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Adult Social Care Aims

Adult Social Care (ASC) works in partnership with the local health service and the independent and voluntary sector to provide personal and practical support to help people lead full and active lives, maintain their independence and dignity, and have choice and control as far as they can.

Some people need practical care or support to do everyday things (such as wash, dress, go out) that most of us take for granted. They need this support to lead a safe, independent life which improves their wellbeing. They might need help because of their age, because they have a learning disability, a physical disability or a mental health illness. The number of people who need this support is growing as people live longer with more complex medical conditions.

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

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

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

The department continues to work hard to deliver our key priorities, which are:

Zero tolerance of abuse

This 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.

Prevention

This priority involves supporting 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 (i.e. libraries and leisure centres) to work with voluntary and community groups.

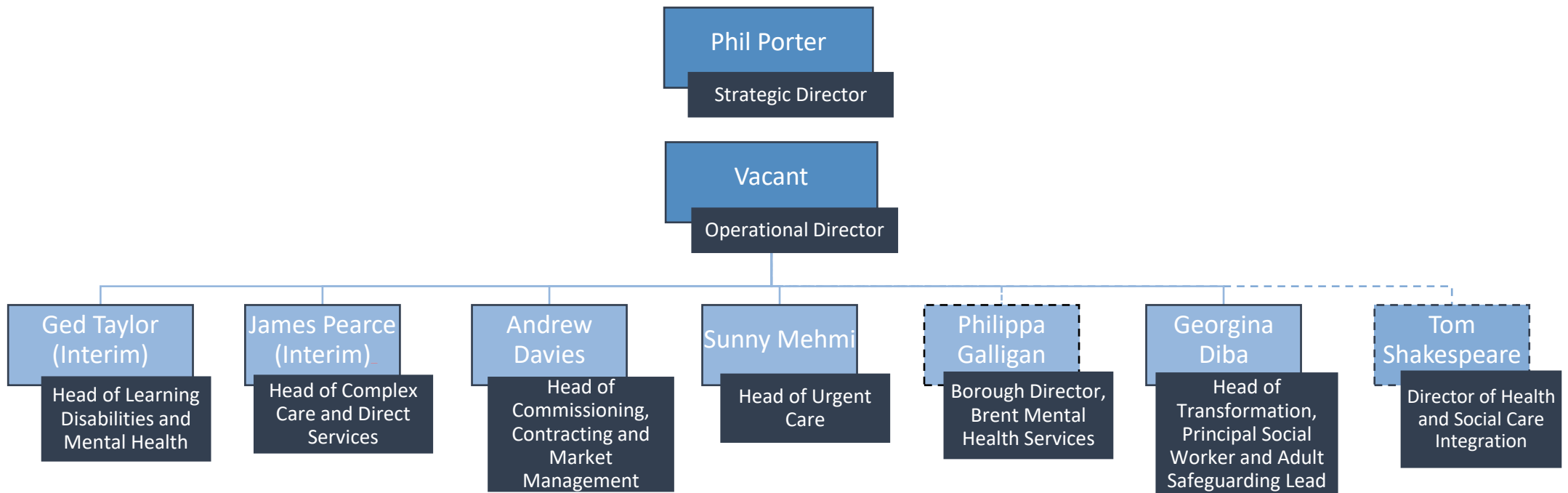
Early intervention

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 can range from provision of reablement homecare services to telecare and community equipment.

Choice and control

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 service they want to meet their individual needs. Choice and control will mean different things to different people but for many people a Direct Payment would be appropriate.

