London Borough of Brent

ANNUAL REPORT 2010/11

Local Account

Adult Social Care

Annual Director's report on the effectiveness of Brent's Adult Social Care Services.

Director: ALISON ELLIOTT

Table of Contents

Section 1

Director's Introduction

As Director of Adult Social Care I am pleased to present Brent's Adult Social Care Annual Report 2010/11. The report gives us the opportunity to reflect on the work of the department and to evaluate the progress made in our desire to deliver high quality services.

There is increasing recognition at the national level of the critical importance of health and wellbeing to people's quality of life and long-term prosperity. National policy and the legislative framework sets out the coalition government's vision for transforming health and social care. This vision sets out two critical goals;

1) To create a more integrated approach to delivering health care services, which reaches beyond the treatment of illness to actually preventing the causes of ill-health and addressing the underlying social and economic determinants of health and wellbeing.
2) To provide services which are customer-focussed, personalised and sensitive to each individuals needs.

In response to this agenda and findings and recommendations from the Care Quality Commission's Performance Assessment of 2009/10, Brent's Adult Social Care service embarked on an ambitious journey to modernise and transform its services in 2010/11.

The need for change was also driven by a local context of rising customer demand for care services, increased complexity of customer needs and ensuing budget pressures. It became increasingly clear that our old service model was inefficient, ineffective in some aspects and inappropriate to meet the needs of a modern 21st century service.

Brent's Health and Wellbeing strategy 2008-2018 has 5 work-streams:

1) Ensuring safe, modern, effective and accessible services.
2) Supporting individuals to lead healthier lives, focusing on health and wellbeing behaviours.
3) Improving the economic, social and environmental factors which promote good health and wellbeing.
4) Improving prevention, management and outcomes for the priority health conditions in Brent.
5) Improving service outcomes.

With these in mind, a comprehensive end to end review of service provision was carried out and a project programme was developed to deliver radical change and facilitate continuous improvement.

Our ambition is to be the best in London and we will be relentless in our efforts to deliver:

- Fair access to social care services.
- Responsive services, which are timely and tailored to individual needs.
- Excellent customer care, which is sensitive to diverse cultural needs.
- Personalised services, which promote independence and choice and control.
- Improved outcomes for service users and carers alike.
- Efficient and effective services which deliver value for money.

Delivering the change programme has been acutely challenging at times but it has also been very rewarding. I am grateful to the team for their continued support and dedication in helping to transform our services and improve the quality of life for our customers. I am also grateful for the feedback from service users and carers who continue to challenge the quality of the service and contribute to the change programme.

Over the coming year we will continue to learn from our mistakes and build on our successes. I have no doubt that the solid foundations laid through our change programme will place Brent in a strong position to mitigate the impacts of reduced government funding. They will also help us to respond effectively and successfully meet the challenges posed by the imminent transfer of public health provision to the council, and the integration of health and social care enshrined in the Health and Social Care Bill 2011.

Alison Elliott,
Director

Lead Member's Commentary

Cllr. Ruth Moher, Lead Member

As Lead Member for Brent's Adult Social Care service since May 2010 it has been my privilege to practically support and encourage the department with the delivery of its modernisation programme over the past year.

Providing effective services which meet the needs of our diverse community is particularly challenging in the current climate. We continue to face ongoing budgetary pressures and operate in an environment where the population is living longer and customers have rising service expectations.

The direction of national policy, coupled with findings from our own evidence base, highlight the need to make decisive changes in the way the council organises its services and the way they are delivered. As such the need for a programme of transformational change in Adult Social Care has never been more acute and success is now both an economic and social necessity. The programme will deliver lasting change and ultimately provide service users with more choice and control over the care packages they receive. It will also go a long way towards helping the council to deliver its Health and Wellbeing Strategy, a key objective of which is to help residents to have long, fulfilling and independent lives.

Partnership working at both a strategic and operational level will continue to be fundamental to the successful development and delivery of adult social care services. Increasingly services will be provided by multi-agency teams working within integrated service models. We will therefore need to challenge ourselves and be innovative in our approach to developing new and relevant services that continuously adapt to the ever changing needs of our diverse local community.

Looking forward our priorities include:

- Demonstrating civic leadership by not shying away from taking difficult decisions, which will deliver improved service user outcomes and secure the long-term future of front-line services in Brent's Adult Social Care department.
- Embedding personalisation and further improving customer care by December 2012.
- Developing a more holistic, timely and seamless service through the integration of health and social care by April 2013.
- Working with partners to become a commissioning-led organisation by March 2013.
- Developing a training plan to ensure that our staff receive appropriate training and are encouraged to pursue service excellence through continuous professional development.
- Driving improved efficiency through rigorous and robust management of our resources.

A lot has been achieved during this particular year, but in many respects this only represents the beginning and we all acknowledge there is a lot more to do.

Section 2

Local Context

A borough of contrasts

Brent is home to the iconic Wembley Stadium Arena and the spectacular Swaminarayan Hindu Temple, and is a popular destination for thousands of British and international visitors every year. The borough is served by some of the best transport links in London and the area has award-winning parks, outstanding schools and a reputation for fostering and celebrating community cohesion.

However despite these strengths Brent is ranked amongst the top 15 per cent of the most deprived areas of the country. This deprivation is characterised by high levels of long-term unemployment, low average incomes and a reliance on benefits and social housing. In the priority neighbourhoods the impact of the recession has seen unemployment increase above 9 per cent. Children and young people are particularly affected, with a third of children in Brent living in a low income household and a fifth living in a single-adult household.

Living in poverty generally contributes to poorer health, wellbeing and social isolation. Statistics show that people on low incomes are more likely to have a life limiting health condition, take less exercise and have a shorter life.

59% of the population in Brent is from black and ethnic minority backgrounds.

15% of the adult population have no formal qualifications.

Brent has the 4th lowest average income levels in London.

Brent is now the 53rd most deprived borough in England.

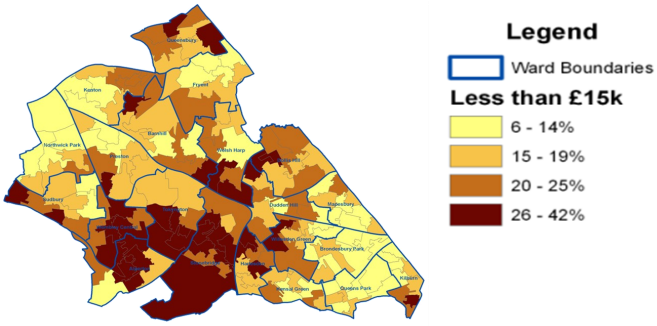
Brent's unemployment rate is higher than the London and England averages.

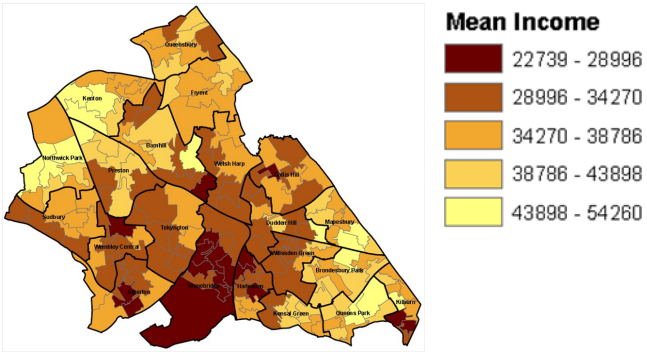
Tackling these issues underpins the ambitions and commitments that are set out in Brent Council's Borough Plan. The Council is committed to leading the physical regeneration of the borough to enable all sections of the community to participate in, contribute to, and benefit from the future success of Brent.

The Borough Plan has three strategic priorities:

1. To create a sustainable built environment that drives economic regeneration and reduces poverty, inequality and exclusion.
2. To provide excellent public services which enable people to achieve their full potential, promote community cohesion, and improve their quality of life.
3. To improve services for residents by working with our partners to deliver local priorities more effectively and achieve greater value for money from public resources.

CACI Income data 2010/11





Only 19% of Adult Social Care clients in Brent pay full costs for homecare services.

49% part pay for homecare services.

32% pay nothing at all for homecare services.

Brent currently has 30,000 residents over the age of 65.

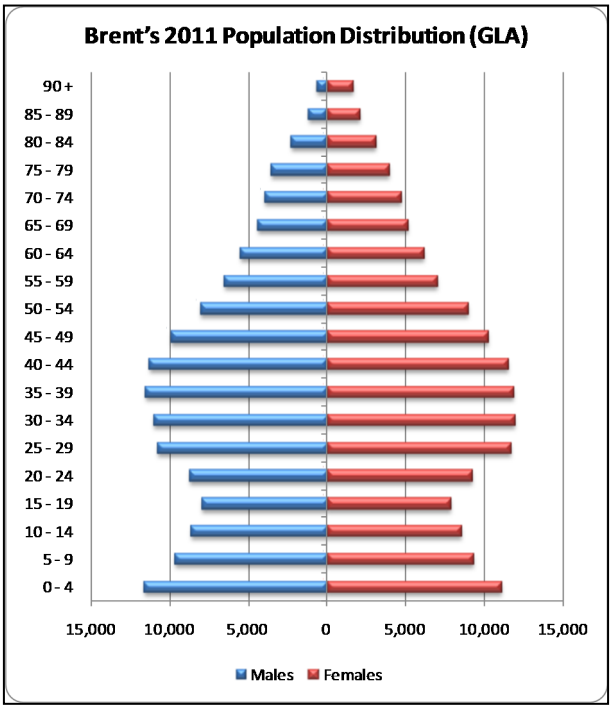
Section 2

Local Context

Population

Brent is one of only two local authorities serving a population where the majority are from ethnic minorities, and these groups are growing faster than any other.

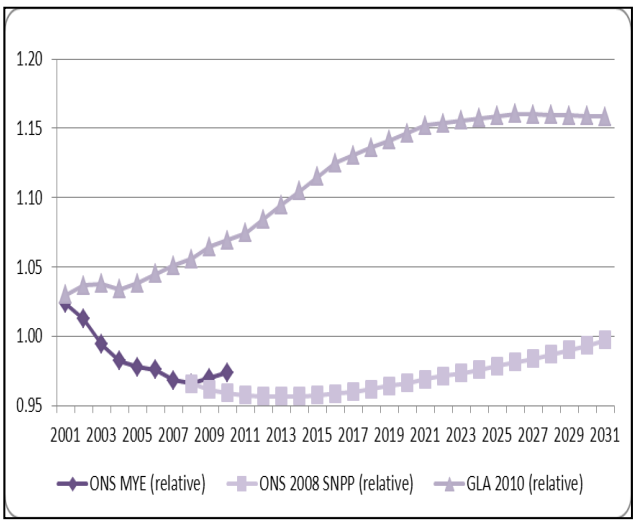
The Greater London Authority estimates Brent's Population for 2010/11 to be at 283,040.



Like many London boroughs, Brent has experienced sustained population increase in recent years and the trend is expected to continue for the foreseeable future.

Population growth estimates 2011—2031

(Office of National Statistics and Greater London Authority projections)



Housing

High rents and lower than average incomes mean that housing affordability is a particular issue in Brent, with the affordability gap likely to increase as rents rise faster than incomes. It is anticipated that approximately 2000 households in Brent will be affected by the recent introduction of housing benefit caps.

Over the last 10 years Brent has experienced a high level of homelessness compared to our west London partners and London as a whole. Overcrowding is also a key issue for Brent and the West London sub-region as a whole.

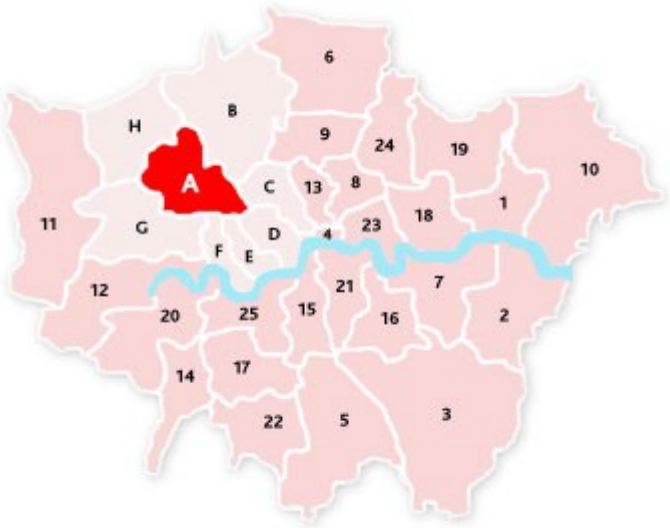
The Department for Communities and Local Government (2008) population forecast suggests that number of 65+ households in Brent will grow significantly, which has particular implications for Housing, Health and Adult Social Care.

Over 130 languages are now spoken in our schools.

16.8% of households in west London are unsuitably housed with overcrowding being the main cause.

Brent has seen a 56% increase in Disabled Facilities Grant applications within the past 5 years.

A = London Borough of Brent



Section 2

Local Context

Health

Poor health and wellbeing outcomes are often a reflection of wider social and economic inequalities present in society.

Brent is a borough which has marked health inequalities, which are both a symptom and a cause of wider deprivation. The deprivation experienced within some neighbourhoods in Brent is characterised by high levels of unemployment, low skills levels, low household incomes and dependence on benefits and social housing.

Cardiovascular disease is the leading cause of death in Brent and rates are highest in our most deprived neighbourhoods.

Prevalence of diabetes in Brent is high compared to the national average.

Cancers are the second most common cause of death in Brent.

1 in 6 Brent residents are affected by mental health problems.

Brent prevalence rates of diabetes and tuberculosis are amongst the highest in England.

Uptake of preventative services like screening and immunisations are amongst the lowest in England.

The consultation process for the council's Health & Wellbeing Strategy revealed residents' top priorities for health in the borough to be:

1. Investment in prevention.
2. Encouraging physical activity.
3. Encouraging positive mental health.

The overarching objective for this strategy is to work towards achieving a sustained reduction in the inequalities in health and wellbeing experienced between Brent's most deprived and least deprived neighbourhoods, so that all residents, irrespective of where they live, will be enabled to have long, fulfilling and healthy lives.

