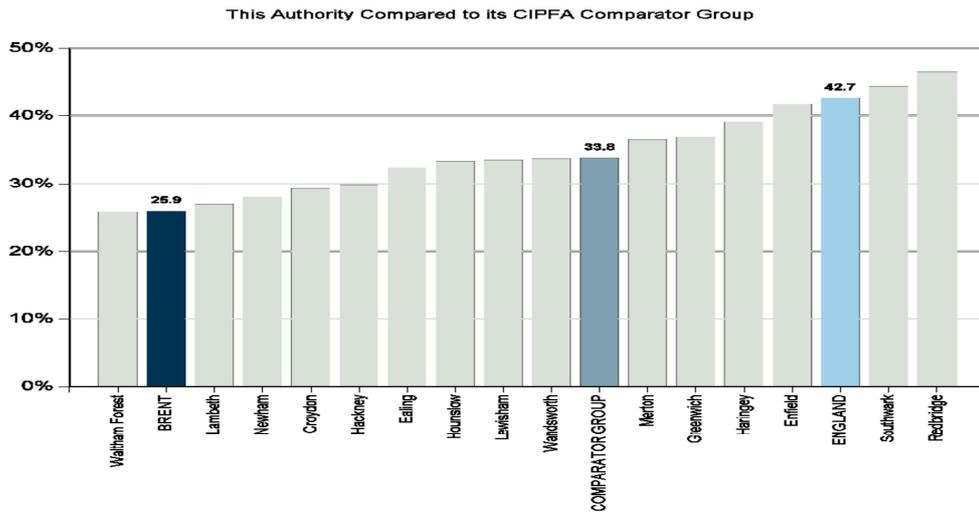
#### 3A - Percentage of adults using services who are satisfied with the care and support they receive, 2012-13



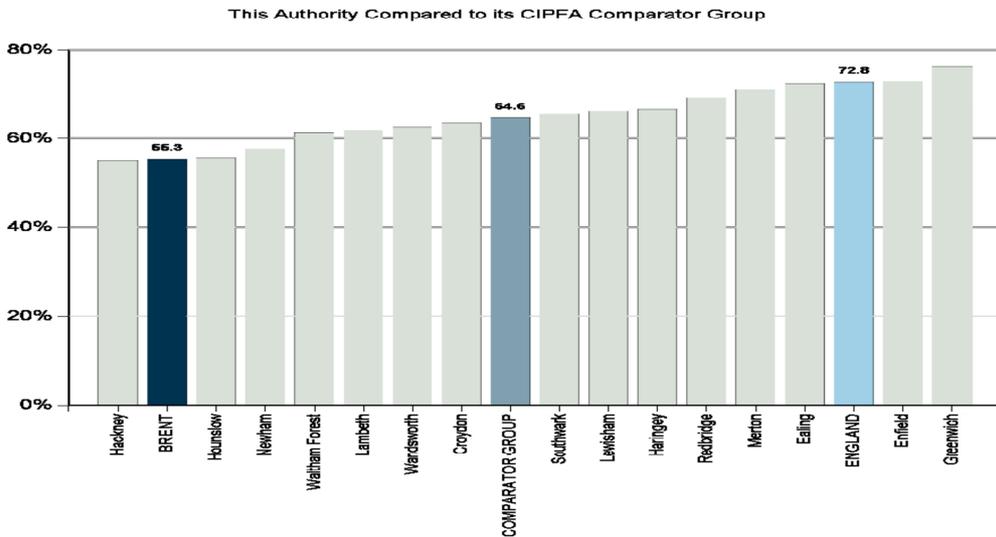
### Carer Satisfaction

The 3 graphs on the following page (3B, 3C and 3D) reflect the information already analysed in detail in Section 8.1 (Carer Survey 2012) and the Section 11.2 (Areas for Improvement). Satisfaction levels for Carers is comparatively low, but improving performance in this area is a priority in 2013/14. We (Brent Council and the Clinical Commissioning Group) will continue to work together to ensure that satisfaction improves after the launch of the Brent Carers Hub in February 2013 – this is particularly important in relation to Indicator 3D which focuses on access to information and advice. However, whilst this is expected to have an immediate impact, we recognise that there is clearly more work to do, which is why our new approach to carers will provide much needed focus on the identification of and support we provide to carers.

