Adult Social Care in Brent

Working with you to find solutions

Local Account 2013/14

"Your adult social services - what you can expect"

Contents

Section 1
Introductions

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. We continue to celebrate the fact that people are living longer, with more complex conditions, and we will work hard to implement the Care Act which becomes law on 1 April 2015.

The Act aims to simplify the system, but also creates significant new responsibilities for local authorities in relation to support for Carers. Therefore, we also need to recognise the additional pressures these changes and others bring. At the same time, local government is facing its most pressing financial challenges in decades. Brent Council must save £53.9m between now and 2017, which is a reduction in the net budget of between a third and a half. These savings are on top of the £89m that have already been forced on to the Council, including £18.1m which has been delivered through adult social care.

The scale of these pressures mean that to deliver the department's core priorities, and maintain the ambition Brent deserves, we will have to work fundamentally differently. We will all have to work collaboratively recognising that quality of life for people who receive adult social care support, depends not only on the support of other public services (health and housing for example), but also the voluntary and community sector and most importantly friends and family. This document, therefore, sets out not only what we have achieved, but also crucially what we still need to achieve and how we can work together to achieve it.

Strategic Director Adults, Phil Porter

I am proud to present Brent's 2013/14 adult social care Local Account, which sets out how much money we have spent, what we spent the money on and what it has achieved. It is an opportunity to set out the work that has been completed, but also, as people have told me, it must be an opportunity to set out future plans, challenges and opportunities. The simple message about 2013/14 is we managed to support more people with care and support needs with less money. We did this through an increasing focus on supporting people to live independently, through short term services and better support in the community, but also through a focus on value for money, whatever support is purchased.

However, as the financial pressures increase, we will need to do more to transform the support we provide for the most vulnerable adults. We will need to continue to work closely with health partners to implement new integrated ways of working in 2015/16. We need to work with housing providers to ensure people have access to accommodation which supports their independence, rather than increases their dependence. And we need to build a new relationship between the council, service users, their families and residents. A relationship which is clear not only about what the council can do, but also what we expect people to do themselves, and what we expect their families and communities to do. Only then can we work together to ensure that as the budget reduces, we continue to support the most vulnerable to live independently and safely and enjoy the quality of life they expect.

Healthwatch Brent, Miranda Wixon

Healthwatch Brent is proud to be a key partner working with Brent Council to assist the adult social care department to deliver quality services to people living in Brent. As a consumer champion Healthwatch aims to raise the concerns of the public with the Council and to play an active role in the development of the future services that are responsive to what the local people say. We commend Brent Council for their openness of approach within this Local Account. Brent people demand to know how their money is spent and that within these challenging times there is even more emphasis on ensuring that services are provided equitably regardless of peoples personal circumstances or disabilities.

As a conduit of local people and organisations Healthwatch Brent aims to work with individuals, families, friends and communities to help to build local community capacity that can respond to the many challenges facing our population. Information and advice from local people and peer to peer support can assist people struggling with disability and ill health and Healthwatch Brent is keen to work with local people and professionals to help to build a better network to respond to the changing needs within our communities.

Healthwatch Brent is also a critical friend and shall continue to gain and give feedback on current services and seek assurances from the council that all services in Brent are of the appropriate standard provided by local people. Working together will help to assist all Brent residents the opportunity to live well in Brent.

Section 2
What is adult social care?

This section outlines who uses adult social care services and support, it also outlines 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.

What is adult social care?

Who needs support?

Some people need practical care or support to do the 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 or 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. (http://brent.gov.uk/your-council/partnerships/health-and-wellbeing-board/jsna/)

- Although Brent has a comparatively young population, the number of people over 75, a key focus for adult social care, increased by 17% between 2001 and 2011, and continues to increase
- In Brent, black, Asian and minority ethnic (BAME) make up 65% of the population as a whole, however, BAME make up less than 40% of the population over 75
- Particularly for old people, living in a cold, damp home increases the risk of poor health. The percentage of households estimated to be fuel-poor in 2012 in Brent (11.6%) was higher than both the London (8.9%) and England (10.7%)
- On average healthy life expectancy is 62 years for people living in Brent against an average life expectancy of 79.9 for men and 84.5 for women
- Between 2011/12 and 2012/13 there was a 19% increase in the numbers of people using mental illness services in Brent
- Over 2,500 people in Brent are living with dementia
- Between 2014 and 2030 the number of people in Brent with a Learning Disability is expected to rise by 8%
- 2,175 people with autism live in Brent, and the number of people with autism over 75 is expected to increase by 52% over the next ten years
- 27% of people over the age of 65 live alone, and 39% of adult social care users reported being lonely.

What sort of support is provided?

The type of support people require will depend on their individual circumstances, but it 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 the community and education, for example, someone called a Personal Assistant who helps them to access college or local day services
- support to learn new skills that mean more independence
- support with making decisions, for example, support with managing money

- support to stay safe, for example, either to manage risks in someone's daily life or help when they have been abused.

The aim of adult social care support is to provide this support, helping people to have choice and control over their own lives in order to be safe and live independent lives.

Who provides the support?