Individual behaviours such as smoking, diet, alcohol intake and physical activity significantly influence how healthy a person is and how long they will live for. Smoking is the single greatest cause of preventable illness and premature death in England. Obesity is the second highest cause of ill-health and preventable disease, and is linked to increased risk of overall mortality, diabetes, heart disease, stroke, breathing difficulties and depression. Supporting people to adopt healthy behaviours is therefore at the heart of Brent's health promotion and preventative agenda.

In general, Brent performs well in many overall measures of health compared to the London and National picture.

However despite good performance at the borough level, good health is not consistently experienced by all residents. Significant health inequalities exist at neighbourhood level and is closely linked to deprivation levels. This is most starkly demonstrated by the 9 year gap in male life expectancy between the best and worst performing neighbourhoods. Our more deprived neighbourhoods also have the highest mortality ratios and high prevalence of smoking and obesity.

There are a number of critical health conditions which pose specific challenges in Brent, which tend to be most prevalent in our deprived neighbourhoods. These conditions include cardiovascular disease, diabetes, cancer, mental health and tuberculosis.

As people with disabilities are statistically more likely to have low incomes and higher rates of unemployment, this group are especially susceptible to having poor health and are more likely to die early from preventable causes.

Brent's high prevalence rate of diabetes is expected to get worse in the future. This is a disease which predominantly affects minority ethnic groups, older people and poorer people. As such, the council's approach to preventing and treating diabetes will be central to tackling the health inequalities which currently exist.

25% (1 in 4) residents smoke and in some neighbourhoods this is as high as 40%.

1 in 10 residents are estimated to be binge drinkers.

20% of adults are estimated to be obese.

50% of adults do not take part in any regular form of physical exercise.

Approximately two-thirds of Brent's population do not eat the recommended daily amount of fruit and vegetables.

Section 3

Our Services

In response to wider national policy changes and the Care Quality Commission's Performance Assessment 2009/10 findings and recommendations, Brent's Adult Social Care department embarked on an ambitious modernisation programme to improve services in 2010/11.

As part of this programme the Customer Journey project focussed on conducting a comprehensive end to end review of the service, with a view to designing a more effective operating model. A critical dimension was to ensure that this design emphasised the shared commonalities between our various customer groups.

As a result, new and improved processes were developed and designed to promote independence, choice, control and deliver good customer outcomes. The project was underpinned by three key objectives:

1. To create a single point of contact and build processes which are simpler, faster and more responsive to user-needs.
2. To deliver a more effective service that is proportionate to user-needs, both in terms of Social Work and Occupational Therapy involvement.
3. To facilitate fairer access and provision of services through better application of eligibility criteria and improved allocation of resources.

Early indications suggest that the strategy to pursue a structured programme of change has paid dividends, because internal and external feedback mechanisms confirm the service is becoming more effective, more efficient and more responsive to user-needs.

Single point of contact

Prior to 2010 customers used a variety of channels to access care services. However a review of the customer experience revealed this process to be very inefficient, and more importantly customers' needs were not being consistently met at the first contact. Therefore a single point of contact was established to steer customers towards one clear pathway to access services, which would assess eligibility, identify needs and signpost services accordingly.

Hospital Discharges

Historically Brent Adult Social Care Services and our health partners did not have a joined up strategy in place to ensure that patients from local hospitals experienced a smooth transition back into the community following hospital discharge. In 2010/11 we piloted a Reablement project, which was designed to put better intermediate care in place to allow patients time to recuperate . This pilot has proved so successfully we intend to roll it out across the whole service from 2011/12.

Reablement (intermediate care)

Reablement homecare provides planned, short term, intensive homecare support to help individuals restore their confidence and independence by focusing on improving their ability to carry out daily living. Eligible customers receive free Reablement homecare support for a period of up to 6 weeks to give them the support they need to recouperate and adjust to their new circumstances as necessary.

Support Planning and Review

Customers who require longer term care or who have more complex needs can qualify for self-directed support, which enables them to:

- Instruct the Council to manage their care.
- Purchase their own care from other providers through Direct Payments.
- Choose a mixture of the above.

Customers' needs are reviewed at least annually to ensure the type and levels of support remain appropriate. Their carers can also receive practical support and guidance.

Commissioning

The service works with key partner organisations to identify local needs and develop co-ordinated responses. Our new integrated commissioning model is proving to be particularly effective not only in terms of improving efficiencies but also in delivering better and more sustainable customer outcomes.

Section 3

Our Services

Direct Services

Direct Services provides Day and Residential Care services for the local community, particularly older people, those who have physical disabilities and those with learning disabilities. At Brent we are committed to the personalisation agenda and have taken a preventative approach to helping individuals live independent and fulfilling lives.

Day opportunity services have been subject to changes over the course of the past 20 years and prior to 2010 the majority of day opportunity services in Brent were still traditional building-based services. This meant that services were still a barrier to achieving genuine choice and control for people.

National and local consultation showed that two significant changes are needed to improve outcomes for service users and carers alike.

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

In 2010/11 the Direct Services project was developed In response to these needs as part of the modernisation programme. It was designed to ensure that services for vulnerable people would be personalised and community-based, thereby promoting choice and control, to help develop independence and to build individual skills. It was also designed to deliver three core benefits:

1. Service quality improvement.
2. Financial sustainability.
3. National and local policy alignment.

The old service structure reflected a 'one size fits all', building-based operating model, whereas the new model would ensure that a more flexible range of services was made available; delivery would be community-based as appropriate through a range of organisations and professionals. Crucially, the introduction of personal budgets would widen access to a broader variety of service providers and enable individuals to exercise increased choice and control.

The project involved conducting an end to end review of the existing model, redesigning day services to ensure they offered increased flexibility and stimulating the market. This was supported by a comprehensive Engagement strategy to encourage key stakeholders like service users and carers to get actively involved in the consultation process.

The project was successfully initiated and delivered in 2010/11 through the combined effects of:

- Improving assessments to determine the level of support needed.
- Delivering community-based day activities from resource centres as a base.
- Improving access to mainstream services and commissioning new ones.
- Engaging and involving users, carers and other stakeholders in all of the above.

More importantly, successful delivery of the project has enabled us to robustly redress the two service-critical outcomes of the Care Quality Commission's assessment which were judged as 'adequate' in 2009/10 namely:

1. Improved quality of life.
2. Increased choice and control.

In Brent 32% of customers now receive self-directed support, compared to the national target of 30%.

Direct services give clients increased choice and control over their care.

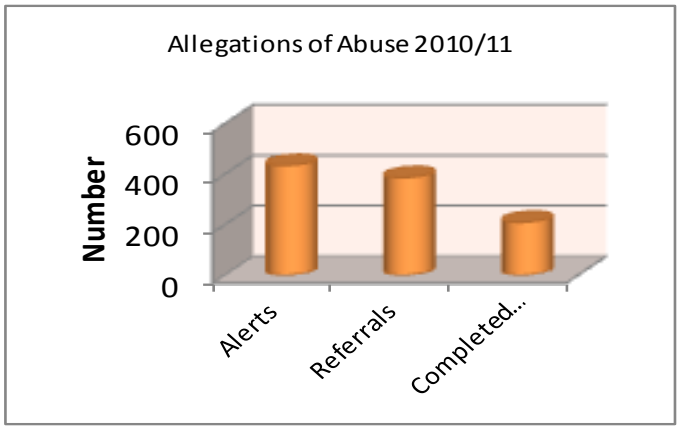
Our Services

Safeguarding

In 2009/10 the Care Quality Commission judged that Brent's Adult Safeguarding arrangements to be 'performing well'. At that time safeguarding was a disparate activity without strategic focus. In 2010/11 a new strategy was developed and we now have a dedicated Safeguarding team which takes a much more strategic and co-ordinated approach. This new strategy reflects the following critical strands:

- A multi-agency preventative approach to minimise the risks that lead to safeguarding incidents.
- A multi-agency Safeguarding Adults Board, which has an independent chair and facilitates regular scrutiny of Safeguarding practices.
- Good quality local services that meets individual needs and keeps people safe.
- Personalised social care, based on clear risk assessments.
- Effective response systems, including the ability to respond appropriately to safeguarding alerts and carry out robust and timely investigations.

In 2010/11 a total of 387 allegations of abuse referrals were made, which represents an increase from 254 in 2009/10. However this rise may be attributed to increased awareness of the reporting framework and confidence that allegations will be thoroughly investigated.



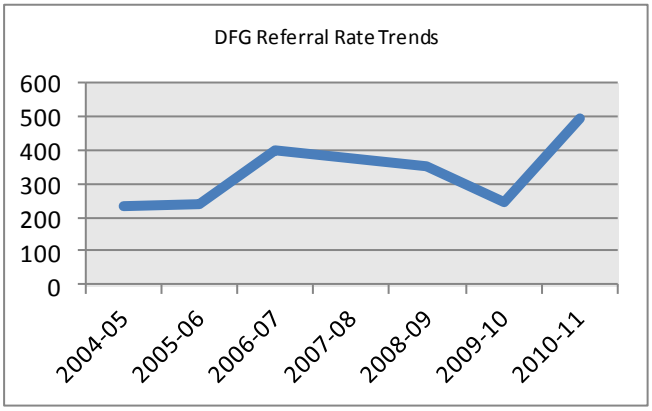
Mental Health Service

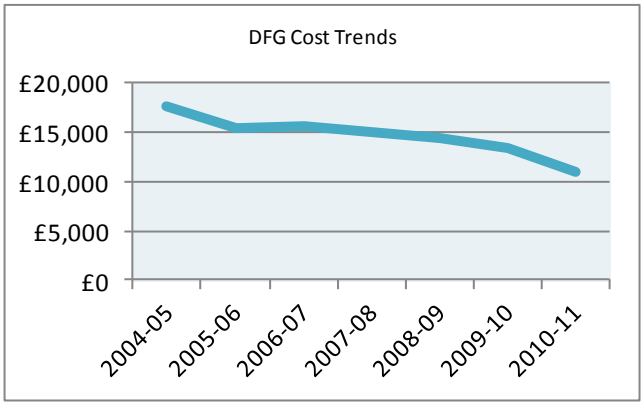
Brent Mental Health Service provides care services to residents aged 16 and over who have substantial or critical mental health needs. This includes assessment, care management, social care and support services.

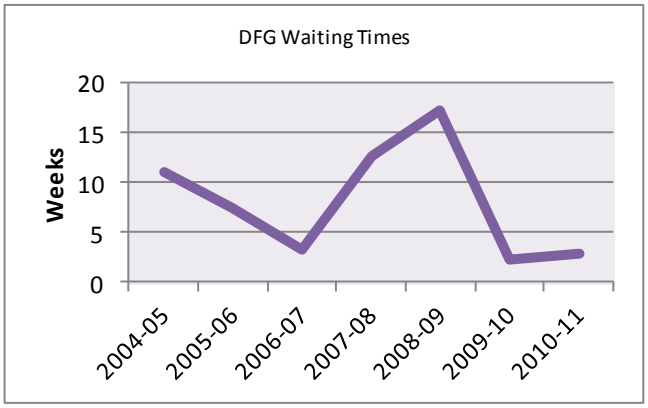
Disabled Facilities Grant (DFG)

Aids and adaptations are key to enabling some older households to remain independent in their own home and in recent years Brent has made great progress in this area through the administration of the Disabled Facilities Grant scheme. Although available to all disabled groups, the majority of grants awarded are to pensioner households for adaptations such as handrails, ramps stair-lifts etc.

2010/11 has been an exceptional year for the number of referrals received in private housing services for adaptations.







Our Partners

Health and social care are inextricably linked and as such Brent's Adult Social Care Service is critically dependent upon a variety of key partners. Without the support of a broad and diverse range of providers we would not have the capacity to deliver the range and quality of services to our residents.

Collectively this network of partners provides support to people 18 and over who are finding everyday activities difficult to manage. We provide advice and support to:

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

All partners recognise and support the need to focus upon health and wellbeing if we are to reduce the current burden of preventable health and social care needs that occur within the system, and to address the health inequalities that currently exist in Brent. The work is being undertaken through the Local Strategic Partnership and underpinned by a shared Health and Wellbeing Strategy and Joint Strategic Needs Assessment. This provides a co-ordinated approach and helps to stimulate creativity in our efforts to develop new and innovative ways of working with local communities.

The Local Strategic Partnership draws together representatives from public, private, voluntary and community sectors across the borough. The partnership aims to improve quality of life for all Brent's residents, promote well-being by tackling discrimination, disadvantage and social exclusion, and deliver accessible, high-quality and efficient services based on local needs.

The main focus for the partnership in the latter half of 2010/11 was the research and development of Brent's new Joint Strategic Needs Assessment (JSNA). The JSNA will be jointly produced by Brent Council and NHS Brent in 2012 and will highlight the main health and social care issues locally as well as the key underlying drivers. The purpose of the JSNA is to provide strategic focus and guidance for the development of health and social care commissioning plans for the borough as well as the design of local service provision.

The JSNA will also be used as an evidence base to drive development of the borough's new Health and Wellbeing Strategy, which is scheduled to be produced in 2012.

Joint planning and commissioning will soon be the norm in Brent across the whole range of health and social care services. Inevitably this will deliver efficiency savings by reducing duplication and achieving economies of scale. However most importantly, our collaborative approach is expected to yield improved and more sustainable outcomes for service users and carers alike.

Our Customers

Older People

Older people are not a uniform group and can have diverse needs. Broadly they can be split into:

Entering old age: This group can be as young as 50 years or have reached official retirement age. Most are active and independent and remain so for many years.

Transitional phase: This group tend to be in transition between a healthy active life and frailty.

Frail older people: This group are highly vulnerable and can potentially have a range of conditions including falls, stroke, dementia, depression etc.