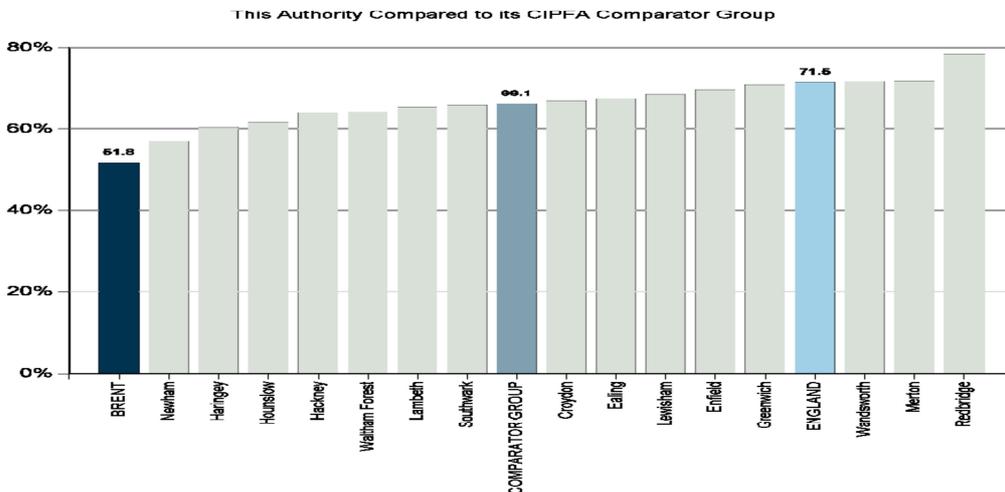
**3B - Overall satisfaction of carers with social services, expressed as a percentage, 2012-13**



**3C - The proportion of carers who report that they have been included or consulted in discussion about the person they care for, expressed as a percentage, 2012-13**



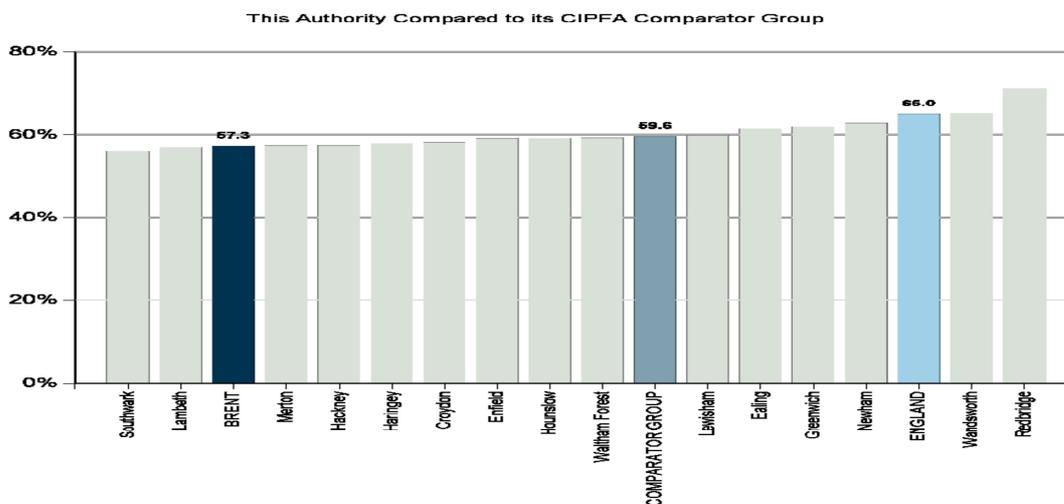
**3D - The proportion of people who use services and carers who find it easy to find information about services, expressed as a percentage, 2012-13**