The biggest group of people who provide this practical support are family and friends. The latest estimates, suggest there are 26,600 carers (family and friends) in Brent, providing support for more than an hour a week. Of these approximately 5,700 are providing over 50 hours of support a week and 3,400 are providing between 20 and 49 hours per week. This is a huge commitment, which needs to be recognised and supported. Even though most carers do not want recognition, many do want support when for 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 250 people in residential and nursing care who pay for their own care, compared to 930 whose care is paid for by the Council. And there are 700 people who pay for homecare themselves, compared to 1373 paid for by the Council. We also 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 those situations, where family and friends are not able to support, and where the person doesn't have the money to purchase care privately, and where the person's needs are significant enough to meet Brent's eligibility criteria then Brent Adult Social Care supports people to get the support they need.

Who works in Adult Social Care in Brent?

There are currently over 2500 people employed in adult social care roles in Brent. This does not include Personal Assistants (PAs), who are paid directly to provide a wide range of support.

The vast majority (nearly 2000) are employed in direct care roles: care workers, who work for home care agencies, residential or nursing homes and day centres; most of these are private companies. However, voluntary sector organisations and Brent Council also directly provide care services.

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), who are paid directly to provide a wide range of support, social workers, occupational therapists, contract management and commissioning staff.

Section 3
What is Brent Council's role in Adult Social Care in Brent?

This section outlines the role Brent Council 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 and advice (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*.

Making good decisions about care

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.

Link to video and contact details:
http://brent.gov.uk/services-for-residents/health-and-social-care/adult-social-services/how-do-adult-social-services-work-in-brent/

If someone needs more than information and advice, they can contact Brent Customer Services, who can 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 http://brent.gov.uk/services-for-residents/health-and-social-care/adult-social-services/eligibility,-assessment-and-support/
2. For most people the next step is 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. 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 (link to Financial Assessment page), then the person is entitled to a Personal Budget, which is the amount of money the person is entitled to, to meet their social care needs http://brent.gov.uk/services-for-residents/health-and-social-care/adult-social-services/eligibility,-assessment-and-support/am-i-eligible-for-financial-help-towards-the-services-i-need/
4. 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, encouraging people to manage their support through a Direct Payment
5. We will review the person's needs and 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 2013/14 we:

- Developed a core skills learning and development programme (which was delivered by managers in 2014) for all our social work and assessment staff to ensure we do this to a consistently high standard and so that all staff are equipped to provide good customer care

- Worked with BHeard, the adult social care service user and carer group, to develop public standards (attached at Appendix A) linked to this learning and development programme, so people know what they can expect from Adult Social Care and their allocated worker. These build on Brent's Council's Customer Promise: http://brent.gov.uk/your-council/about-brent-council/customer-services/brent-customer-services/?_ga=1.67371281.100507408.1373005308. We believe this is essential to ensuring we are accountable.
- In addition, to the annual service user survey, been carrying out 'call back' interviews to understand to what degree these standards are being achieved, which we will continue to do

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

Service development is how the Council ensures there is a wider range of services and support in Brent to meet the needs of our diverse community. This includes the procurement of services such as home care: through 2013/14, working with the West London Alliance boroughs, Brent developed a new home care services contract, which ensures people in Brent can access to a wide range of home care providers at a value for money price. It also includes finding new ways to deliver services and support, for example, the Community Meals (see Section 5 – Choice and Control).

Quality management is how the council ensures delivery of good quality services which improve people's well being. This includes generating and collating feedback (from complaints, performance information and visits) to identify poor performance and then working with individual providers to improve their service and tackling cross cutting issues through development programmes for care workers across Brent. The focus on quality will only become more important and the development of this service is key priority for 2014/15 to ensure that all providers are not only held to account for quality, but also supported to ensure they are able to deliver quality care.

Example: Home care in Brent.

Brent Council purchased £11.6m of home care in Brent in 2013/14. A number of issues with the quality of home care come up frequently: too many different care staff, care staff turning up late, or not staying the required time.

Most home care providers use Brent's the electronic monitoring system – all will use it by March 2015. This gives us detailed independent information on when the carers arrived, how long they stayed and who they were. This enables us to identify when there are too many carers visiting a single person (before we receive a complaint), and to independently investigate complaints and target support for providers to improve the quality of their care. In 2013/14, we increased the number of staff monitoring the quality of care, and managing providers. This led to a range of targeted actions, including suspending referrals to certain home care providers until quality improvements were made.

Working in partnership to deliver

As the national good practice guidance for adult social care commissioning (Commissioning for Better Outcomes – http://www.adass.org.uk/policy-documents-commissioning-for-better-outcomes/) makes clear service development and quality management have to done in partnership. We need to work with:

Service users, their families and communities. We already have a successful programme of work with Bheard, the adult social care service user and carer group, who have:

- trained service users and carers to be able to undertake 'enter and view' visits and 'peer quality calls', both of which were implemented in 2013/14 for older people services. These have carried on in 2014/15, and will be expanded, working with Brent Mencap, to develop a similar approach for Learning Disability services
- played a key part in procurement evaluations for a variety of contracts including the West London Alliance Home Care contract, Information, Advice and Guidance for older people and an Advocacy service contract which all adult social care service users can access
- led a peer interviewing exercise to evaluate the impact of the Safeguarding Adults process in Brent
- been on interview panels for a range of directly provided services.

