

Adult Social Care in Brent

Working with you to find solutions

Local Account 2014/15

“Your adult social services - what you can expect”

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1. Introduction

Cabinet Member, Adults, Health and Wellbeing - Cllr Hirani

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

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

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

2. What is adult social care?

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

2.1 Who needs support?

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

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

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

¹ Census (2011)

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

³ POPPI data on dementia

⁴ POPPI and PANSI data on learning disability

⁵ POPPI and PANSI data on Autistic Spectrum Disorders

⁶ ASCOF 2014/15

2.2 What sort of support is provided?

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

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

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

2.3 Who provides the support?

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

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

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

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

⁸ Census, 2011

⁹ Brent Market Position Statement, 2014

2.4 Who works in Adult Social Care in Brent?

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

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

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

3. Brent Council's role in Adult Social Care

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

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

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

3.1 Making good decisions about care

3.1.1 Information and advice

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

3.1.2 Identifying needs and providing appropriate support

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

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

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

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

3.2 A choice of high quality and appropriate services and support

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

1. Service development
2. Quality management

3.2.1 Service development

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

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

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

3.2.2 Quality management

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

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

3.3 Working in partnership to deliver

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

Service users, their families and communities:

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

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

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

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

Social care providers in the private and voluntary sector:

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

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

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

Health Services:

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

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

Other public services such as Mental Health services:

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

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

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

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

4. Your views count – working together to find solutions

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

4.1 Assessment and Support Planning

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

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

4.2 Day to day feedback

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

4.3 Ongoing consultation and involvement

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

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

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

4.4 Equality and Diversity

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

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

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

4.5 Annual national surveys

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

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

4.6 Carer's survey

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

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

Responses about the services they had received indicated that

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

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

4.7 Local User Survey:

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

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

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

4.8 Complaints Summary 2014/15

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

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

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

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

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

5. What Brent Council spends on adult social care

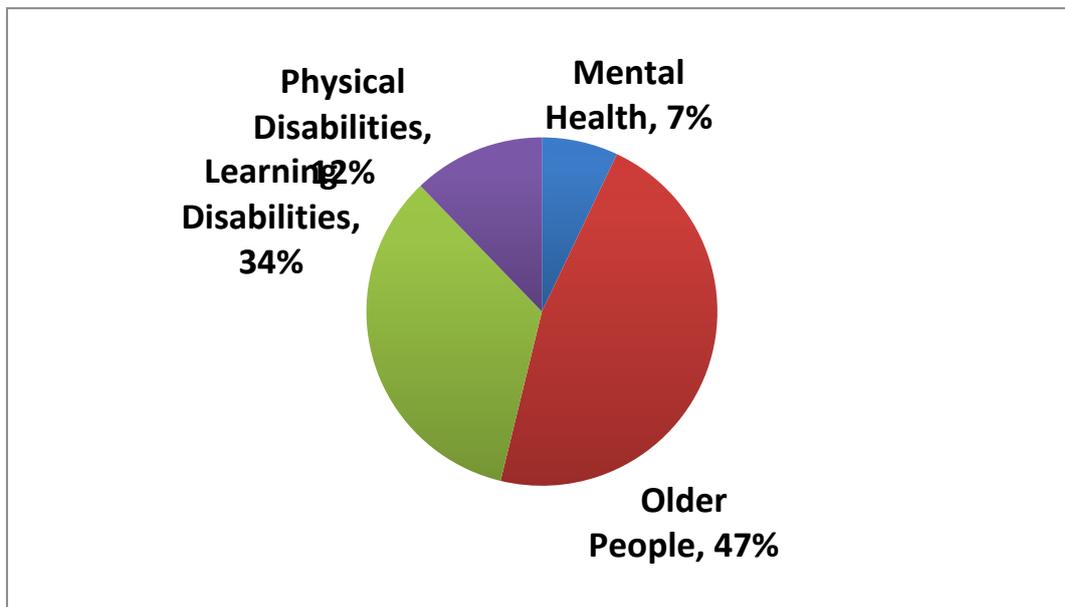
The Adult Social Care department delivered services to more clients in 2014/15, but with less money, as seen in the budget reductions in the last few years. The department's budget was reduced by £4.4m in 2014/15 compared with 2013/14. We already know that it will reduce by a further £8.6m in 2015/16,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