When asked, older people in Brent are very clear about what independence means to them and what factors help them to maintain it. At the heart of their sense of independence and well-being lies their capacity to make choices and exercise control over their lives. Accepting help with some aspects of their lives enables them to remain independent in others.

Brent's older people population is forecast to grow to 33,600 by 2015 and 38,500 by 2025.

Many own their own home but describe themselves as "equity rich and income poor".

Those entering old age (50+) make up 25.3% of borough residents.

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

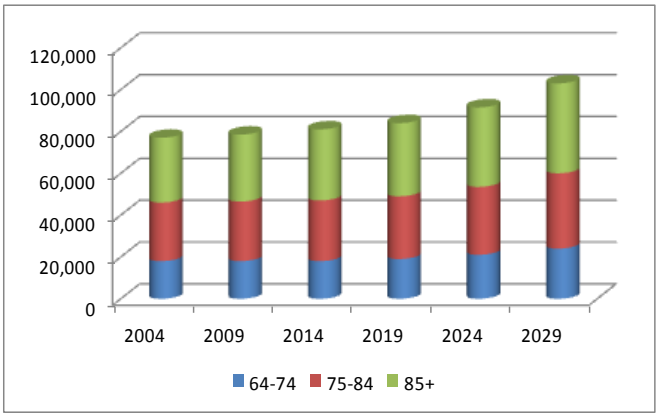
Housing is a major determining factor of health and well-being, and older people's needs include design, security, comfort and equipment to enable them to continue living independently at home for as long as possible.

A high proportion of older people who live alone in Brent own their homes and many describe themselves as "equity rich but cash poor". The effects of low income in old age have direct implications for choices in relation to nutrition, energy use and housing. Many households have no central heating and the take up rates for home improvement grants is historically low.

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

Current trends show that many older people are increasingly developing the condition known as dementia - please see page 15 for more information on the local context.

Older People Population Projections 2004—2029
(Department of Health 2010)



Brent's older people population is estimated to increase overall by 34% by 2029.

Expected increases by age group

- 65-74 = 33%
- 75-84 = 73%
- 85+ = 34%

Our Customers

Learning Disabilities

Approximately 9,000 people have a learning disability in Brent.

Respiratory disease is the leading cause of death (46%-52%).

22% of people with a learning disability also have epilepsy in Brent.

Disability can be defined as "*A physical or mental impairment, which has substantial and long-term adverse effect on a person's ability to carry out normal day to day activities*" Disability Discrimination Act 1995.

Learning disabilities or learning disorders are an umbrella term for a wide variety of learning problems. A learning disability is not a problem with intelligence or motivation, rather people merely see, hear, and understand things differently. This can lead to difficulties with learning new information and skills, and putting them to use. The most common types of learning disabilities involve problems with reading, writing, math, reasoning, listening, and speaking.

The number of people with profound physical and learning disabilities is expected to increase further in the future as medical advances mean that more people with a disability survive into adulthood. For example, a study by the Centre for Disability Research (2009) concludes that in an average area of England with 250,000 residents, the number of adults with profound multiple learning disabilities receiving health and social care services will rise from 78 in 2009 to 105 in 2026. These rates are expected to be higher in communities such as Brent that have a younger demographic profile, or contain a greater proportion of citizens from Pakistani and Bangladeshi communities as these tend to have higher prevalence rates.

Approximately 1,000 people in Brent have a severe learning disability and 8,000 have a mild to moderate disability.

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

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

Brent Council is committed to the view that people with learning disabilities and their families have the same human rights as anyone else. As such, we believe that people with learning disabilities should have choice and control over the way they live and be supported with dignity and respect. Therefore our services are designed to support and enable vulnerable residents to participate in all aspects of community life, including work, education, travel and secure access to local services and social networks.

People with Learning Disabilities have particular health risks:

- The prevalence rate of epilepsy has been reported at 22%, compared to 0.4% - 1.0% for the general population.
- The prevalence rate of schizophrenia is 3% compared 1% for the general population.
- People are between 8.5 and 200 times more likely to have a vision impairment compared to the general population, and approximately 40% have a hearing impairment.
- People have substantially lower bone density compared to the general population and as such are particularly susceptible to sustain fractures throughout their lifetime.
- People with learning disabilities are much more likely to be either underweight or obese, compared to the general population.

Approximately 40% of people with a learning disability also have a hearing impairment.

21% of people with learning disabilities in Brent also have dementia.

Less than 10% of people with learning disabilities eat a balanced diet.

Our Customers

Physical Disabilities

Disability can be defined as "*A physical or mental impairment, which has substantial and long-term adverse effect on a person's ability to carry out normal day to day activities*"
Disability Discrimination Act 1995.

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

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

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

At Brent we passionately believe in the value of diversity and the importance of social inclusion. We recognise that the services we provide and the way we provide them impact differently on those with disabilities, and wherever possible we make reasonable adjustments to minimise these effects. We also carry out routine equalities impact assessments to ensure that vulnerable groups are not disproportionately disadvantaged from important council decisions.

There is no single national policy framework that provides the context for planning and provision of services to people with physical and sensory impairments. However there is a range of national legislation and guidance and across the country there are several examples of good practice in this area.

In Brent a variety of service challenges exist for adults with physical disabilities.

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

Brent's local policy to provide intermediate care (reablement) is designed to support people with disabilities to remain independent and at home. As part of our Adult Social Care modernisation programme, a series of complementary initiatives have been put in place to:

1) Facilitate early safe discharge from hospital.
2) Facilitate early intervention to safeguard people at risk of abuse.
3) Prevent hospital and residential care admissions through intensive intervention.
4) Provide advice and information on how to stay safe and healthy at home.

Routine use of Personal Budgets and Support Plans means that care packages are tailored to meet individual needs and regular reviews ensure that levels of support remain appropriate and cost effective.

4.7% of people in Brent define themselves as permanently sick or disabled.

86% of Adult Social Care customers live in the community.

Financial and physical abuse are the most common forms of abuse against vulnerable adults in Brent.

Our Customers

Mental Health is the single most common cause of morbidity in Brent.

Mental Health problems affect 1 in 6 adults and 1 in 10 children and young people in Brent.

90% of all consultations for mental health illness occur in primary care.

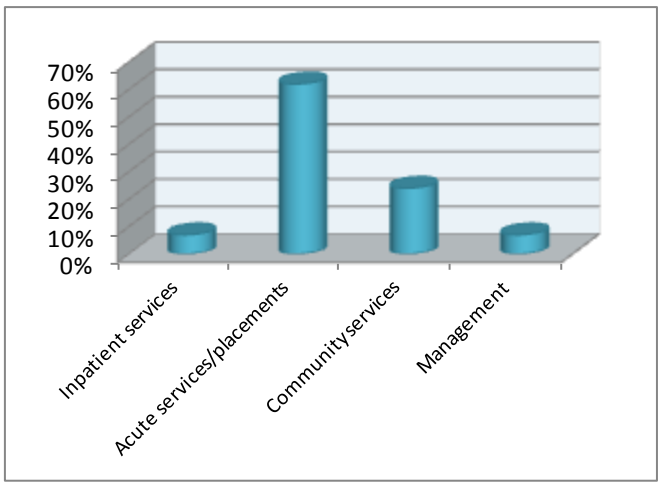
Mental Health

Brent Mental Health Service (BMHS) was established in 2001, bringing together mental health services previously provided by the council's Social Services department and Central and North West London NHS Foundation Trust. BMHS provides services to residents aged 16 and over who have substantial or critical mental health needs under the councils Fairer Access to Care criteria, which includes assessment, care management, social care support and accommodation services.

The service operates within the National Service Framework and key outcome measures include:

- Assessment waiting times.
- Hospital discharges.
- Number of adults helped to live at home.

Mental Health Budget Allocations 2010/11



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

Dementia

By 2025 approx. 2,700 people in Brent will have dementia.

1 in 5 people aged 80+ develop dementia and this increases to 1 in 3 for those aged 90+.

Only 40% of people who have Dementia are properly diagnosed.

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

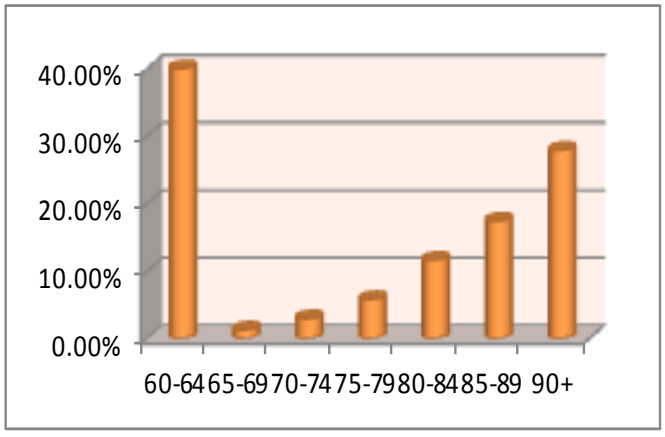
The term 'dementia' is used to describe a number of illnesses which result in the progressive decline of multiple areas of function such as memory, reasoning, communication and skills needed to carry out everyday activities. Those who have Dementia may also develop behavioural and psychological symptoms such as depression, psychosis, aggression and wandering. Dementia is a terminal condition, but people can live with it for 10-12 years following diagnosis.

Dementia rates in Brent are consistent with European averages. Our aim is to help those who have Dementia to:

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

Prevalence of Dementia by Age in Brent 2010/11

(ONS/POPPI)



Our Customers

Alcohol and substance misuse

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

Treatment services and interventions in Brent operate 7 days a week supported by a 24/7 helpline. Services are delivered through the Brent Treatment Sector, which is a partnership comprising Brent Adult Social Care, Central & North West London Mental Health NHS Foundation Trust and a variety of third sector charities e.g. Addaction, CRI-Brent, EACH-Brent, WDP-Brent and Turning Point.

Treatment is provided across 4 dedicated sites within the borough, including Cobbold Road Treatment and Recovery Service, Junction Service Station Road, Craven Park and Wembley Centre for Health and Care. It is also provided via 37 GP Practices and collectively the service helps to deliver:

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

In Brent more than 1 in 10 of all adults who drink are estimated to be high-risk drinkers (males who consume 50+ units or females who consume 35+ units per week).

Alcohol attributed hospital admissions are increasing for men and women; the rate of men is significantly higher than the London and England averages.

Brent is one of the worst performing local authorities in England for measures of alcohol-related crime.

Brent has the 3rd highest level of problem drug users amongst the 8 North West London boroughs.

Between 2008/09 and 2010/11 there was an increase of 29% in the number of individuals in drug treatment.

Primary drug choices for those in Treatment (Source: Brent DAAT)

Type	2008/09	2010/11
Opiate	212	502
Crack	223	244
Cocaine	101	66
Cannabis	190	140

Our Customers

Carer Support

12% or 22,900 of Brent residents are known carers.

1,023 young carers aged between 10 and 17 years provide between 1 and 50 plus hours care per week to a parent, sibling or relative.

A carer is someone who spends a significant portion of their time providing unpaid support to family members and friends. This could be caring for a relative, partner or friend who is ill, frail, disabled, has poor mental health or has substance misuse problems.

Carers help people they care for to deal with and manage problems in a practical way and also offer emotional support. Their responsibilities may be for short periods of time or in many cases over the course of a lifetime. The condition of the person they care for can often be susceptible to change regularly or periodically, and as such it can be difficult to predict the demands on the carer.

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

Carers provide care and support to a diverse range of people including older people, adults and children with physical and/or sensory disabilities, learning disabilities, mental health and substance misuse issues. While caring can be rewarding, it can also be exhausting both emotionally and physically.

Caring responsibilities can involve all or a variety of the following, depending upon individual needs:

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

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

Carers needs can vary, hence the need to carry out individual assessments. Support includes:

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

Brent's health and social care services recognise and value the contribution that carers make, particularly as they frequently provide the best care for those they support. As key partners therefore our support services aim to create and sustain an environment which enables carers to feel supported in their role for as long as is practically possible. We make every effort to promote the rights of carers to enable them to have the same opportunities and aspirations to take part in society as individuals. We also seek to identify carers at the earliest opportunity, particularly young carers, so that they can receive the requisite support to enjoy their childhood years and stay mentally and physically well.

3,402 carers aged between 65 and 90+ years provide between 1 and 50 plus hours care per week.

Carers UK found that those caring 50 plus hours per week are twice as likely to be in poor health, compared to non-carers.

Our Customers

Standing Commission on Carers Feedback

The Standing Commission on Carers, in its advisory role, undertook a series of fact-finding visits in 2011 to local areas to inform the Commission's advice to Ministers and to the shadow NHS Commissioning Board on supporting carers effectively. Brent was one of those areas visited.

Key overall findings include:

What is working well

- Strong commitment to working in partnership with carers.
- High level awareness of carers' issues and commitment to them by council and external agencies
- Interesting and innovative approaches to providing short breaks and respite care.
- Embedding carers' agenda across hospitals, including involvement of carers in discharge planning.
- In terms of future planning, home care contracts moved to outcome-based purchasing.

What is working less well

- Early identification of carers known by the council and NHS
- Carers' assessments were not always proportionate, were often not offered until crisis occurs and were often conducted jointly with the looked-after person, rather than on an individual basis.
- Limited infrastructure to support personalisation and communications strategy.
- Perception among carers that direct payments for people they care for have too many restrictions
- Effective involvement of council in the development of Clinical Commissioning.
- GP engagement with young carers.
- Young carers excluded from discussions about person they care for - many felt isolated from help and respite

Challenges

- Integration between services.
- Communication between different parts of the system and carers themselves.
- Developing a menu of short breaks for the full spectrum of carers
- Commitment / engagement from GPs to prioritise carers' needs both in individual practices and in commissioning support.
- Preventative work with young carers to avoid escalation of problems.
- Identifying young carers, particularly from seldom heard of BME groups.
- Identifying young carers caring for parents with substance misuse.
- Encouraging flexibility in the local employment market, particularly in times of increasing financial pressure.
- Tackling isolation and loneliness, particularly noted in respect of those caring for people with dementia
- Historical reliance on well-funded voluntary sector
- Supporting carers and cared for people with information

Opportunities for improvement

- Identifying more 'hidden' carers through community initiatives.
- Harnessing clear energy of carers and involvement in thinking and provision solutions.
- Publishing and promoting ways for carers to have a say and influence and shape change locally.
- Focusing on early intervention and prevention.
- Supporting carers' access to further and higher education and employment at all stages of life.
- Encouraging Clinical Commissioning Groups to consider how they will commission support for carers in the new clinical commissioning agenda.
- Face-to-face support for carers on wards.
- Named lead on young carers in each school.
- Encouraging joint working across statutory bodies and agencies in providing support to young carers.
- Influencing Health and Wellbeing Boards and Healthwatch.