Social care providers in the private and voluntary sector. Brent Council's role is to ensure a sustainable and diverse market. The Market Position Statement, published in January 2014, was the starting point for this work, and has led to a new way of working with providers, which provides opportunities to work together to develop new services and support rather than just focusing on contract compliance. The detail of this new approach is set out at: http://brent.gov.uk/your-council/partnerships/adult-social-care-providers-partnership/

Other public services. For example:

- Housing, to ensure people are not stopped from being independent by the quality or the accessibility of their accommodation. See Section 5 – Choice and Control for more detail on the New Accommodation for Independent Living project)
- Health, most people who receive adult social care services and support will also be receiving support from health. It is crucial that we work with GPs, community health services such as District Nurses, and acute hospitals, to reduce the duplication and deliver integrated support, which is better for the individual. Full details of the plans for health and social care integration can be found on the Health and Well Being Board website: http://democracy.brent.gov.uk/ieListMeetings.aspx?CId=365&Year=0

Section 4
What does Brent Council spend on Adult Social Care?

The overarching message for this section is that Adult Social Care continues to do more with less. The budget has reduced year on year, but the number of people we support continues to grow.

Over the last 5 years, adult social care has delivered £18.1m savings. In 2012/13 the budget was £89.2m, in 2013/14 the budget was £88.7m. These savings have been achieved during a period where there has been continuing growth in demand as people live longer with more complex health conditions.

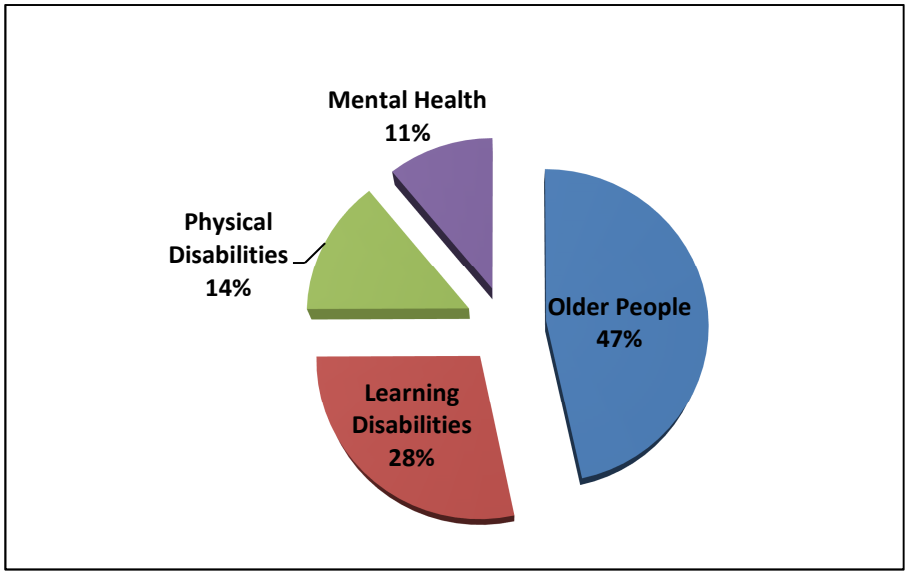
To achieve these savings, the department has:

- delivered transformation projects to deliver services differently at less cost – see Choice and Control, Mental Health project
- it has focused on ensuring it gets value for money in all contracts. For example, providers have not received inflationary increases unless a business case evidences that there is a need, and
- focused the support we provide on those people in the greatest need as set out in the Council's eligibility criteria.

The further reductions in local government funding mean that the department will be required to save a further 20% (£18m) over the next 2 years (2015-2017).

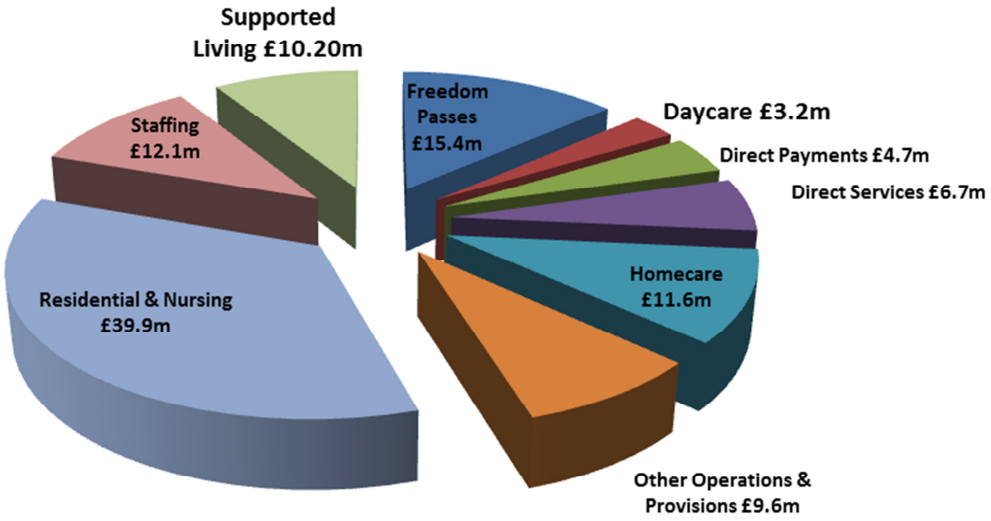
Who does the department spend its money on?

The department spends its budget on four client groups.