Adult Social Care Leadership Structure



Learning Disabilities and Mental Health

- Management of statutory Mental Health responsibilities and oversight of joint arrangements with CNWL
- Assessing eligibility under Care Act 2014, support planning and reviews of residents with Learning Disabilities
- Work closely with younger residents with learning disabilities and transition from 0-25 service

Urgent Care

- Ensuring effective Hospital Flow of Brent Residents
- Home First discharges and assessments
- Providing Reablement services to avoid residents requiring long term care
- ASC Front Door assessment and prevention functions
- Management of the Community Equipment contract

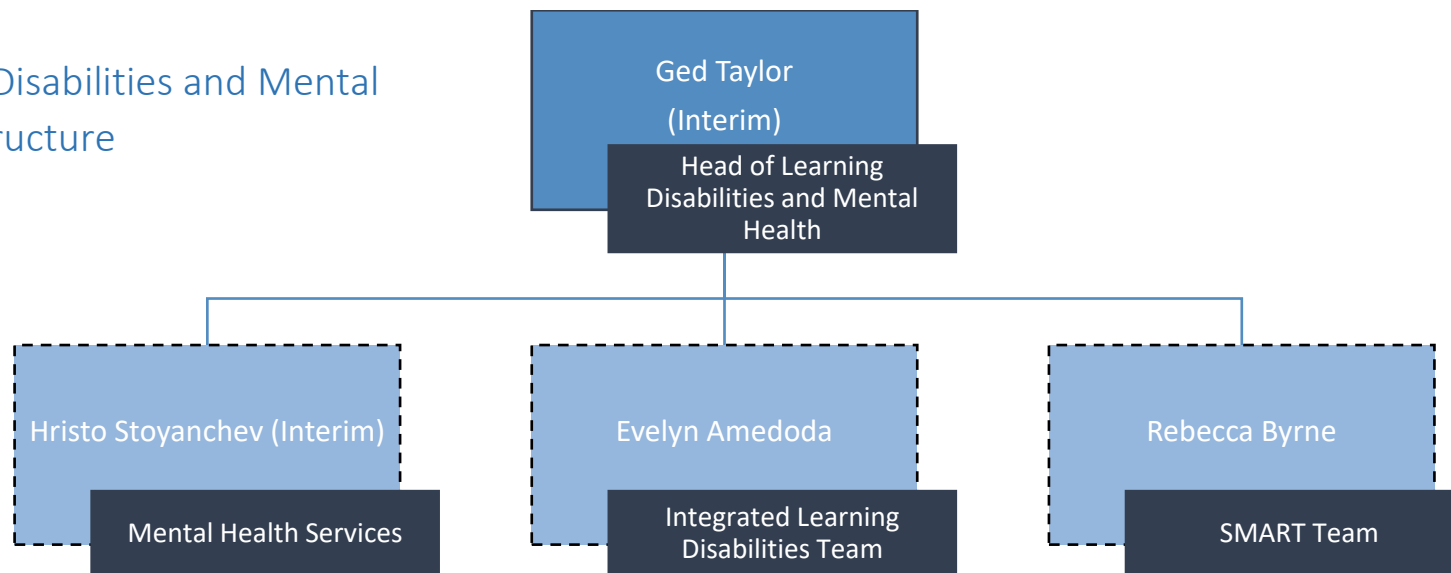
Complex Care and Direct Services

- Assessing eligibility (Care Act 2014) and undertaking support planning with residents in need of social care including older adults, people with a physical disability, sensory impairment or learning disability
- Ensuring timely annual review of existing social care support; ensuring quality, proportionate support that meets needs and represents value for money
- Ensuring a smooth transition for young residents transferred from the Children and Young People department to ASC
- Supporting people to remain in their own homes for as long as possible (maximise independence and minimise intrusion)
- Direct provision of two day centres and Tudor Gardens residential care home
- Undertaking best interest decisions for individuals without capacity

Commissioning, Contracting and Market Management

- Understanding the demographics and current/ future needs of Brent residents
- Commissioning services that reflect the needs of Brent residents
- Managing all stages of the commissioning cycle
- Monitoring the state of the provider markets and encouraging market development where required
- Monitoring existing contracts and provider performance and quality
- Purchasing packages of care and making adjustments as required
- Reviewing the quality of placements with a focus on outcomes for customers

Learning Disabilities and Mental Health Structure



Key Achievements & Outcomes

- MH Services continue to work on reducing the number of people in residential and nursing placements
- Learning Disabilities staff have been heavily involved in support residents during the pandemic, regularly checking in and arranging additional support for residents where necessary