Community Engagement

Consultations

Residents tell us that 'good health services' is one of the most important factors in making an area a good place to live.

At Brent public consultation is integral to service planning and we routinely consult with a variety of stakeholders, including service users, carers, voluntary and community organisations. Consultation exercises reveal that residents want:

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

Residents tell us they want a greater emphasis on prevention and raising awareness of the causes of ill-health, particularly at an early age.

Carers Survey 2010

This postal survey sampled our Carer community and received a response rate of 37%.

- 55% were very or fairly satisfied with the service and support they received within the previous 12 months.
- 34% had used support services to take a break from caring which lasted more than 24 hours.
- 43.5% said it was very or fairly easy to find information about support, services or benefits.
- 25% of carers felt they have as much control as they want over their lives. 58% felt they have only some control and 17% felt they have no control.
- 40% said they have sufficient time to take care of themselves as well as the person they care for. 35% said they sometimes have sufficient time and 25% felt they were neglecting their own caring needs.

65% said their caring responsibilities had caused some or a lot of financial difficulties.

- 66% felt they did not need any carer skills training, while 25% said they would like some.

Occupational Therapy Equipment Survey 2010/11

This survey sampled service users who had minor adaptations to their home or received enabling equipment (handrails etc.) in the previous 12 months to help them live independently. The response rate was 41%.

- 62% said they were extremely or very satisfied with the adaptation or equipment received.
- 93% said they were very or fairly happy with the way their individual needs were discussed.
- 74% said they were either kept well informed or had enough information about what was going on throughout the process.
- 98% said they were very or fairly happy with the way the person installing the equipment/ minor adaptation treated them.
- 72% said their home was left as neat and tidy as they would have liked.
- 78% said they feel safe all the time as a result of the equipment/adaptations, while 18% feel safe sometimes.
- 95% said their quality of life is much better or a little better as a result of the equipment/ adaptations.
- 29% said they feel in control of their daily lives, while 43% said they feel control with help.
- 73% said their home meets all or most of their needs.

30% said that as a result of receiving equipment or adaptations they now need less help from others.

Community Engagement

Adult Social Care Survey 2011

This postal survey sampled 900 customers from across the service and was conducted as part of the NHS Information Centre Adult Social Care annual survey. The response rate was 27%, of whom 66% received help in completing the questionnaire.

50% of those surveyed said they were extremely or very satisfied with the service.

- 52% said their quality of life was good or very good.
- 76% said their home meets all or most of their needs very well.
- 68% said they have as much control over their daily life as they want or adequate control.
- 89% said they get all the food and drink they want when they want it.
- 62% said that having help makes them think and feel better about themselves.
- 53% said it was very or fairly easy to find information and advice about support services or benefits.
- 91% said they received practical help from their spouse, partner, family members, friends or neighbours.

87% of disabled clients surveyed said they were very or quite happy with the way staff help them.

Community Engagement Mechanisms

Brent has a broad and diverse range of community engagement forums to facilitate access and dialogue with the local community:

Area Consultative Forums:
There are currently 5 forums which provide an important opportunity for members of the public to access, participate in and influence the council's decision-making process and those of partner organisations. These are chaired by a local councillor and assisted by a lead manager.

Brent Disabled User Forum:
This group provides a focal point for disabled people and mental health service users, their carers, advocates, service providers, advisors, council officers and members as well as representatives from voluntary organisations and community groups to meet regularly and exchange viewpoints as well as learn from others experience.

Brent Pensioners Forum:
This group provides a focal point for older people, their carers and other stakeholders to regularly meet and discuss council policy and local issues which may affect older people in the borough. The group is also used as a formal point for consultations and offers the opportunity to raise awareness and identify concerns.

Learning Disability Partnership Board:

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

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

This group meets every two months to talk about opportunities and the local support mechanisms in place. Its purpose is to work in partnership with carers, people with learning disabilities and local agencies to improve their quality of life within the borough.

Focus Groups:
As part of our service modernisation programme we have held a number of focus groups to help plan the changes. These meetings offer a valuable opportunity to explain the rationale behind proposed service changes and enable users and carers to understand and discuss the implications. The feedback is then used as a basis for reviewing and refining final decisions.

Our Achievements 2010/11

Service Modernisation Programme

Adult Social Care has used its modernisation programme to challenge and fundamentally review the way in which existing services are structured and delivered. The Customer Journey project was integral to this effort and in 2010/11 the project was successfully initiated and progressed to the implementation stage. This laid firm foundations upon which other complementary projects could be built.

With more robust systems and processes in place, the Direct Services project was initiated to review day-care provision and develop more sustainable solutions for our customers with learning disabilities. This project was designed with the expressed intention of moving service provision away from institutional settings and towards a more personalised service which increases independence. The phased transition from existing provision started at the beginning of 2011 and will be completed when the purpose built, state of the art John Billam Centre opens in July 2012.

In addition, the department will pro-actively support the delivery of a variety of cross-council improvement projects including Structure and Staffing Review, Finance Modernisation, Fundamental Review of Council Services. Successful delivery of all these projects has proved pivotal in helping to preserve as many front-line services as possible in the context of a reduced resource base.

Health

Key achievements in 2010/11 include steady increases in the numbers of people using Brent's Smoking Cessation service. However, significant challenges remain, not least to get Brent's communities to undertake more physical exercise, to improve childhood immunisation rates (which are below London and national averages) and to better manage and diagnose conditions such as diabetes and cardio-vascular disease. Following a recent pilot in Harlesden, NHS Health Checks designed to facilitate early diagnosis will be rolled out across the borough.

A variety of complementary projects are either up and running or in the early stages of development in response to the provisions enshrined in the Health and Social Care Bill 2011. These include preparations in anticipation of the transfer of Public Health to the Council as well as greater integration between Health and Social Care provision.

Commissioning

In collaboration with colleagues from the West London Partnership, a Home Care Framework was set up in 2010/11. The project is designed to facilitate a more co-ordinated approach to commissioning services at a regional level, and is expected to deliver an estimated £2.5m in efficiency savings. The project has offered a unique opportunity to re-negotiate residential care, nursing care, 24 hour care and placement costs with suppliers.

It is also helping to enhance overall commissioning capacity through more effective supplier and local market management. For the first time Brent is now in a strong position to transition from established block contracts to spot purchasing of day care services. This has increased scope to provide more flexible services which are better tailored to suit individual needs.

Finance

In 2010/11 the department made significant strides in tacking historical budget overspends and managing expenditure more effectively. The combination of improved financial planning, systems and processes has ensured that robust, sustainable mechanisms are in place going forward. Details of Finance Performance can be found on page 25.

Section 8

Strategic priorities for 2011/12

A new vision for health and social care

The government's White Paper 'Healthy Lives, Healthy People: Our Strategy for Public Health in England' 2011 proposes a number of changes to the public health system. At the national level the government propose to set up a new national body, Public Health England. At the local level they propose to transfer responsibility for public health to local authorities, exercised through a local Health and Wellbeing Board. This board will comprise councillors, chief council officers and GP consortia with shared statutory responsibilities. The board will be responsible for delivering a defined set of health outcomes, using ring-fenced funding for public health allocated to local authorities through Public Health England.

These proposals represent a radical policy shift and will have far reaching implications for all of us involved in health and social care. However they also represent a considerable opportunity to deliver greater integration across health and social care and, crucially, to enable us to shift strategic emphasis towards joint commissioning and preventive strategies, which are widely acknowledged as being more cost effective and sustainable.

Effectively managing and influencing the implementation of these proposals will be a challenge and Brent is currently playing an active role in the consultation process. A key priority for the coming year therefore is to continue to work with our partners to ensure that our collective influence secures the best possible outcomes for the region. Ultimately we will work towards achieving a model which provides a seamless service between health and social care.

The move towards strategic commissioning will enable us to use our evidence base to assess local needs and identify priority spending areas. A key priority for the coming year therefore will be to refresh our Joint Strategic Needs Assessment (JSNA) to ensure we have access to the very latest intelligence in relation to the current health and social care characteristics of the borough. This will help ensure that priorities are set using objective evidence and expenditure is targeted to where it is most needed and used to support preventative initiatives.

Refreshing the JSNA will also enable us to reflect on new challenges for the borough and drive the development of Brent's new Health and Wellbeing Strategy 2012.

Mental Health

Over the coming year it will be timely to review our Mental Health offer and develop a strategic platform upon which to build closer alignment between all health and social care services. For example, to complement our community-based approach a key priority will be to simplify and communicate pathways to GPs as well as improve access to a broader range of psychological therapies. We will also seek to develop processes to improve overall service-user responsiveness.

Finance

The depressed economic outlook is undoubtedly a cause for concern, not least because it is widely predicted to be prolonged. Therefore a key priority for the coming year will be to continue to maximise the use of our limited resources and work collaboratively to ensure efficiency across the peace. Maintaining a balanced budget will be a challenge, particularly in the context of rising demand for services, but the success of our modernisation programme to date enables us to feel confident that we can 'live within our means' and safeguard front-line services.

Service Modernisation Programme

Commissioning Project: The purpose of this project is to develop a more co-ordinated and strategic approach towards commissioning activities, with a view to optimising value for money and improving efficiency. 50% of the estimated savings have already been achieved in 2010/11 and the challenge will be to successfully complete the project in 2011/12.

Transitions into Adult Life: The purpose of this project is to build a care pathway over the life course to ensure smooth transition from childhood into adult life. The challenge going forward will be to complete this project by finalising the care pathway and structuring services around it, whilst ensuring appropriate safeguards are in place throughout.

Integration of Health and Social Care: The purpose of this project is to implement the provisions of the Health and Social Care Bill 2011. The challenge for 2011/12 will be to collaborate with key health partners in order to a agree a new operating model that meets the needs of the local community, and to ensure that this is delivered within the designated timescales.

Section 9

Challenges for 2011/12

General

All future service planning will need to take account of the following:

- The need to develop preventive strategies to tackle long-term conditions and manage service demand more effectively.
- The need to structure services to enable people to help themselves.
- The need to continue to promote choice, control and independence and to encourage service users to take control of their own care packages.
- The need to facilitate safe and early discharge from hospital and use reablement for short-term care to help people develop the confidence to live independently.
- The need to prevent hospital and residential care admissions through intensive intervention initiatives.
- The need to improve the way we identify vulnerable people and ensure they have access to advice and information on how to stay healthy and well.
- The need to build a consistent approach to long-term care through personal budgets and tailor support plans to meet individual needs.
- The need to regularly and systematically review care packages to ensure they remain fit for purpose and adequately address user needs.
- The need to manage rising customer expectations in a context of depleted resources, because there will inevitably be occasions when customer demands cannot be realistically met.
- The need to closely monitor inflationary pressures as they negatively impact on the costs of care packages and equipment.

Older People

- A growing and ageing local population means that service demands are likely to increase in the future.
- A growing population will also mean a higher risk of people developing diabetes and having strokes or falls.
- Supporting people to live independently means that service user needs are becoming increasingly diverse and complex.

Physical and Learning Disabilities

- Changes to the Housing Benefits system from 2011 onwards and the move towards Universal Credits will have a direct and potentially negative impact and further disadvantage those who have physical and/or learning disabilities.
- Pressure on housing costs will negatively impact on the availability of independent supported living accommodation in the borough.
- Sustained budgetary pressures could potentially negatively impact on plans to develop Independent Living and Resource Centre facilities in the borough.
- Current travel arrangements for adults with disabilities are not sustainable and are in urgent need of review.

Mental Health

- The high rates of hospital admissions are costly and will need to be reduced, for example by improving the range of community-based support services.
- Historically we have not made the most use of 'talking' therapies in the community and early intervention initiatives, which needs to change going forward.
- A clearer pathway to care needs to be developed so that service users and partner organisations know what to expect and how to be involved.
- A more focussed remit should be developed for community mental health teams in order to enable them to be more responsive to service user needs.

Section 10

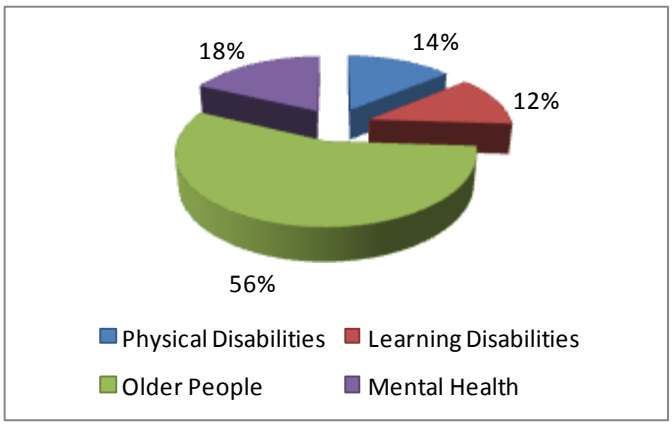
Our Performance–Services

Brent's Borough Plan (Brent Our Future 2010-14) sets out three overarching strategic objectives:

1. To create a sustainable built environment that drives economic regeneration and reduces poverty, inequality and exclusion.
2. To provide excellent public services which enable people to achieve their full potential, promote community cohesion and improve our quality of life.
3. To improve services for residents by working with our partners to deliver local priorities more effectively and achieve greater value for money from public resources.