This split has not changed between 2012/13 and 2013/14.

What services and support does the department spend its money on?
The diagram below sets out an overview of the services and support purchased in 2013-14



Note:

- Direct Services are the day services and residential care that Brent Council directly provides, 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.

Residential & Nursing and Homecare are the two biggest discrete areas of spend

Residential Care
In 2013/14 we spent £39.9m on residential and nursing care. The number of people living in residential care is falling as we support more people to live at home and in supported living accommodation.

	2012-13	2013-14	2014-15 projection
Residential and nursing costs	£40.5m	£39.9m	£37.5m
Number of people	985	983	957

Older people account for £20.2m (50.6%) of the residential and nursing spend, and within this dementia placements account for approximately £9.9m. The average cost of a dementia placement is £537, but the highest cost is £1,763 per week. This reflects the different levels of need that people living with dementia have. Some people living with dementia need a residential placement because they wander and pose a risk to themselves; other people living with dementia have aggressive and challenging behaviour which can make them a risk not only to themselves, but also to other people.

Learning disability residential and nursing placements account for £14.3m of the spend (36%). These care placements range from £425 per week to £2,816 per. Again this wide range of cost reflects the significant differences in need. For those people with the most complex and challenging needs, we will be funding the support jointly with health. The average cost of a Learning Disability residential placement is £1,169 per week compared to the average cost of a Learning Disability supported living placement which is £837 per week. Supported living not only supports people to live more independently, but offers better value for money.

Home Care & Reablement

We spend a total of £11.6m on homecare supporting more people to live at home.

	2012-13	2013-14	2014-15 projection
Costs of home care	£10.9m	£11.6m	£11.5m
Number of people	1,185	1,322	1,380

The number of people receiving home care has increased. This is a result of the increasing demand for services, but also the fact that we support less people in residential care. At the same time, the average cost of a domiciliary package has fallen from £176 per week in 2012/13 to £169 in 2013/14, which reflects the fact that people are having fewer hours of support per week on average.

The average number of hours for an older person is 7.3 per week which costs £9,500 a year. The biggest package of support we provide is 35 hours per week (at a cost of £21,400 per year). This is in place to support someone with very high level needs, someone who is bed bound, requiring the support of two carers to undertake the essential activities of daily living (washing, dressing, going to toilet and eating).

Section 5
Brent Council's Adult Social Care priorities

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 (SAT) 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 everyone to recognise abuse of adults and raise alerts, we need all of our providers and commissioners to be working to ensure services treat people with dignity and respect.

Case study – Safeguarding Adults

Betty was referred to the safeguarding team for alleged financial abuse. Betty was not sure where her money was going. Her home care worker had some concerns and raised a safeguarding alert. The investigation identified Betty's friend Ted as the alleged person to have caused harm.

As a single person without any relatives in the community Betty was referred to the advocacy service, Voiceability. Jenny the advocate was able to support Betty throughout the investigation. Betty had previously had a stroke and her ability to communicate had been affected. With the help of speech and language therapy it was identified that Betty did have the ability to manage her finances on a day-to-day basis. The issue was Betty's ability to make herself understood by others and not her ability to manage her finances.

The Safeguarding Adults Team was able to identify her friend Ted as the perpetrator (person responsible) and remove the risk of further abuse. Jenny made sure that Betty's voice was heard and her wishes taken into consideration. Jenny was also able to pick up on eyesight problems and arrange a visit to the opticians. The focus always remained on Betty's wishes whilst ensuring legal information was obtained in case of prosecution.

What have we done in 2013/14:

The council delivered a successful **awareness raising campaign** to ensure people know about abuse of vulnerable adults and know what to if they see it. The campaign was called **Abuse. See it. Stop it!** (*include graphics from the campaign*). The campaign was featured in the local press, on billboards/hoardings, buses and leaflets in public places. It ran through 2013-2014. It culminated in the first Brent Safeguarding Adults conference in November 2013, which brought together social care providers from across the Borough. The number of

safeguarding adults alerts rose from 748 in 2012/13 to 1208 in 2013/14, a 61% increase. However, it is important to note that the number of cases that went through a full investigation increased by 18%. The other alerts related to other social care issues, including concerns about the quality of care, which were dealt with by other teams.

The **Establishment Concerns process** is now fully up and running. This process collates issues about the quality of services and support based on information from the Adult Social Care (Safeguarding Adults Team, Contract Management), Brent Clinical Commissioning Group and the Care Quality Commission. They are now working together as a sub group of the Brent Safeguarding Adults Board to ensure there is a co-ordinated response to issues about quality across all health and social care providers.

The Brent Safeguarding Adults team revised their processes in 2013/14, working with the team and service users, to ensure they **deliver 'Making Safeguarding Personal' (MSP).** MSP is core of the Care Act 2014 changes for safeguarding adults. It ensures there is a clear focus in the safeguarding process on the individual and the outcomes they want to achieve; in addition to ensuring the person is safe and the person(s) responsible is held to account. This approach ensures the alleged victims voice is at the centre of the process, and there is a clear focus on the impact on the person over the process. This approach was implemented from the start of April 2014.

More detailed information, can be found in the Brent Safeguarding Adult Board's (BSAB) Annual report (insert weblink).