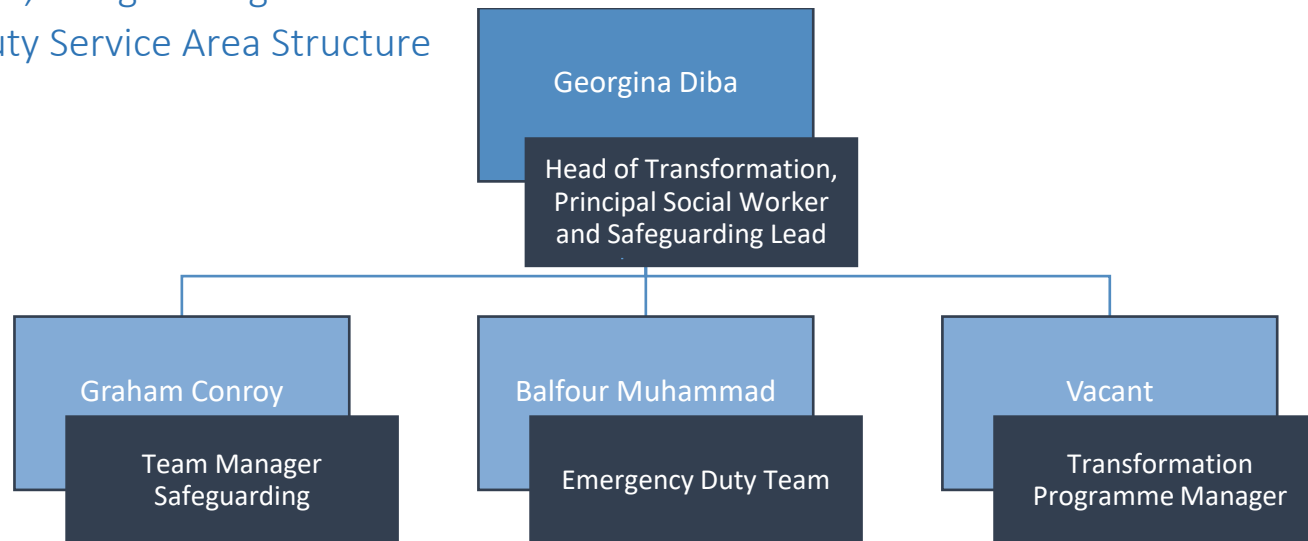
Objectives & Targets

- Enhancing the quality of safeguarding and care assessments within Mental Health
- The Learning Disability Team is moving away from fully integrated operational teams, though multi-disciplinary working with health services will continue and joint working will remain important to ensure high quality services for residents

Challenges

- Culture change in MH services to enable a greater recovery, independence and safeguarding focus from staff.
- Moving away from a full integration model to a disaggregated model while keeping the level of joint working high and retain quality of services high for the benefit of residents

Transformation, Safeguarding and Emergency Duty Service Area Structure



Key Achievements & Outcomes

- Successful pilot site for DHSC Workforce Race Equality Standard 2021-22
- Robust data system and improvement pathway for adults under DoLS
- Increase in Making Safeguarding Personal and application for framework for decision making under statutory safeguarding
- Learning and development opportunities widened, increasing skills and knowledge base
- Improvement in reflective practice opportunities and strength based application