## 11.5 Perceptions of personal safety

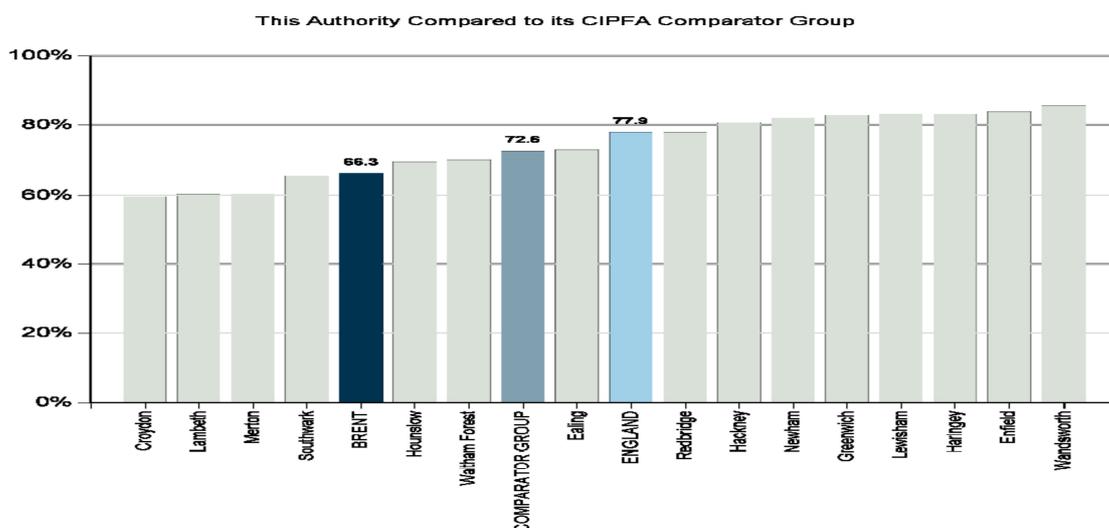
These two indicators are important as they reflect not only the support that Adult Social Care provides, but also overall perceptions of personal safety and therefore includes factors such as home and neighbourhood environment as well as the extent to which personal support networks can be called upon. Indicator 4A focuses generally on how safe people feel and in particular measures how many people responded with “I feel as safe as I want” (57.3%). It is important to note that the next response was ‘Generally I feel adequately safe, but not as safe as I would like’ (32%). This combined total of 89.3% is broadly in line with the London average of 90.9%.

**4A - The proportion of people who use services who feel safe, expressed as a percentage, 2012-13**



Indicator 4B measures the proportion of service users who say that the services they receive make them feel safe and secure. This required a simple ‘yes’ or ‘no’ answer. 66.3% of those people who responded believe that adult social care services make them feel safer.

**4B - The proportion of people who use services who say that those services have made them feel safe and secure, expressed as a percentage, 2012-13**



The Brent Safeguarding Adults Board is aware of these findings and will be looking to address them in collaboration with the Safer Brent partnership.