What we still need to do in 2014/15:
People and organisations need quicker and more consistent feedback from the Safeguarding Adults Team (SAT) when they raise an alert, so they know what has happened. The SAT is focused on improving the quality and timeliness of feedback. The SAT also need to ensure that the number of inconclusive outcomes is reduced. The Safeguarding Adults process is a big investment for the SAT, providers and the victim. It is crucially important that this investment delivers a conclusive outcome, to ensure all necessary actions can be undertaken.

Reduce the number of pressure ulcers. Pressure ulcers happen when people are immobile. Some pressure sores are avoidable and can be the result of neglect or poor quality care. As people live longer with more complex conditions, the challenge is to ensure they live with good quality care and a good quality of life. Reducing the number of avoidable pressure ulcers and ensuring avoidable pressure ulcers are clearly identified, robustly investigated and actions taken to improve people's care are clear priorities across health and social care in 2014/15.

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 to build community help them capacity to support people in their homes.

Case study – supporting carers

Miss A is a 64 year old woman who has a learning disability and right sided weakness following an accident when she was a child. She lives with her sister and brother in law and attends day activities 5 days per week (9-4) which means Miss A can live with her family and they can continue to work.

Miss A suffered a sudden and unexpected deterioration in her physical (refusing to eat and drink) and mental (psychosis) health and she was admitted to hospital. As her physical and mental health started to improve it became clear that her sister did not think that they would be able to support her at home any more. The social worker was aware that Miss A wanted to go back to live with her sister and supported her sister and brother in law to identify their specific concerns and how they could be managed to allow Miss A to return home.

Miss A moved to a residential home for a fixed period to allow building works to be completed in her sister's home. Her sister visited more often than was possible in the hospital and then home visits were arranged at the weekend to increase their confidence in providing support to Miss A. A range of telecare equipment was installed at the home which allows Miss A to be at home on her own when her sister is not there – at least 2 hours every day. And 3 weeks of respite was also agreed so her sister and brother in law could go on holiday. Miss A is now back at home living with her sister and brother in law.

Case study - Dementia café

Mr M came to the Dementia café for information and support. He had recently been diagnosed with dementia. He was accompanied by a male friend who was anxious about how he could prevent dementia.

Mr M discussed his diagnosis, and the fact that he had watched one of his parents die with dementia. M stated that he did not intend to be a burden on his family. M was offered the Guide to Dementia and a memory book. His situation and particular type of dementia were discussed, as were the needs of his family. The issues of choice and control were also discussed in relation to living well with dementia.

The result was, that after 2 hours, M left in a positive frame of mind and also with a plan of action to keep mentally and physically active. In addition he invited the Alzheimer's Society to talk at an event in the community for older Asians. Since then he has enjoyed a holiday with his family, and now both he and his wife both attend the café on a regular basis because they have friends there and they appreciate the support.

What have we done in 2013/14:

In 2013/14 Brent Council and the Brent Clinical Commissioning Group (CCG) jointly commissioned the **Brent Carers Hub** (http://www.brentcarerscentre.org.uk/) 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 Brent Carers hub deals with nearly 4000 enquiries a year in relation to the following services:

- Information and Advice across all of the following priorities
- Money and Benefits Advice, helping carers to complete benefit forms, and to deal with problems in managing their finances and/or debts.
- Access to Health and Wellbeing Services, working closely with GP surgeries to ensure carers get the right access to health care
- Whole Family Support**,** through "Whole Family Assessments", to provide information and advice to the whole family, including young carers
- Access to Work and Training, offering support to carers to sustain them in their workplace, including providing advice on your rights
- Caring Support and Training, developing carers' skills to better care for the person they are caring for as well as running carer activity groups, including a Music Group, a Yoga Class, and Massage Sessions
- Emergency Support, support to ensure there is always an emergency plan in place in case something happens to the carer
- Carers Forum, the forum meets to represent the views of carers, to inform the Council and CCG of what is and isn't working and how services and support could be improved.

Dementia Café

In February 2014, the Alzheimer's Society opened the Brent Dementia café. This is not the only dementia café in Brent, but it is the focal point for informal dementia support in Brent. The Café is located at the Kingsbury Centre. It is a facilitated social event / group meeting place for people living with dementia and their carers, which offers peer support and expert information and advice. The café will provide direct support to 240 people at the café in the first year, and then double this number year on year, but it also aims to build networks of support outside of the café environment, for example, sharing of transport resources, socialising and general support. The café has also provided an opportunity to consult and engage with people living with dementia to inform changes in other services from assisted bin collections to library service as part of the Brent Dementia Action Alliance. Furthermore

Redesigned Supporting People services

Supporting People is a national preventative programme administered by local government which aims to enable vulnerable people to live independently in the community, through providing housing-related support services. In 2012/13 the programme provided support to approximately 3,500 people at any time, through 62 separate contracts, held across 38 providers. At the end of 2014, the programme supports over 5,000 people at any time, through 11 contracts, held across 6 providers, and has delivered £1.6m savings.

What we still need to do in 2014/15:

When there are significant financial pressures, it becomes increasingly difficult to fund preventative services, but from April 2015 the need to ensure access to preventative

services is even clearer because it is set out in the Care Act. Therefore, the challenge for Brent Council is to work more closely with:

- Public Health to identify ways in which we can reduce duplication, but also to find new ways to deliver services which maximise the public health benefits for both the person receiving the service and the person delivering it
- With Brent Clinical Commissioning Group, in particular GPs, to align services such as social prescribing, for example gym sessions, which are an important preventative service.