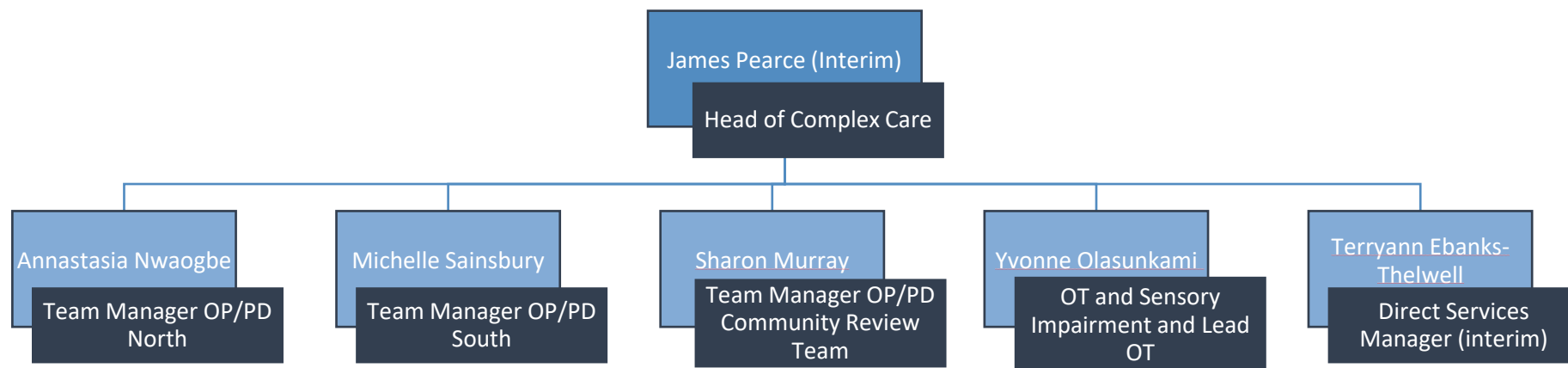
Objectives & Targets

- Embed new safeguarding structure and processes
- Transitional safeguarding approach joint with CYP department
- Continuous improvement in application of ASC Practice Framework
- Quality assurance framework embedded leading to consistency of practice

Challenges

- Supporting staff to maintain wellbeing alongside continued service delivery
- Increase uptake of learning and development opportunities, including champion roles
- Benefit realisation to transformation programme in light of C19 delay

Complex Care Service Area Structure



Key Achievements & Outcomes

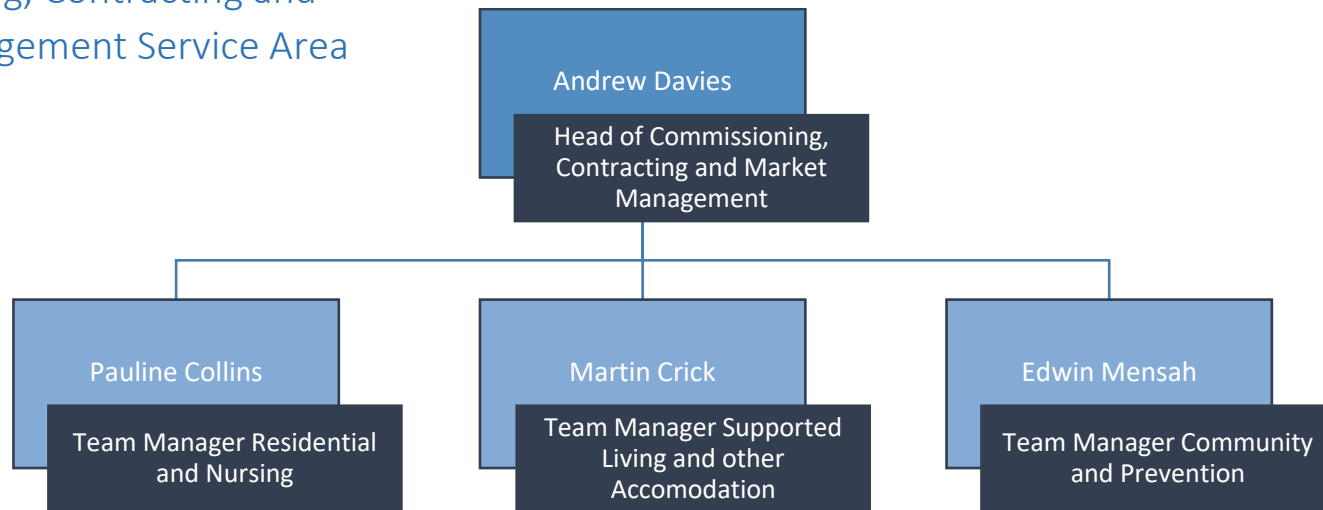
- Complex case discussion protocol implemented between Housing and ASC
- Hoarding protocol launched across partners
- Waiting lists for all teams reduced to under 1 week.
- Percentage of clients receiving an annual review increased to 84%
- Progression of Day Service Model , particularly with regards to digital offer
- Deregistration of Tudor Gardens