In 2010-11 the Council refreshed its corporate Performance Management Framework and introduced a series of complementary initiatives to augment existing processes. This change was partly in response to the abolition of the Local Area Agreement and changes to the National Indicator Set, but it was mainly to enable the Council to strengthen strategic focus towards shaping, influencing and delivering on local priority issues. As a result, performance monitoring and reporting has been enhanced through the introduction of a series of new quarterly scorecards, which facilitate improved scrutiny and challenge at all levels throughout the organisation.

Customer Groups 2010/11



Strongly performing areas during the past year include:

1. Helping a greater number of customers, particularly those with Learning Disabilities, to achieve independent living.
2. Improving the number of customers who are now receiving direct payments, which gives them increased choice and control over the types of services they receive.
3. Successfully identifying areas of internal systemic weakness has enabled the department to develop a structured and planned approach to redressing them.

Areas in need of improvement include:

1. More focus needs to be placed on identifying carers and ensuring they are aware of the wealth of support that is available to them.
2. Broadening the range of community-based services available to optimise the choice of service providers available to customers who have personal budgets.
3. Systematically developing more preventative strategies through health and social care in order to empower people to help themselves and make good lifestyle choices.
4. Developing a more strategic approach to local transitions from the children's service into adult social care, because the current system does not consistently deliver the best outcomes.

32% of customers now receive self-directed support, compared to the national target of 30%.

Timeliness of assessments improved to 78% compared to 61% in 2009-10.

Percentage of customers receiving a review within the year improved to 84% compared to 79% in 2009-10.

Delayed transfers from hospital to community-based care improved from 8.3 days in 2008-09 to 4.7 days in 2009-10

Our Performance–Finance

Over the last 3 years the London Borough of Brent's Adult Social Care budget has been under sustained pressure. This trend is shared across other London Boroughs. The two main reasons behind the pressure are: the increased demand for services due to increase in the elderly population of the borough; and the increased cost of care due to market fluctuation. In 2010/11, Adult Social Care overspent by £1.28m on a budget of £91.8m which, compared to 2009/10 (overspend of £1.91m) marked an improvement of £0.63m year on year.

This positive improvement year on year is due to more robust financial controls instigated by the departmental management team with a focus to deliver additional efficiencies in 2011/12. These additional efficiencies in 2011/12 will be achieved through:

- The "Customer Journey" - The Customer Journey is a planed restructure of the Adult Social Care department earmarked to save £1.2m from the Adult Social Care budget.
- The introduction of the Reablement Service. The implementation of the Reablement has reduced the number of service users requesting full home care support due to their ability to leave more independently within their community.
- Challenging the prices paid to external providers via better commissioning and procurement activities.

The table below shows the Budget variances in 2009/10 compared to 2010/11:

Variance by customer group	2009/10 £'m	2010/11 £'m	Year on Year Movement
Older People	-0.13	0.63	0.76
Learning Disabilities	1.12	1.10	-0.01
Physical Disabilities	0.70	0.11	-0.59
Mental Health	0.35	1.82	1.47
Directorate	-0.14	-2.39	-2.26
TOTAL	**1.91**	**1.28**	**-0.63**

The main areas of budget pressures were:

- Increased demand for services for Older People, in particular Homecare, Supported Living and Extra Care - £0.63m
- The cessation of funding from the PCT towards section 117 clients within the Mental Health Service - £1.82m. In 2007 PCT stopped funding 50% of the cost of the S117 Clients which provided a stream of income for LB of Brent.
- High volume of young people transitioning from Children's Social Care to the Learning Disabilities Services with high cost packages - £1.10m. The ongoing issues for the department is the cost of children's transitions, whereby the cost of care packages transfers to Adult Social Care from the Children's budget for all young people aged 18 years. To mitigate this growth area of spend the Department is planning to restructure the transitions service in 2011/12. This restructure will allow Adult Social Care to work with the client group from the age of 14, to allow for a more efficient and effective transition into adulthood.

Our Performance–Finance

- The department has focused on front line services and has worked hard to ensure that backroom functions are as streamline as possible to ensure that Value for Money is being delivered. Service improvements and efficiencies from the service modernisation programme have played a decisive role in managing demand better during 2010/11 and alleviating budget pressures through cost avoidance. However the ongoing impact of an ageing population means that demand pressures are likely to continue. Therefore successful delivery of the programme and the realisation of related benefits will be vital going forward if budget pressures are to be managed within tolerance levels.

Expenditure Trends – Residential and Nursing Placements

- From 2009/10 to 2010/11, demand from customers requiring either residential or nursing care increased by 24% (an additional 192 customers), whilst expenditure increased at a lower rate of 11%, resulting in an efficiency of £5.2m towards the departmental cost pressures. This large increase in client's numbers was partly due to the transfer of care responsibility for Learning Disability clients from PCT to LB of Brent under the "Valuing People Now" scheme.

- This trend is continuing into 2011/12, with projections identifying further efficiencies, demand growth of 1% year on year (an additional 14 customers) against a reduction in expenditure of 4%, a projected efficiency of £2.1m.

Item	2009/10	2010/11	Projections for 2011/12
Residential and Nursing Care costs	£38.7m	£42.8m	£41.3m
Residential and Nursing Care customer Numbers	799	991	1,005

The below table highlights efficiencies being made across all client groups, with the average weekly costs reducing across the board:

NURSING/ RESIDENTIAL CARE

Customer Group	Number of Customers 2010/11	Total Spend 2010/11 £'m	Average Weekly Cost 2010/11	Number of Customers 2011/12	Projected Spend 2011/12 £'m	Average Weekly Cost 2011/12
Older People	643	£20.3	£607	656	£20.4	£598
Learning Disabilities	187	£14.8	£1,522	186	£13.9	£1,437
Physical Disabilities	73	£3.3	£869	78	£3.4	£838
Mental Health	88	£4.4	£961	85	£3.6	£814
Total	**991**	**£42.8**	**£830**	**1,005**	**£41.3**	**£790**

The projected efficiencies are being achieved through influencing the external social care market. The department is working with private providers to reduce the costs of provision through better commissioning and procurement.

Our Performance–Finance

Expenditure Trends – Domiciliary care

- As with residential and nursing placements, the same trend is identifiable with domiciliary care for 2009/10 to 2010/11. Demand from customers requiring domiciliary care has significantly dropped by 17% (247 customers), whilst expenditure has decreased at a higher rate of 28%, resulting in an efficiency of £2.2m. The demand for services has been managed by the consistent application of the FACS criteria and sign posting service users to other government organisation where the FACS criteria is not met.

- This trend is continuing into 2011/12, with projections identifying further efficiencies. Demand is projecting to remain fairly stable year on year (an additional 14 customers) against a 20% reduction in expenditure, a projected efficiency of £2.9m. These projected additional efficiencies are being met due to better Commissioning activities that include purchasing Domiciliary care form a new West London Alliance framework contact. Demand for Domiciliary care is also being managed via the new Reablement Service.

Item	2009/10	2010/11	Projections 2011/12
Cost of Domiciliary Care	£19.0m	£13.6m	£10.9m
Domiciliary Care Customer Numbers	1,478	1,231	1,249

The below table highlights efficiencies being made across all client groups, with the average weekly costs reducing across the board:

DOMICILIARY CARE

Customer Group	Number of Customers 2010/11	Total Spend 2010/11 £'m	Average Weekly Cost 2010/11	Number of Customers 2011/12	Projected Spend 2011/12 £'m	Average Weekly Cost 2011/12
Older People	1,050	£11.20	£205	1,054	£8.60	£157
Learning Disabilities	31	£0.71	£440	37	£0.84	£437
Physical Disabilities	146	£1.70	£224	154	£1.50	£187
Mental Health	4	£0.03	£125	4	£0.02	£96
Total	**1,231**	**£13.64**	**£213**	**1,249**	**£10.96**	**£169**

Our Performance–Finance

Spend of Client Groups

- During 2010/11, the department focused on delivering front line services to an increasing population and has worked hard to ensure that backroom functions are as streamlined as possible to ensure that Value for Money is being delivered. In 2011/12 this decision to focus on front line services will be further secured by the restructure of the Adult Social Care department via the Customer Journey project.

- This focus in 2010/11 is highlighted in the below table which clearly highlights a 31% reduction in spend on non front line services.

Year End Out-turn Customer Groups	2009/10	2010/11	Movement	%
Older People	£37,237,837	£38,698,612	£1,460,775	3.9%
Learning Disabilities	£19,918,362	£21,200,636	£1,282,274	6.4%
Physical Disabilities	£14,524,327	£13,800,226	-£724,101	-5.0%
Mental Health	£11,145,208	£11,598,725	£453,517	4.1%
Directorate	£9,071,831	£6,259,118	-£2,812,713	-31.0%
Total	**£91,897,565**	**£91,557,317**	**-£340,248**	**-0.4%**

2011/12 and beyond

In 2011/12 and beyond, the pressure to deliver a high quality, demand led service, with positive outcomes for service users within a reducing resource remains. The other main medium and long-term financial challenges in 2011/12 and beyond are:

- Managing a statutory service with stipulated criteria for accessing services within a context of reducing resources.

- Integrating health and social care.

- Influencing the external social care market efficiently and effectively in a turbulent environment. For example mitigating the impact of inflation on pricing, monitoring the impact of private providers like Southern Cross suddenly declaring financial difficulties.

- The risk of legal challenges against local authorities using tighter eligibility criteria which will enforce the authority to relax the assessment process. If materialized this will have a large financial impact on the ASC budget.

- The proposed capping of client contributions at £60,000.

- The current projected position for 2011/12 is showing the positive direction of travel continuing with additional efficiencies being found within backroom functions

Our Performance–Finance

Service Area	2011/12 Budget	Forecast Out-turn	Variance
Older People	£33,882,279	£33,753,377	-£128,903
Learning Disabilities	£31,469,248	£32,552,163	£1,082,915
Physical Disabilities	£11,713,810	£11,728,089	£14,279
Mental Health	£7,949,395	£9,019,662	£1,070,267
Directorate	£4,131,268	£2,590,268	-£1,541,000
TOTAL	**£89,146,000**	**£89,643,558**	**£497,558**

Our Performance–Statistics

National Indicator Set comparisons with our statistical neighbours

2010/11 Summary

Indicator definition	Brent	Comparator Group	England
NI 125: Achieving independence for older people through reablement intermediate care.	87.00%	87.80%	83.10%
NI 127: Self reported experience of social care users.	17.50%	17.90%	18.60%
NI 130: Social Care clients receiving self directed support (direct payments, individual budgets etc.)	32.50%	27.20%	30.10%
NI 131: Average weekly number of delayed transfers of care per 100,000 population (ability of the whole system to cope with seamless hospital discharge)	4.5	5.1	12.9
NI 135: Carers receiving needs assessment or review and a specific carer's service or advice or information.	19.00%	24.70%	28.50%
NI 145: Adults with learning disabilities in settled accommodation.	78.10%	61.10%	61.00%
NI 146: Adults with learning disabilities in employment.	5.70%	7.80%	7.20%
NI 149: Adults receiving secondary mental health services in settled accommodation.	59.60%	72.60%	66.60%
NI 150: Adults receiving secondary mental health services in employment.	7.00%	6.50%	9.00%

Section 10

Our Performance–Data

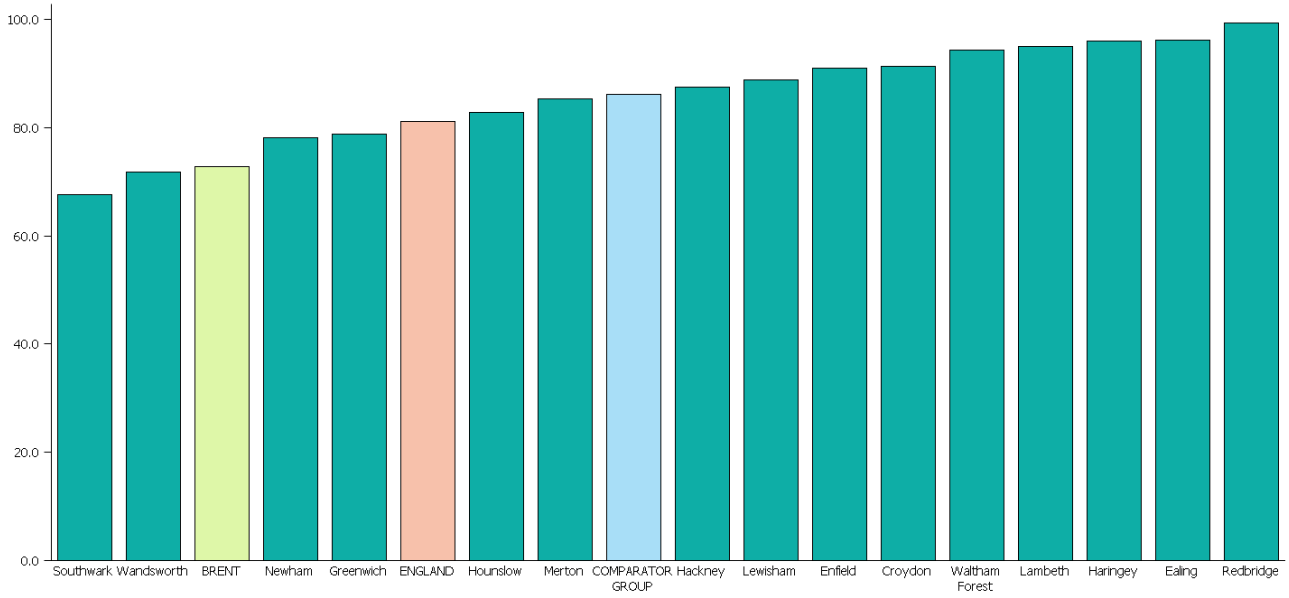
National Social Care Intelligence Services (NASCIS) national indicator comparison trends.