In order to do this we will need to build community capacity (for local people to provide local support) and in particular the need to engage and involve more volunteers in supporting people who are not eligible for publicly funded services to live healthier lives in tackling issues like social isolation, an agreed priority in the Brent Better Care Fund plan, as an issue that undermines people's well being.

Finally, we need to work with the Brent Clinical Commissioning Group to improve the quality of advice and information for both service users and carers. We have to ensure that people are aware of the wide range of universal services and community and voluntary sector support that are already funded and available.

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 home care services to telecare and community equipment.

Case study – early intervention
Mr C is a 93 year old man who lives alone. He was admitted to hospital following a fall in his home. It became clear that although he was still getting out on his mobility scooter to do his shopping, and speaking to his neighbours, he was not managing his personal care or able to keep his house clean and safe. The hospital staff were, therefore, concerned about him going home, they wanted him to go to a residential care home. Mr C was very clear he did not wish to go to a residential home, but he was also reluctant to accept support from social care as he is a very private man, and he had a negative experience with home care before his wife died.

His social worker worked hard to build a positive relationship with Mr C, and with Mr C's agreement, they also spoke to his neighbours. She also worked hard with hospital staff to agree a discharge plan. The plan Mr C agreed to was for the social worker to arrange a deep clean for his house, as well as ongoing regular cleaning which he pays for; his neighbours agreed to do his food shopping and keep an eye out for him; and he went home with an enhanced reablement service (homecare with physiotherapy input) for 6 weeks to help him to achieve his goal which was to be fully independent and at home.

His house is now clean and safer to live in. His neighbours continue to support him, practically, but also as friends. And through the support of a physiotherapist and the homecare reablers Mr C is now doing things that in hospital people thought would not be possible. He is now able to use the stairs independently again, manage his personal care with minimal support and prepare snacks for himself. He is also able to use his mobility scooter again to go to the pub.

What have we done in 2013/14:
Reablement home care services are at the very centre of the department. This was noted in the peer review of our reablement service in 2012/13, and it remains true today. Reablement home care services are an up to six week home care service which support people to regain their independence, and are offered to everyone when they contact the council. 73% of people who received a home care service were independent for the 6 months after they received the service in 2013/14.

The Council has commissioned two discrete services:
Core reablement service – which is a six week home care service delivered by a home care agency. In 2013/14, 1320 people received reablement throughout the year, 73% of those people did not need a social care service immediately after the reablement.
Enhanced Reablement service – again this is a six week home care service, but it is for people with more complex physical needs, or early on set 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 2013/14, 312 people received enhanced reablement. The success rate for the enhanced service is significantly higher than for the core reablement service. 18% more service users are independent at the end of the process and hospital admissions for the group have reduced by 12%.

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, to be able to wash with the assistance of a single carer, to be able to make hot snacks independently. Then 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. This includes the 359 items of equipment that were utilised in the delivery of the enhanced reablement service. 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: mattresses which allow people who are bed bound to live comfortably and avoid pressure ulcers, hoists to enable people who are bed bound to be moved safely out of their bed or chair.

Telecare (assistive technology) is a range of personal and environmental sensors in the home that enable people to remain safe and independent for longer. Currently, 800 people have telecare in Brent, including 74 people with a sensor that sets an alarm if they fall, 78 people who have a sensor to alert if the gas isn't turned off on the cooker, 76 people who an a sensor at their front door to alert family if they leave and 18 people who have a sensor which alerts family if they leave their bed in the night unexpectedly. However, every year the range of equipment increases, and so do the opportunities to support people to live in the community with telecare.

What we still need to do in 2014/15:

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, the two priorities for 2014/15 are:

1. To broaden out the range of reablement services. The reablement service we have at the moment are focused on older people and people with physical disabilities. Although the support we provide to people with a learning disability is independence focused and the support we provide to people with a mental health illness is recovery focused, there is more we can do to provide better and more tailored opportunities for both of these groups of people to achieve independence
2. Through the Better Care Fund, we need to continue to work more closely with health. For example, health provide rehabilitation services that help people to achieve more physically; social care reablement services help people to gain confidence to do more with their physical ability. They are two sides of the same coin for many people. The enhanced reablement service has aligned these services for some people, the next step is full integration of health rehabilitation and social care reablement services.

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.

This will mean different things to different people as the case studies below show, but for many people a Personal Budget (an agreed allocation of the money available to them to meet their needs); direct from the provider, including employing someone directly to support them. support to choose what they spend that money on; and tools to help them control the support they receive will be crucial. Direct Payments are an important part of this, allowing people to become a consumer buying their support.

Case study – choice and control (1)

Ms J is a single woman, 55 years old, who was living alone in her house. Ms J started to have increasingly frequent seizures, which were accompanied by confusion. At the time the seizures started to become more frequent she was still able to wash and dress herself, and her family were helping her to keep her house clean, and she was very keen to stay in her house.