Objectives & Targets

- Ensure annual review for all residents receiving a package of care
- Become a Dementia Friendly Borough by 2021
- Alignment of the Improving Residents Experience programme with work on WSIC
- Repurposing of Day Services and further progression of Day Care offer to incorporate, 4 strands of support. Resolve CHC disputes and improve governance processes to enable better oversight and control of CHC processes
- Delivery of the objectives in the dementia strategy, dementia specific services and progress on the dementia friendly borough
- Increased training and supervision for staff on MCA & CHC

Challenges

- Ensuring equitable access to CHC funding
- Recruitment of sufficient OTs within the service to meet demand
- Sufficient skills within the market to support people with complex needs



Key Achievements & Outcomes

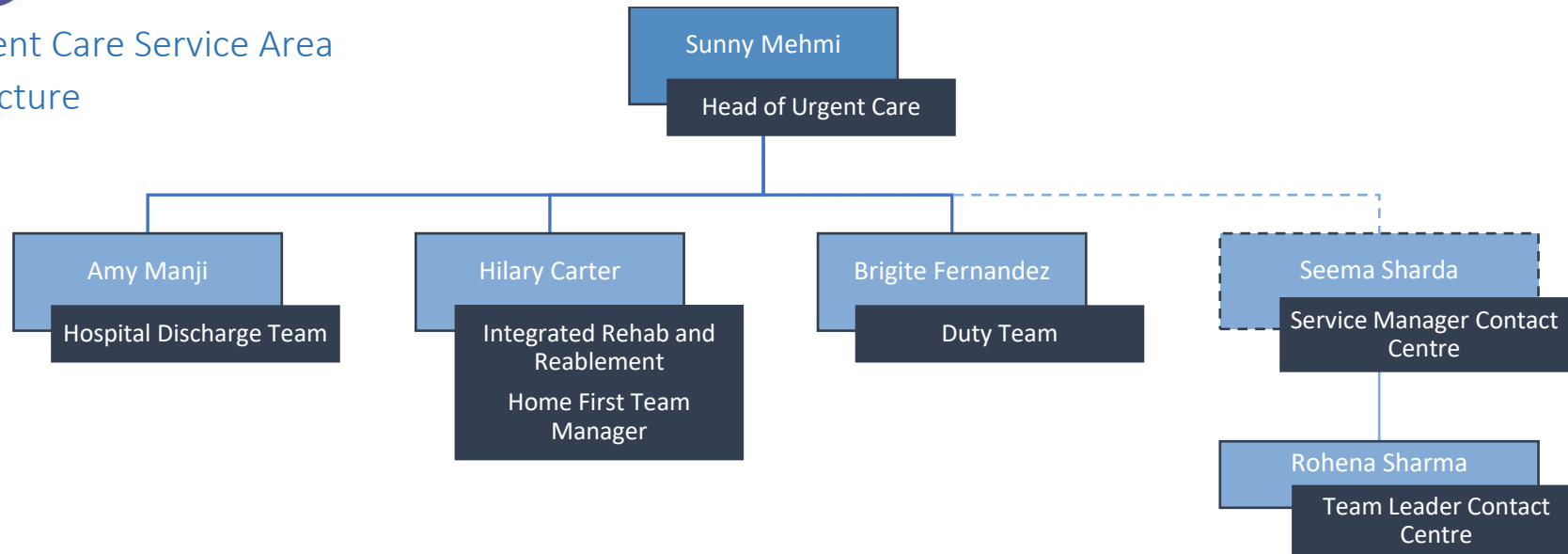
- NAIL project – 550 units of accommodation delivered, achieving £7.9m of savings to the council.
- Homecare services re-tendered. Brent's commissioned homecare services will be delivered in line with the Unison Care Charter and care workers will be paid the London Living Wage.
- Led Brent's response with social care providers to the Covid-19 pandemic, to ensure minimal service disruption to clients, through maintaining stability in the provider sector.