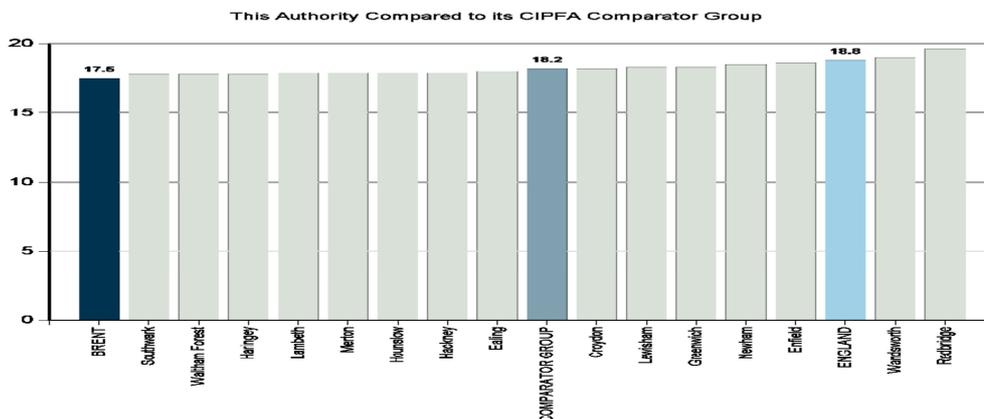
## 11.6 Quality of life indicators

### Quality of Life for Adult Social Care Service Users

The overarching Quality of Life score (1A) below is calculated from responses to questions which address 8 outcome domains in the Adult Social Care Outcomes Framework. Answers to each question are given a score between 0 and 3 which relates to the level of needs they say they have across all eight domains. Therefore the maximum score is 24 and the minimum is 0. Brent's score of 17.5 does not compare favourably to our comparator group score of 18.2 and lags marginally behind the England average of 18.8. However, there are two key issues that need to be considered when evaluating this score. This composite score only includes survey responses where the respondent completed every question. If all survey responses were included (i.e. including those who missed answering one or two questions) then Brent's performance is much better.

As such, Section 8 of this report provides a more robust measure of the impact of services on service users' and carers' quality of life.

1A - Social care related quality of life score, 2012-13



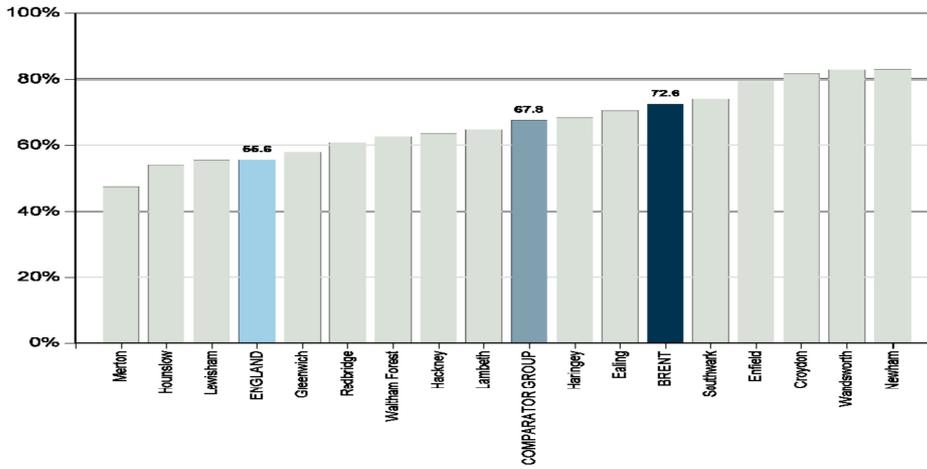
### Choice and Control

Since the introduction of the Customer Journey in April 2011, everyone who is eligible for on-going support is allocated a Personal Budget. A Personal Budget is the fundamental building block of choice and control as it provides a clear allocation of resources, which service users can choose to spend differently to meet their needs. They can choose to spend it through traditionally contracted services, or they can take it as a Direct Payment.

Indicator 1C Part 1 reflects this policy change, but as 1C Part 2 shows, Brent still has comparatively low rates of Direct Payments take up because people are not choosing to utilise Direct Payments as a means to exercise more individual control. Given this finding, it is not surprising that indicator 1B, which reflects people's perceptions about how much choice and control they have, suggests that we could improve in this area to enable people to feel more empowered. It is therefore a priority for 2013/14 to increase the number of people taking up Direct Payments and plans will be developed to ensure the process is much easier to navigate and manage.