The social worker became the case manager after a hospital admission. She dealt with the practical issues, for example, sorting out Ms J's electricity and ensuring she had food in the house when she got home from hospital. She ensured the right telecare was in place, including epilepsy seizure alarms. She talked to both the Community Nurses and home carers to ensure each knew what they were doing so that Ms J was supported with her medication management. She supported the Community Nurses when they could not get access to the house. She liaised with the twilight nurses and epilepsy nurse, advocating on Ms J's behalf. She also worked with the housing support worker and the housing association to maintain Ms J's tenancy and repair the front door when it was broken down to get access after a seizure.

However, the seizures and hospital admissions continued, and with Ms J's agreement the social worker looked into other housing options for Ms J including supported living and Shared Lives (living with a family). Ms J chose Shared Lives for the short term to give her space and time to make a decision about what next. After 2 months living with a family, she chose to make this move permanent. Ms J continues to have seizures, and there are still hospital admissions, but they are less frequent and less dramatic. She has the independence of living in a family in the community, but she also has the day to day support she needs to manage her ongoing health needs.

What have we done in 2013/14:

Mental Health Project – Reducing the Reliance on Residential Care

In 2013 it was identified that too many people with a mental illness were living in residential care because it was not easy to find accommodation for them to live in which supported their recovery and helped them to become more independent. Working with Central North West

London Foundation Trust, who do the social work assessments for people with mental illness, we worked to reduce that number from 64 to 40. This is a 21% reduction. This work has continued into 2014/15 to ensure all our social work staff are focused on recovery and we have the right accommodation options in the community to support recovery.

Penderels Trust Support for Direct Payments

Direct Payments offer people with an ongoing social care need much greater choice and control over the practical support they receive. However, we know that managing a Direct Payment can be difficult, particularly when someone decides to employ a Personal Assistant. Therefore, we have commissioned Penderels Trust to provide additional support to remove the barriers to setting up and managing a Direct Payment. Penderels Trust provide support with recruiting a Personal Assistant and being a good employer, choosing and using a care agency, help with money management and payroll services. They provided this support to 349 people in 2013/14. Full details of the service they offer can be found at: www.penderelstrust.org.uk, or they can be contacted on 0208 733 8224.

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. Brent already has 160 units of supported living and 140 units of extra care accommodation, but the planning started in 2013/14 for an ambitious programme to develop at least 340 additional units of accessible accommodation. The first 40 units will become available in February 2015, and more will become available over the coming years. More information can be found here: http://brent.gov.uk/your-council/partnerships/adult-social-care-providers-partnership/

Community Meals

In September 2013 the Council took the decision to move from a single provider of 'meals on wheels' to a 'community meals' model. The objectives of this new service are:

- to give people, who have no other way of getting a meal, greater choice and control over the food they receive
- to develop a local market for providing meals to a wider range of people than just those adult social care supports
- to reduce the cost of the service through local, rather than a national, provider.

The service is now fully up and running and 345 people received the service in 2013/14. People do have greater choice over the food they receive, and who provides it. The use of Direct Payments did create some problems, but these have now been overcome. We are still working with local providers to develop the wider market, which has been slow. The new service is cheaper, with great quality food, which means it is also more efficient.

Self neglect

In 2013 the London Fire Brigade, Brent Council Environmental Health, Brent Mental Health Services and adult social care all raised issues about a small group of people who were

neglecting themselves and their properties, causing fire and environmental health risks for themselves and their neighbours. This group of people did not meet the eligibility criteria for social care, as they lived independently and had Mental Capacity, but were being referred to all of the organisations outlined above. The issue was addressed at the Brent Safeguarding Adults Board, and the organisations (outlined above) agreed more needed to be done to support them and the communities effected, and agreed to work together to address the issues. Coincidentally, 'hoarding disorder' was also formally diagnosed as a mental illness at this time. The support is led by a social worker as progress relies on someone building a strong relationship with the person in order to convince them of the need to change or manage their behaviour. This allows other organisations to take action, for example, house clearances, fire safety checks, welfare checks and moves to temporary accommodation while these things are carried out.

What we still need to do in 2014/15:

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, we will ensure:

- The Mental Capacity Act underpins everything we do in adult social care. We must ensure that we someone has the capacity to make their own decisions, unless we can prove otherwise. We must provide people with all the support they need to make their own decisions if we are to make choice and control a reality for a significant proportion of the people we support. The Core Skills delivered in 2014 embeds this once again in the adult social care assessments and support plans ensuring the voice of the service user or their advocate is central. However, we must be able to evidence that this training has delivered change for the people we support as well as ensuring that the same principles are embedded in every social care provider's practice.
- That, in the same way as we re-designed our safeguarding processes to reinforce the focus on the person and their outcomes, we will re-design our support planning and review processes to ensure people feel they have more choice and control, and are able to focus on improving their well being
- Scheme 1 in the Better Care Fund, which is focused on providing better preventative support in the community to avoid unnecessary hospital admissions, builds on these principles, and that the planned single health and social care/support plan is based on the same principles,
- The Core Skills training, which has been rolled out for all adult social care staff in 2014 and the public facing standards not only describe the cultural change, but also deliver it. In order to do this we need to build on the statutory annual survey and implement ongoing regular feedback to improve the service we offer.