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

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

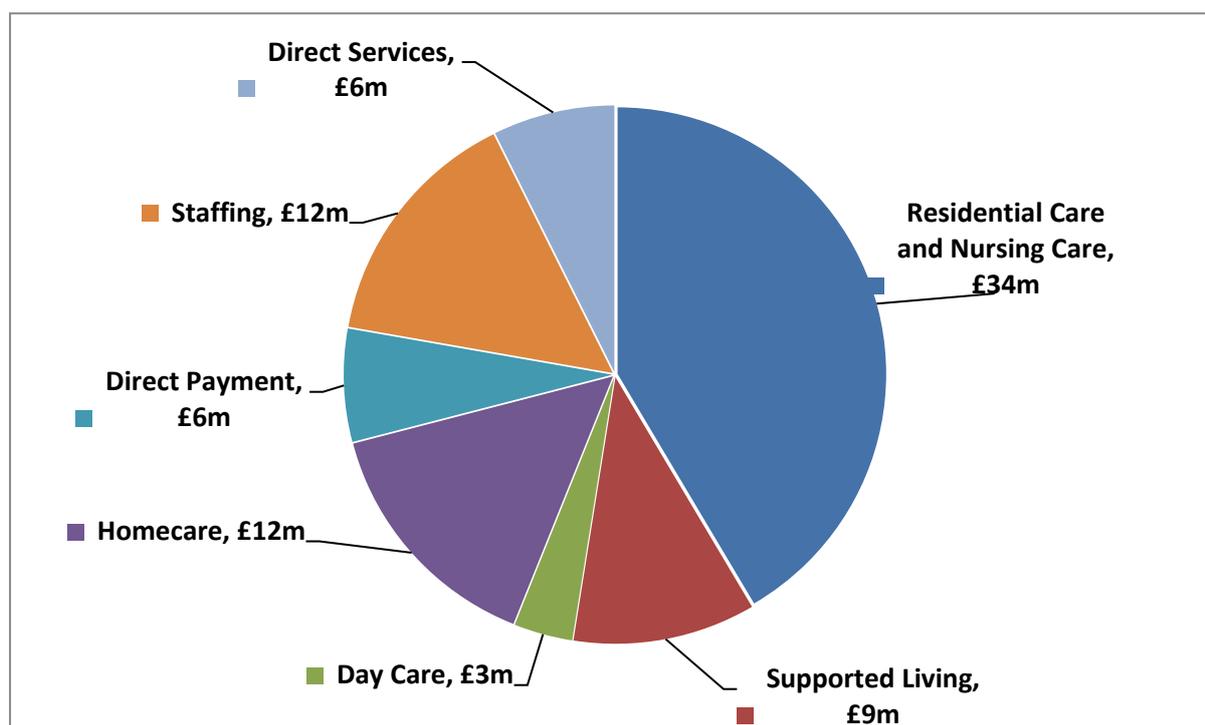
5.1 Who does Brent ASC spend its money on?

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



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

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



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

Note:

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

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

5.3.1 Residential Care

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

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

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

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

5.3.2 Homecare and Reablement

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

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

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

6. Brent Council's Adult Social Care priorities

Priority 1: Zero tolerance of abuse

What does zero tolerance of abuse mean in Brent?

Zero tolerance of abuse means:

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

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

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

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

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

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

Case study – Safeguarding Adults

Beryl

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

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

What we still need to do in 2015/16:

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

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

Priority 2: Prevention

What does prevention mean in Brent?

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

What have we done in 2014/15?

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

Case study – Carer's Hub supporting carers

Sarah

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

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

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

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

Dementia Café

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

Case study: Dementia Café

Margaret

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

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

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

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

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

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

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

Ashford Place:

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

What we still need to do in 2015/16:

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

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

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

Priority 3: Early intervention

What does early intervention mean in Brent?

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

Case study – early intervention

Ali

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

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

What have we done in 2014/15?

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

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

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

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

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

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

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

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

What we still need to do in 2015/16:

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

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

Priority 4: Choice and control

What does choice and control mean in Brent?

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

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

Case study – choice and control

Alia

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

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

Zara's carers

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

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

What have we done in 2014/15:

New Accommodation for Independent Living (NAIL)

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

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

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

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

Tudor Gardens

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

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

Shared Lives

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

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

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

What we still need to do in 2015/16:

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

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

7. Adult Social care performance indicators

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

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

8. Appendix

Appendix 1

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

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

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

We will:

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

B. At the visit

When we visit, we will:

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

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

C. After the visit

We will:

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

Appendix 2

Safeguarding Adults Annual Report 2014/15