Timeliness of Responses

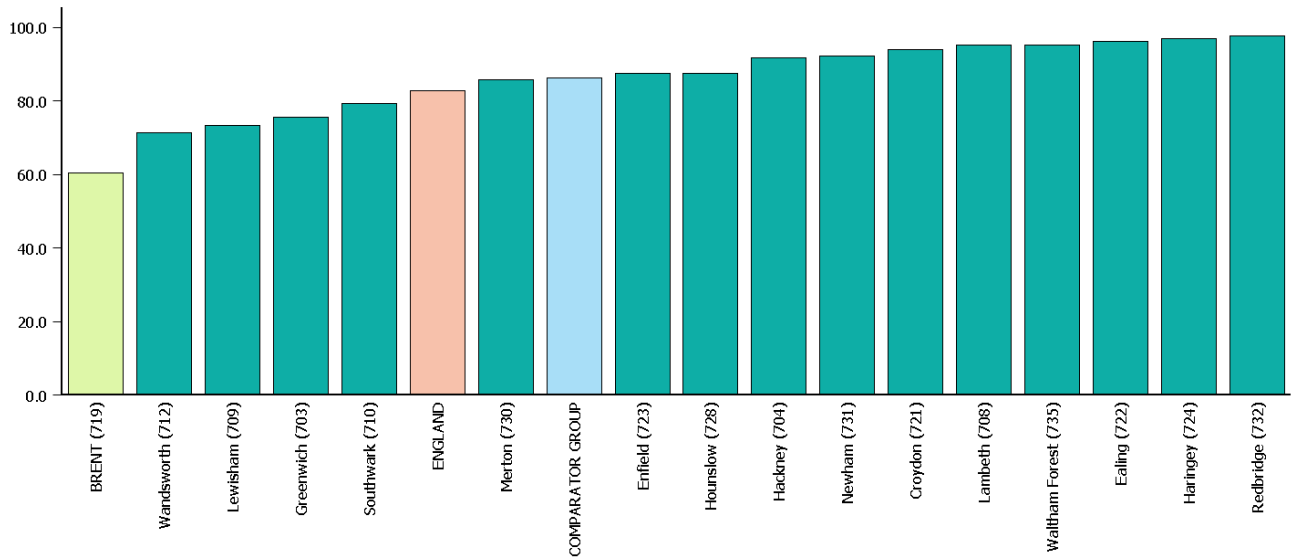
Status Red

NI 132: Timeliness of Social Care Assessments

2008/09



2009/10



Our Performance–Data

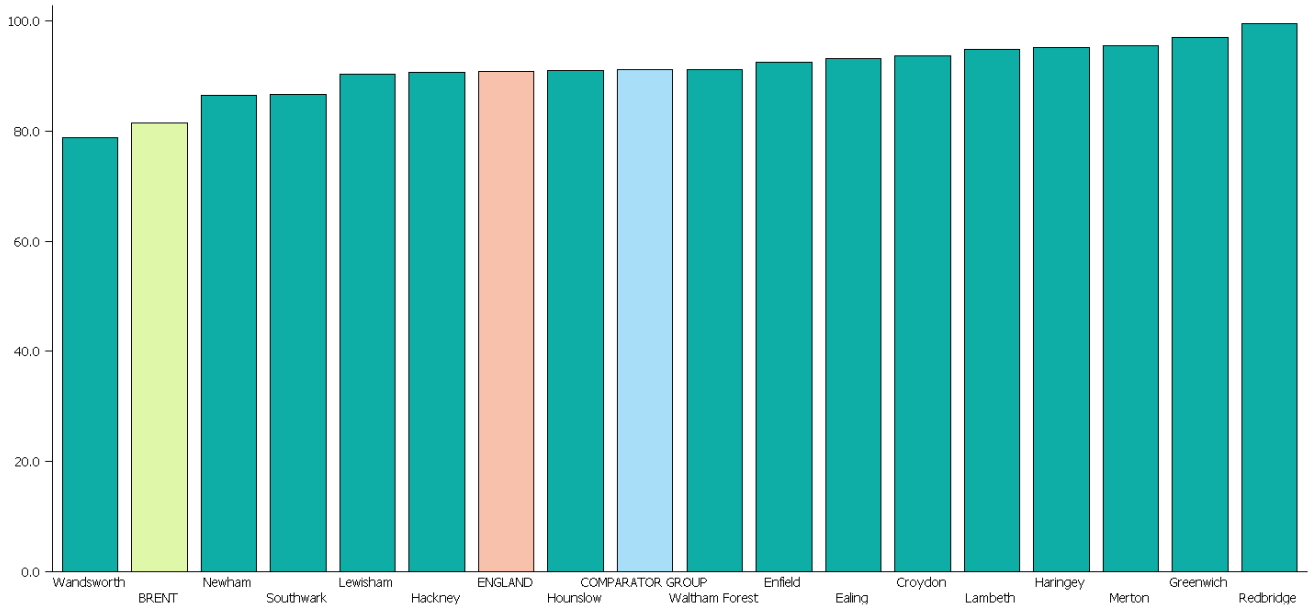
National Social Care Intelligence Services (NASCIS) national indicator comparison trends.

Timeliness of Responses

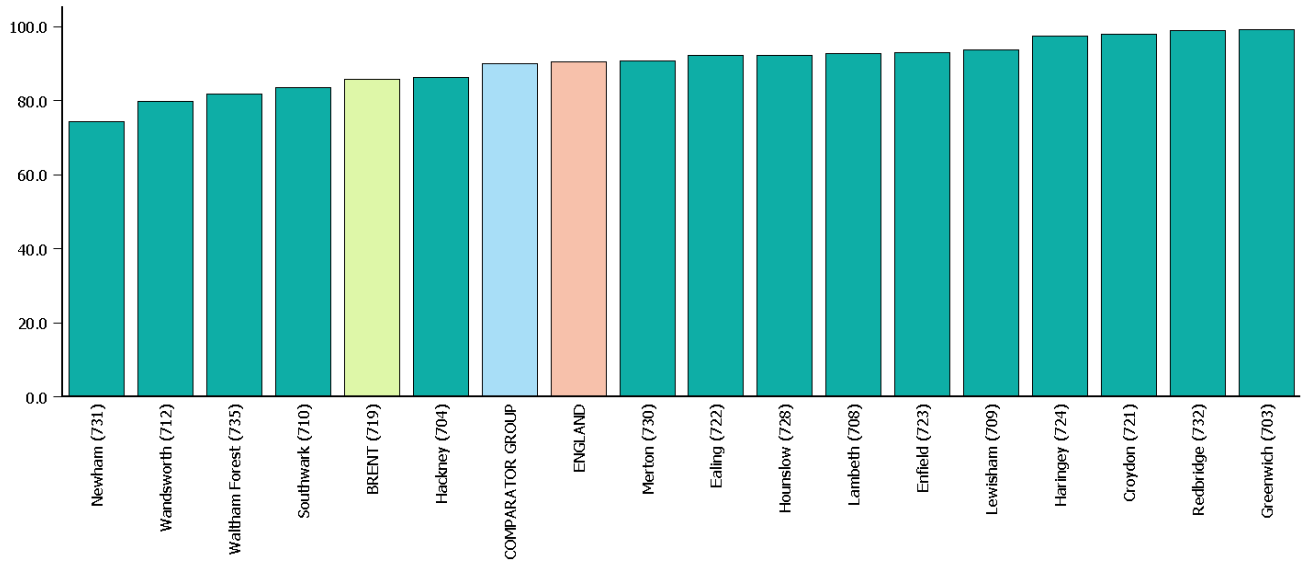
Status Green

NI 133: Timeliness of Social Care Packages

2008/09



2009/10



Our Performance–Data

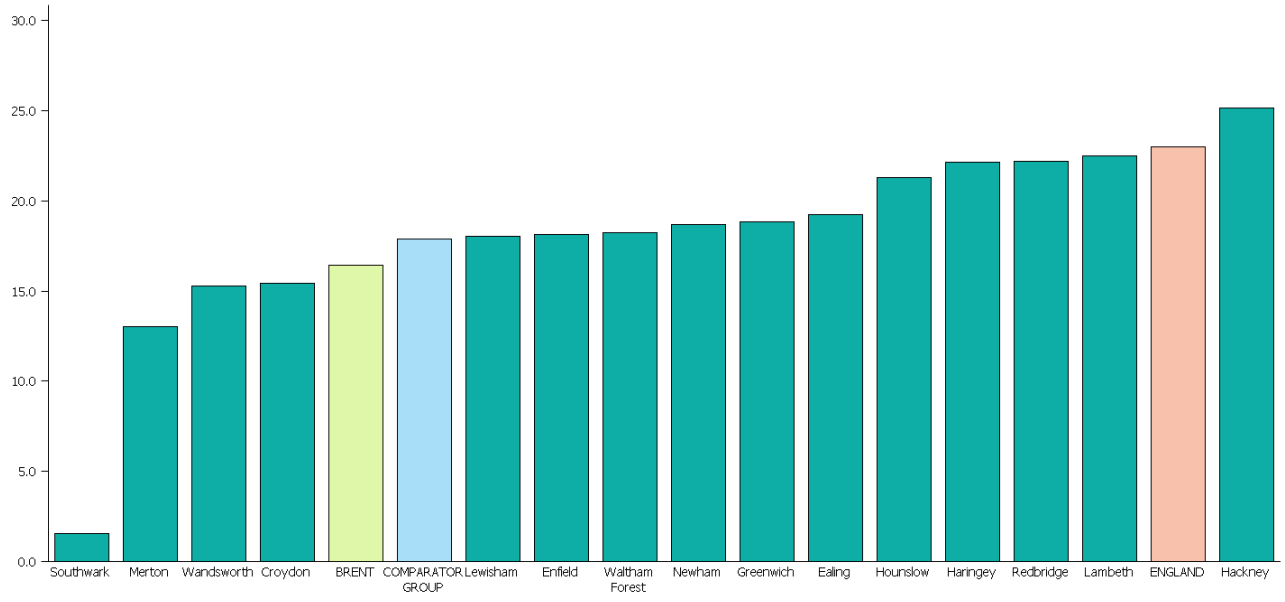
National Social Care Intelligence Services (NASCIS) national indicator comparison trends.

Timeliness of Responses

Status Green

NI 135: Carers receiving needs assessment, review, advice or information

2008/09



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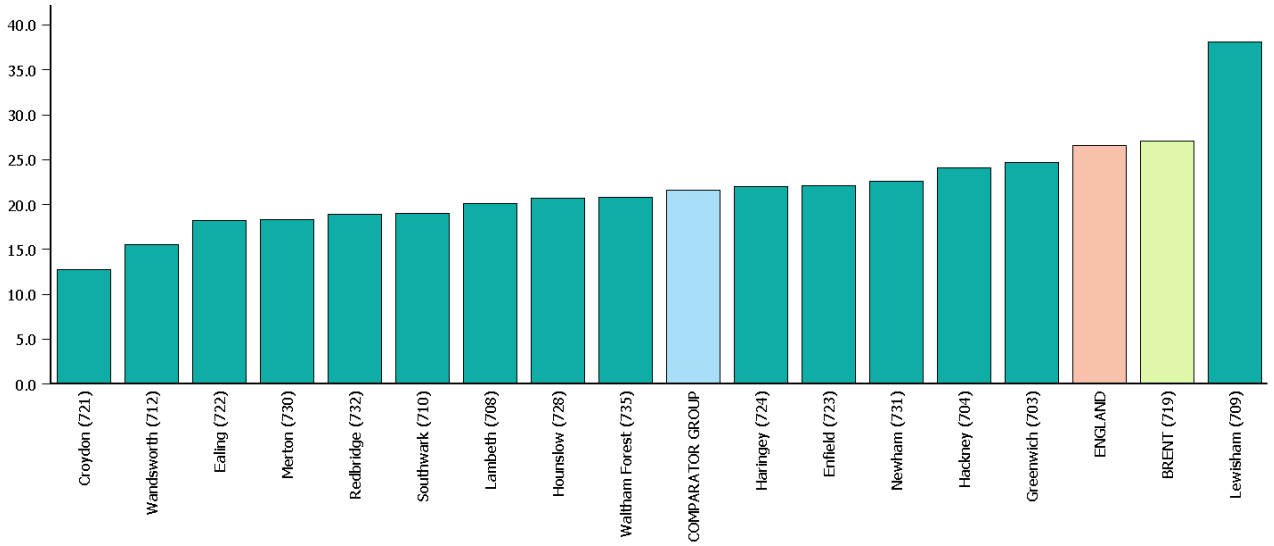


Our Performance–Data

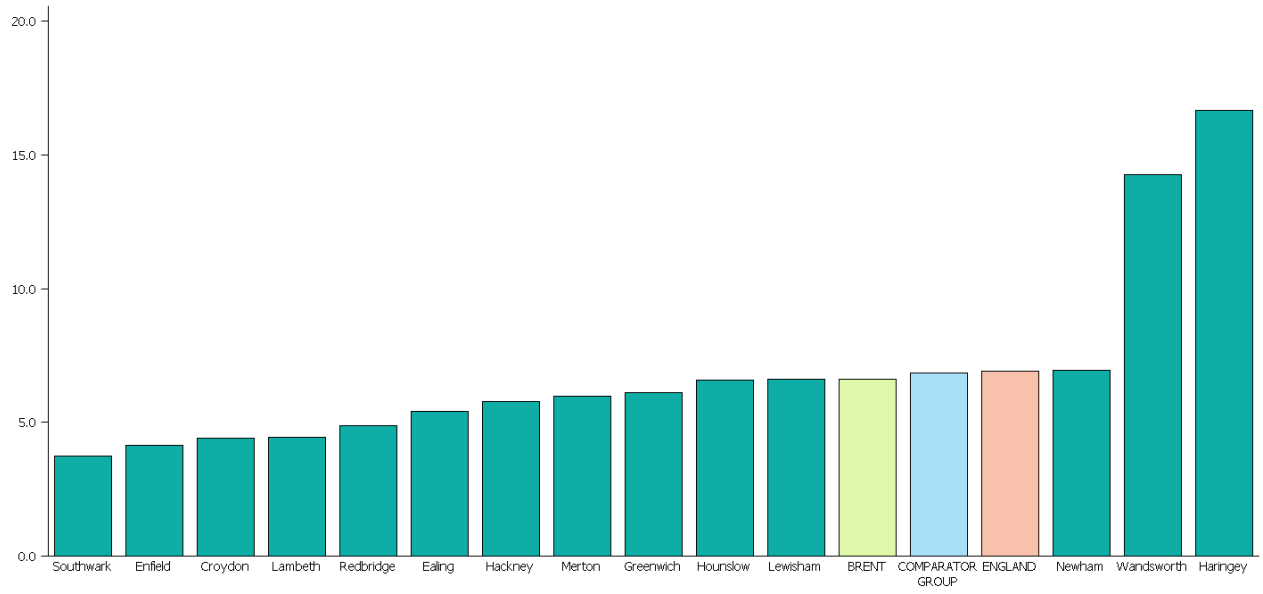
National Social Care Intelligence Services (NASCIS) national indicator comparison trends.