Section 6
Adult Social care performance indicators

Indicator	2012/13	2013/14	Comment
Zero tolerance of abuse			
Proportion of people who use services who feel safe	**57.8%**	**63.2%**	This is higher than the 62.8% average for London.
Proportion of people who use services who say that those services have made them feel safe and secure	**66.6%**	**79.9%**	This is higher than the 76.8% London average.
Number of safeguarding alerts	**748**	**1208**	Significant increase is positive as a result of the awareness raising campaign.
Number of safeguarding investigations	**314**	**370**	Robust screening ensures correct response to increased number of alerts.
Percentage of safeguarding adults investigations which are inconclusive	**33%**	**25%**	Important to ensure that SGA process has a clear outcome. Target for 14/15 is 10%.
Prevention			
Number of carers assessed	**487**	**531**	Local indicator. Increased priority for 2014/15 in preparation for Care Act 2014.
Number of carers provided with a respite service	**190**	**231**	Local indicator. Increased priority for 2014/15 in preparation for Care Act 2014
Proportion of people who use services who reported that they had as much social contact as they would like		**39.3%**	New national indicator from annual survey. London benchmark is 40.7%. Reducing social isolation is a health and social care priority for 2014/15.
Proportion of people who use services and carers who find it easy to find information about services	**51.9%**	**62.2%**	National indicator from annual survey. Information and advice services are being redesigned in 2014/15 for Care Act. London benchmark is 72.8%.

Indicator	2012/13	2013/14	Comment
Early Intervention			
Percentage of people who do not require a service or support after a reablement service		**73%**	Local indicator. This is a focus for ASC department and will remain so.
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)	**80.8%**	**83.4%**	Annual sample and relates to health and social care services. Focus for health and social care integration in 14/15 and Better Care Fund.
Delayed transfers of care from hospital which are attributable to adult social care per 100,000 population	**2.1**	**3.0**	Slight increase in 2013/14, but the length of stay in hospital has reduced, and has been prioritised in 2014/15.
Choice and Control			
Proportion of people who use services who have control over their daily life	**64.8%**	**61.2%**	National indicator from annual survey. Priority for the department in 2014/15. Core skills and public service standards in place 2014/15 to improve.
Proportion of people using social care who receive self-directed support	**93.3%**	**57.8%**	2012/13 incorrect figure. Over last four years steady increase. Processes in place in 2014/15 to ensure this increases to London average.
Proportion of people using social care who receive direct payments	**9.4%**	**15%**	Departmental target set for 14/15. Current Brent performance - October 2014: 26%, exceeds London average.
Permanent admissions of older people (aged 65 and over) to residential an d nursing care homes, per 100,000 population	**480.4**	**425.8**	Better than the London benchmark. Key focus for the ASC department and will remain so.
Quality of life			
Social care-related quality of life	**17.6**	**17.8**	Based on annual survey, both are below the London benchmark. Actions in place as set out in this report, but also starting ongoing and regular 'call backs' to get detailed feedback to tackle underlying issues.
Overall satisfaction of people who use services with their care and support	**48%**	**56.6%**	

Section 7
Your views count – working together to find solutions

The department's objective 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 places 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 they can participate, but is actively supported to do so.

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. 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 as independently as possible.

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 feed back 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, which include a web feed back form, but you can also call to feedback on 0208 937 4300. The full details on this and how to give a compliment or make a complaint are available at: https://brent.gov.uk/services-for-residents/health-and-social-care/adult-social-services/feedback-and-engagement/customer-care-survey/. We know we need to be more proactive to get more and better feedback, so in 2014/15, we will implement a systematic process 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.

It is important to note that ***Healthwatch Brent*** is the local consumer champion on health & social care services delivered in Brent. They are an independent organisation which aims to give people in Brent a stronger voice to influence and challenge how health and social care services are provided in the borough. This means people can raise issues and concerns anonymously with them at any time. (http://www.healthwatchbrent.co.uk/; enquiries@healthwatchbrent.co.uk; 0800 9961839).

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. ASC has commissioned Lift (Social Enterprise

Organisation) to provide a support service to Bheard members who 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, to the development of strategic documents like this one. Lift and ASC also provide training and support for all new members as required. You can find more information at http://www.liftpeople.org.uk/research-and-consultancy/brent-adult-social-care-service-user-group/, or by emailing sara@liftpeople.org.uk or calling 020 8965 2561. There are also a range of other forums including the Learning Disability Partnership Board, Brent Pensioner's Forum and the Disability Forum, which take place on a regular basis.

Annual national surveys

Finally, 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 LIFT, 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 people tell us they want to feed things back when they happen) and they ask about a wide range of issues (and people tell us they usually want to feed back 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.

Complaints Summary 2013-14

There was a slight increase in the number of complaints received in 2013/14 (119) compared to 2012/13 (107), but the number of complaints is still relatively low compared to other London boroughs. However, we only responded to 47% of these complaints in the timescale we agreed with the complainant. This should have been better and we will improve on this response rate in 2014/15.

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. 48 (40%) of first stage investigations were upheld or partly upheld. 19 (16%) of complaint responses were reviewed at the request of the complainant and in 9 of these reviews some fault was found. However, there was a reduction in the numbers of cases considered by the Local Government Ombudsman (a final external review of the complaint) in 2013/14 (down from 10 to 7). 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: the development of core skills training (communication and size of care packages), the redesign of the commissioning team and the focus on resources to tackle quality issues in homecare, and focused customer care training for the financial assessment team.