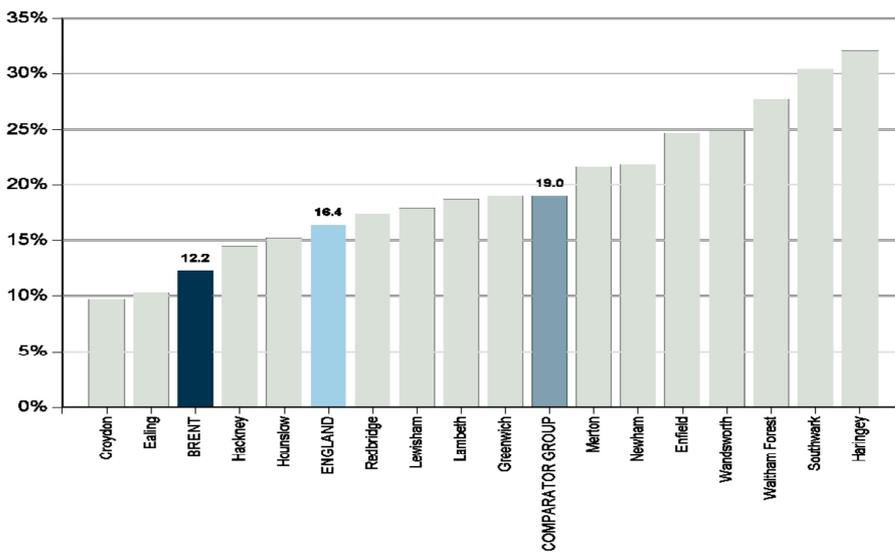
**1C part 1 - Number of adults, older people and carers receiving self-directed support in the year to 31 March as a percentage of all clients receiving community based services and carers receiving carer specific services, 2012-13**

This Authority Compared to its CIPFA Comparator Group



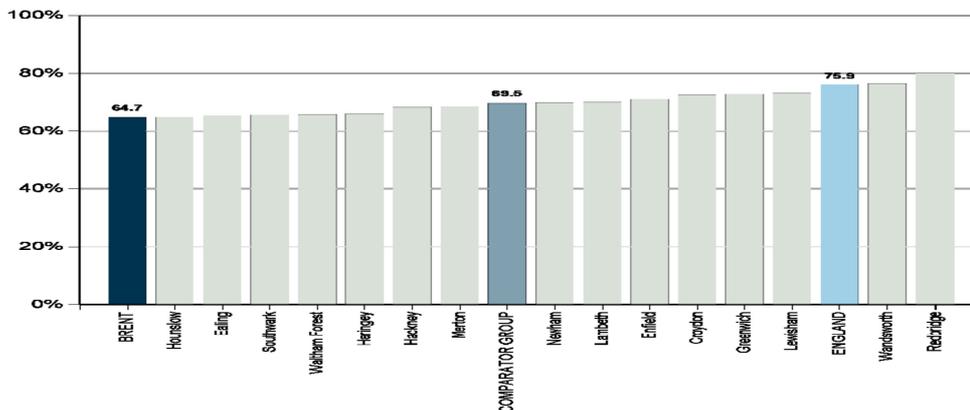
**1C part 2 - Number of adults, older people and carers receiving self-directed support via a direct payment in the year to 31 March as a percentage of all clients receiving community based services and carers receiving carer specific services, 2012-13**

This Authority Compared to its CIPFA Comparator Group



**1B - The proportion of people who use services who have control over their daily life, expressed as a percentage, 2012-13**

This Authority Compared to its CIPFA Comparator Group



### Carers' perceived Quality of Life

Indicator 1D is calculated from responses to five specific questions contained in the Carer Survey, which is conducted every two years. The total sum of the scores for respondents who have answered all questions between Q7 and Q12 is used. Brent's comparative performance does not reflect the introduction of the Carers Hub (February 2013) and whilst this has clearly had an impact, we have acknowledged elsewhere in this report that we need to improve our core offer to carers and have made it a priority in 2013/14.

1D - Carer-reported quality of life score, 2012-13