Long-term Care Provision

Status Green

NI 130: Clients receiving self directed support (direct payments, individual budgets)

2008/09



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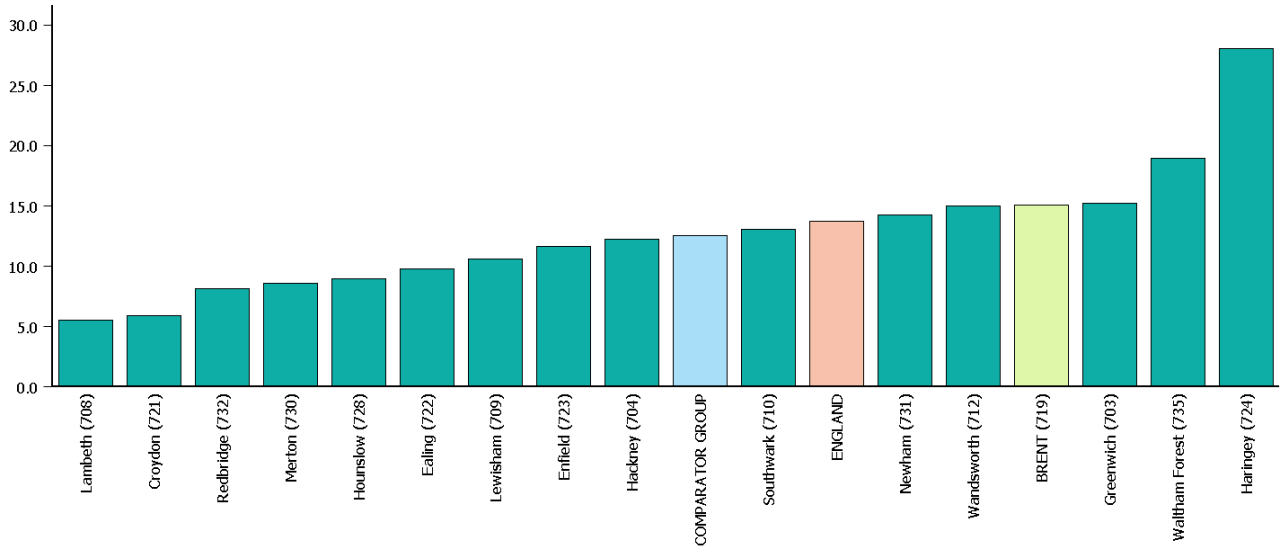


Section 10

Our Performance–Data

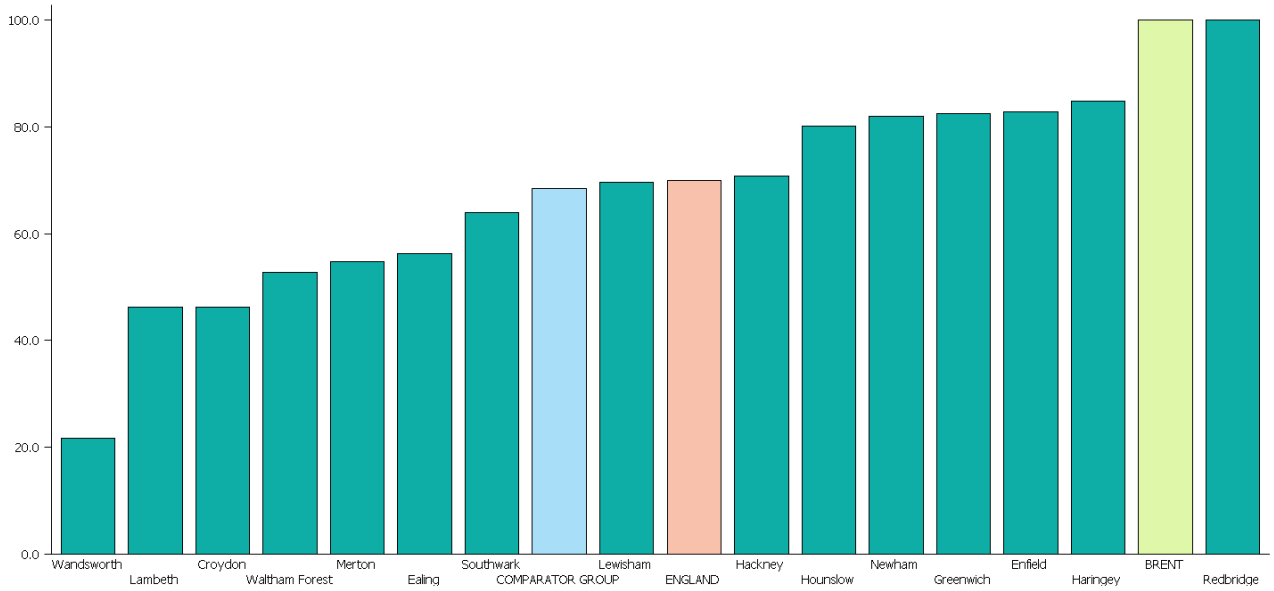
National Social Care Intelligence Services (NASCIS) national indicator comparison trends.

Long-term Care Provision

Status Green

NI 145: Adults with Learning Disabilities in settled accommodation

2008/09



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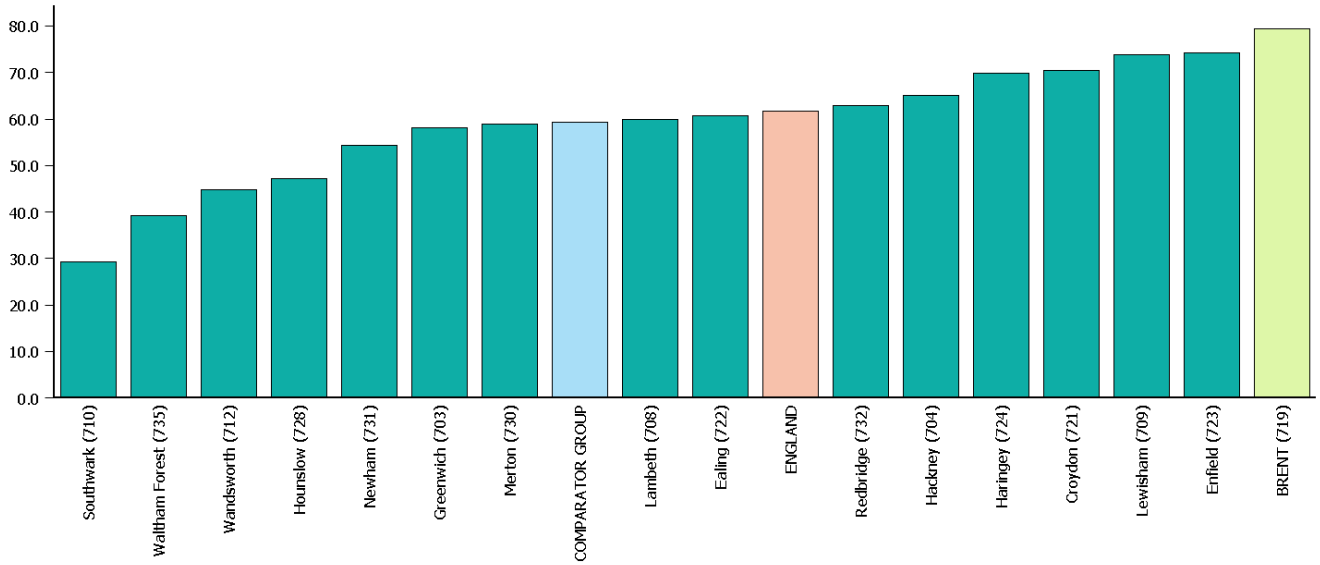


Our Performance–Data

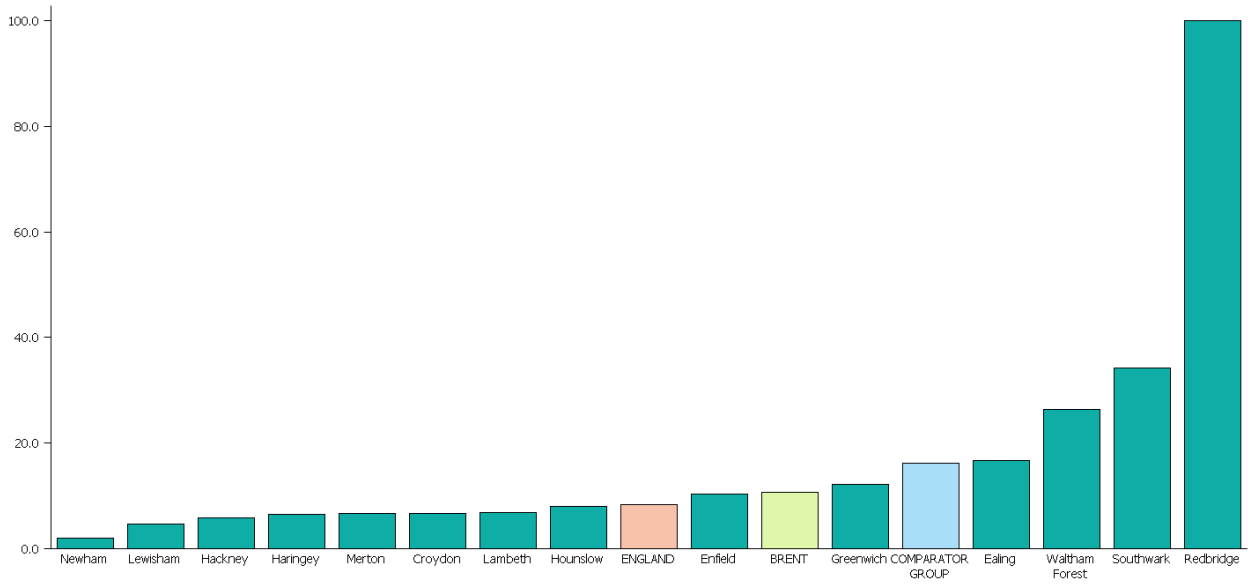
National Social Care Intelligence Services (NASCIS) national indicator comparison trends.

Long-term Care Provision

Status Amber

NI 146: Adults with Learning Disabilities in employment

2008/09



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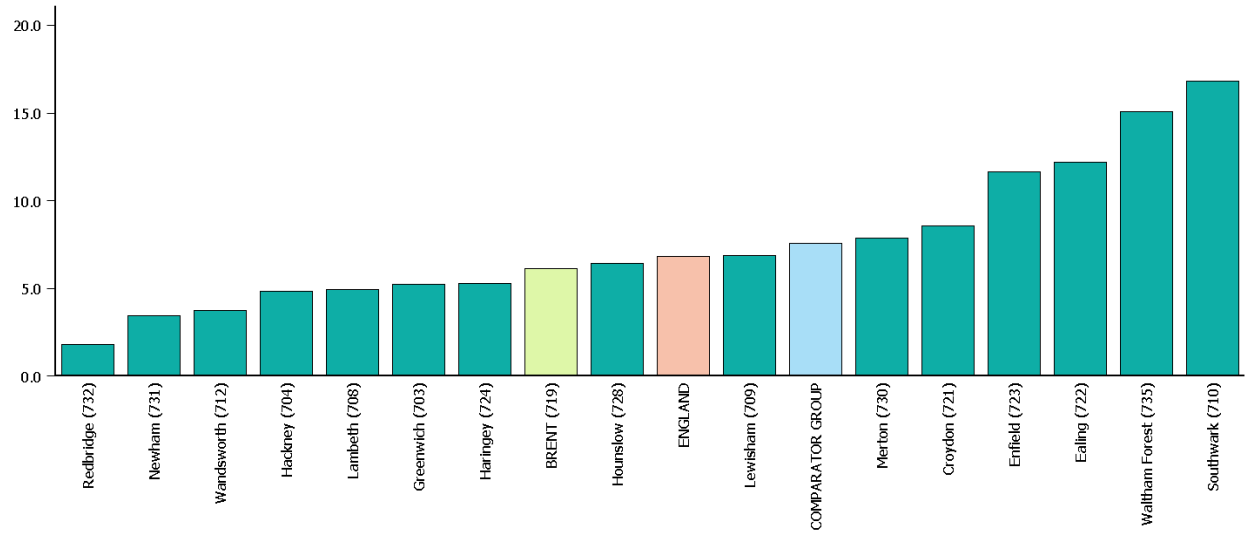


Our Performance–Data

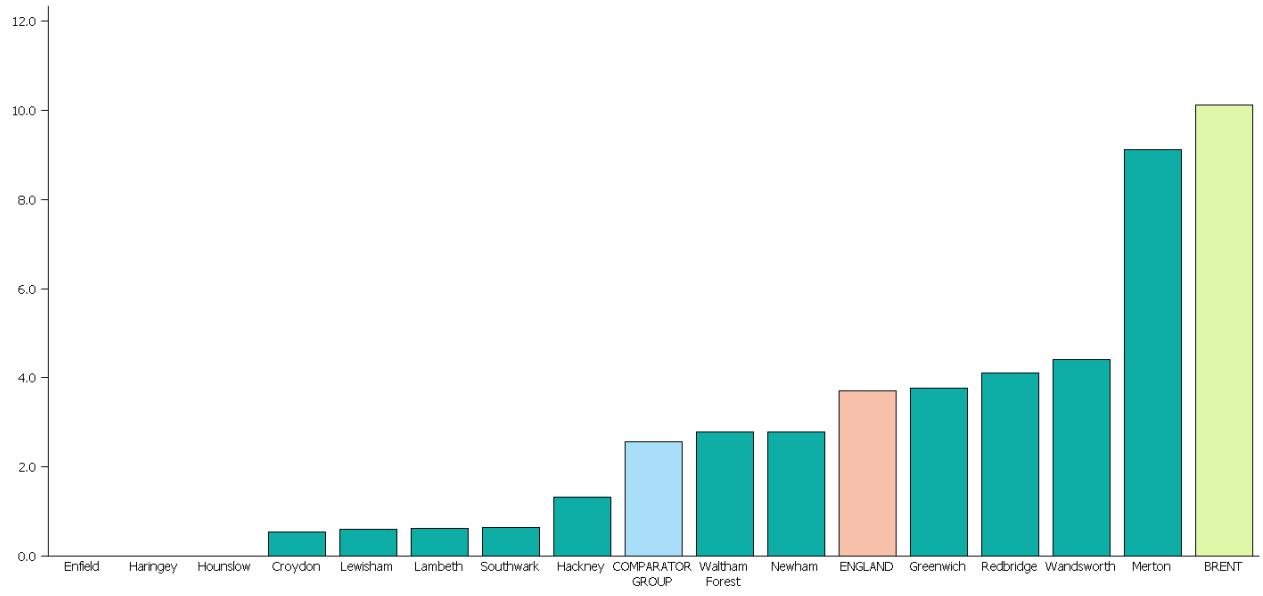
National Social Care Intelligence Services (NASCIS) national indicator comparison trends.

Long-term Care Provision

Status Amber

NI 150: Adults receiving secondary mental health services in employment

2008/09



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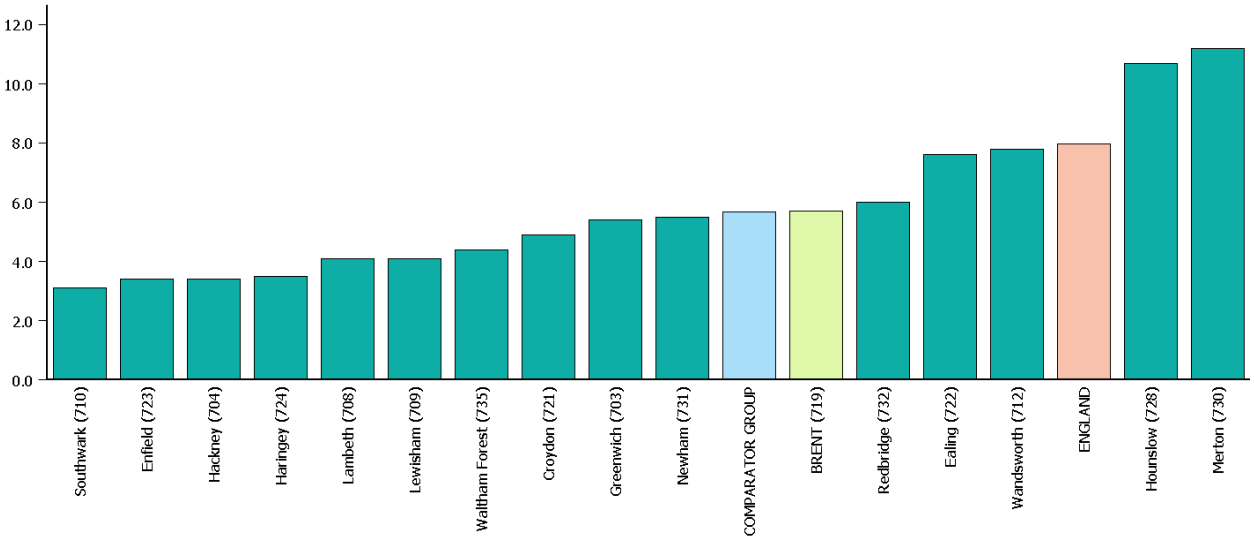


Our Performance–Data

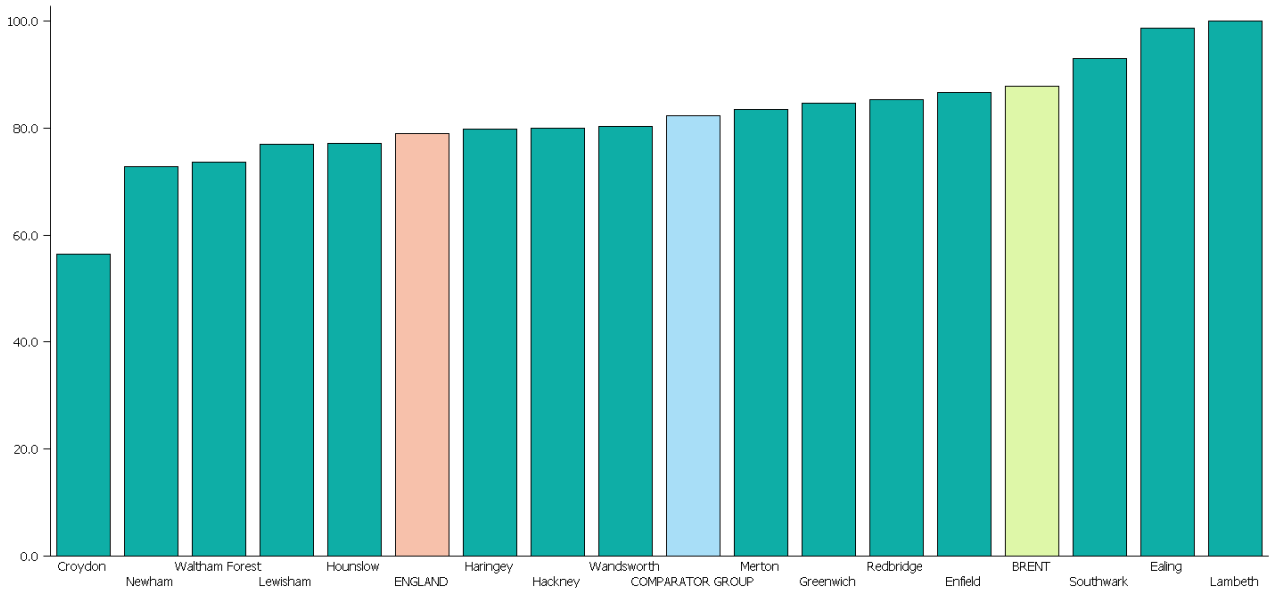
National Social Care Intelligence Services (NASCIS) national indicator comparison trends.

Achieving Independent Living

Status Green

NI 125: Achieving independence for older people through reablement (intermediate care)

2008/09



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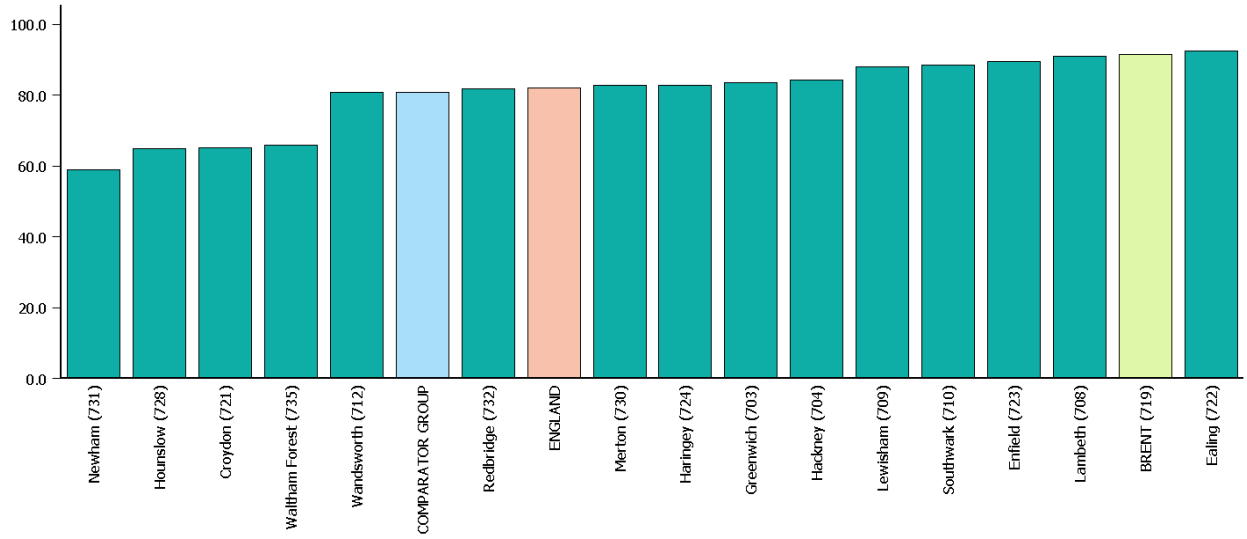


Our Performance–Data

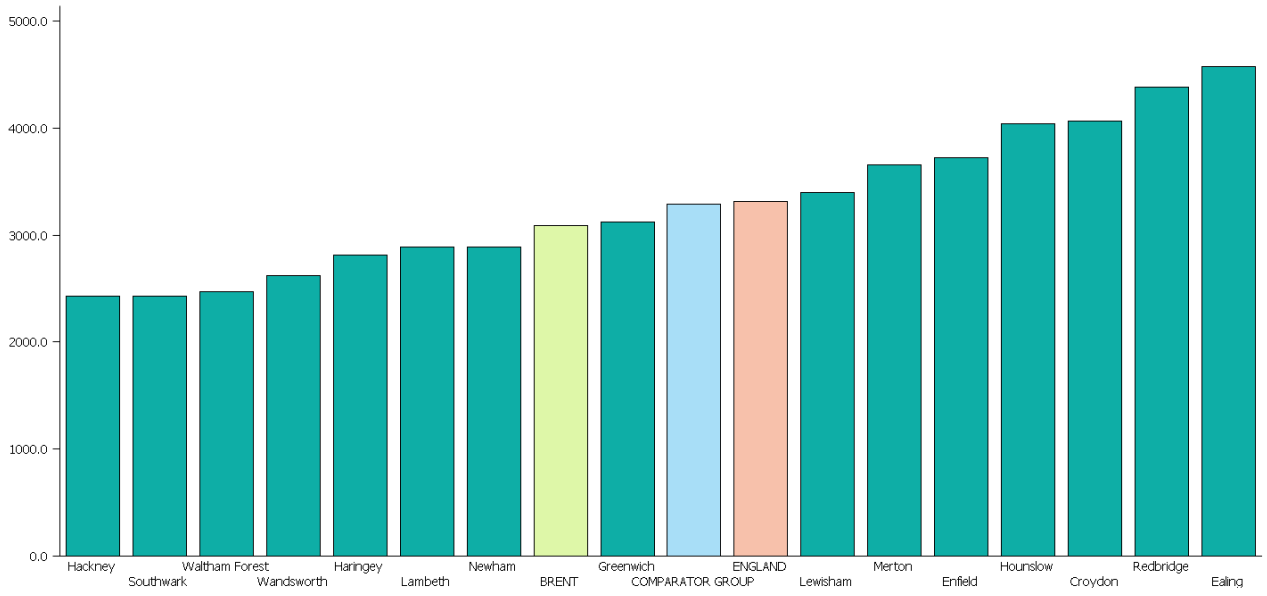
National Social Care Intelligence Services (NASCIS) national indicator comparison trends.

Achieving Independent Living

Status Green

NI 136: People supported to live independently through social services.

2008/09



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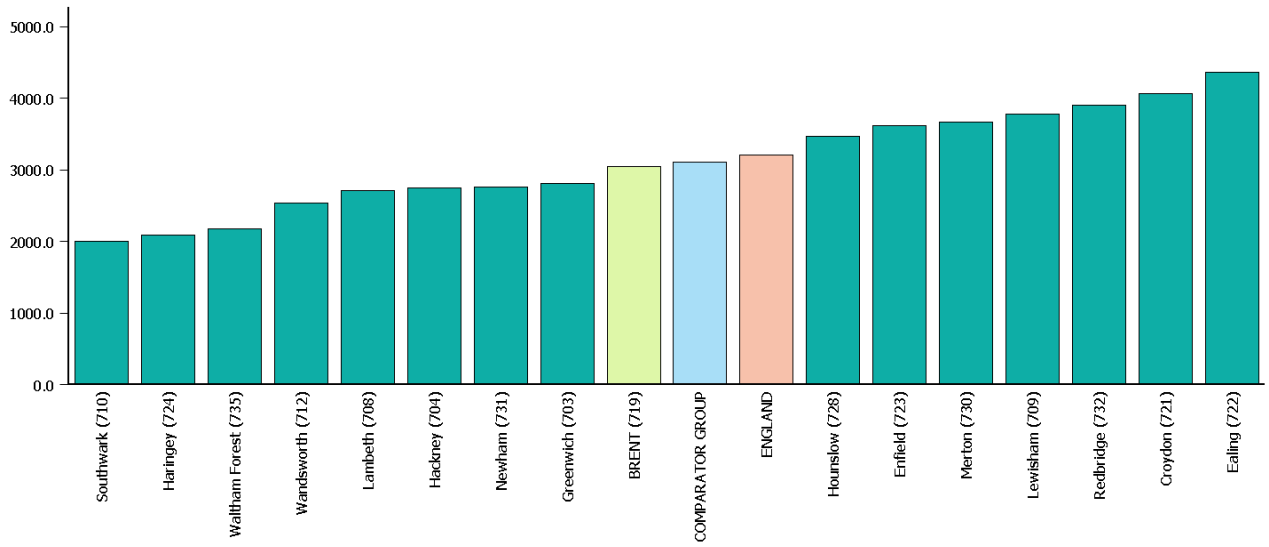

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