Objectives & Targets

- New Accommodation for Independent Living (NAIL) programme - deliver additional 300 properties and commission care for supported living and extra care services to realise financial savings of £5m.
- Recommissioning and transform day care services promoting personalisation for residents.
- Recommission Housing Related Support services in line with agreed strategic priorities.
- Establish Brent's homecare framework, to compliment our lead provider model already commissioned.
- Engage with the market to promote sustainable high quality care in residential and nursing sectors
- Deliver a programme of improvement for care homes with the NHS.

Challenges

- Managing market failure and preparing contingency plans, particularly in the light of the Covid-19 pandemic
- Developing high quality services in borough for those with a learning disability, autism, mental health problems and dementia with challenging behaviours
- Full implementation of new homecare contracts during 2020.
- Developing a personalised model of commissioning whilst maintaining control of provider quality and performance



Key Achievements & Outcomes

- Made significant improvements to the Delayed Transfers of Care statistics, reducing the number of such cases we were responsible for
- One of the leading London boroughs in implementing Home First
- No waiting lists for residents awaiting care act assessment
- Effective reablement services

Objectives & Targets

- Continue to embed and deliver Home First across all hospitals
- Review Reablement Services to bring in house the homecare element
- Design and deliver outputs of the Newton Europe work to further embed and improve discharge
- Integrate Duty Team's interface with Brent Customer Services.

Challenges

- Managing and Influencing Health partners and commissioners to deliver integrated services and whole system approach to discharge
- Resistance to further changes in Duty structure need for long term assistance
- Continuing to review equipment and revise process for accessing

Adult Social Care is not available to everyone, there are national eligibility criteria determined by the Care Act 2014. After completion of the needs assessment process, the local authority will determine whether the person has eligible needs. The Act introduces national eligibility threshold, which consists of three criteria, all of which must be met for a person's needs to be eligible.

An adult meets the eligibility criteria if:

- Their needs are caused by physical or mental impairment or illness
- As a result of the adults needs they are **unable to achieve** two or more **specified outcomes**
- As a consequence there is or is likely to be a significant impact on the person's well-being

The **specified outcomes** are:

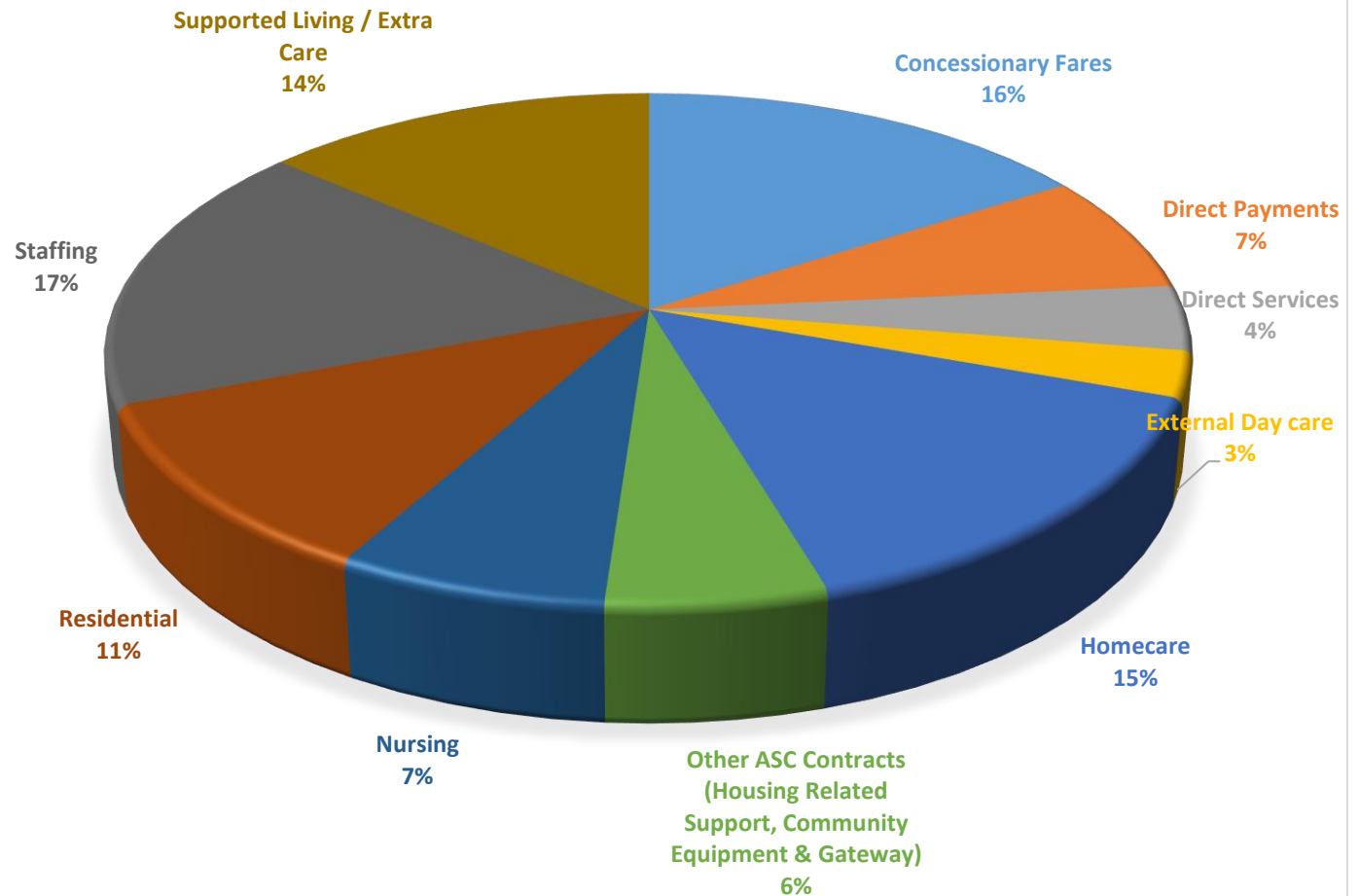
- Managing and maintaining nutrition
- Maintaining personal hygiene
- Managing toilet needs
- Being appropriately clothed
- Being able to make use of the home safely
- Maintaining a habitable home environment
- Developing and maintaining family or other personal relationships
- Accessing and engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community including public transport and recreational facilities or services
- Carrying out any caring responsibilities the adult has for a child

An adult is to be regarded as being **unable to achieve** an outcome if the adult:

- is unable to achieve it without assistance;
- is able to achieve it without assistance but doing so causes the adult significant pain, distress or anxiety;
- is able to achieve it without assistance but doing so endangers or is likely to endanger the health or safety of the adult, or of others; or
- is able to achieve it without assistance but takes significantly longer than would normally be expected.

Spend category	Budget £m	%
Concessionary Fares	15.8	15.9%
Direct Payments	7.5	7.5%
Direct Services	4.1	4.1%
External Day care	2.9	2.9%
Homecare	14.8	14.9%
Other ASC Contracts (Housing Related Support, Community Equipment & Gateway)	5.7	5.7%
Nursing	7.0	7.1%
Residential	10.8	10.9%
Staffing	17.0	17.2%
Supported Living / Extra Care	13.6	13.7%
Total	99.2	100%

ASC 2020-21 NET BUDGET (%)



Key local challenges

1. Health and Well-Being**Key Brent challenges:**

- **Childhood obesity** rates higher than England average: 24% of year 6 pupils were measured as obese (2012/13).
- **Unemployment:**
 - 34,600 working age people have a long-term illness or disability – only 48.5% are in employment.
 - Only 23% of people with depression, learning difficulties, mental health issues or other nervous disorders in employment.
 - Lower than both London and England averages.
- **Mental illness** - 1.1% affected by severe and enduring mental illness, higher than the national average.

Shared Brent priorities:

- **Fostering self-care/resilience and independence** to improve population health
- **More focus on prevention and healthy lifestyles**, in addition to obesity
- **Early diagnosis and support** for LTCs
- **Employment and housing** to underpin mental wellbeing, including:
 - Brent to be a Dementia Friendly Borough

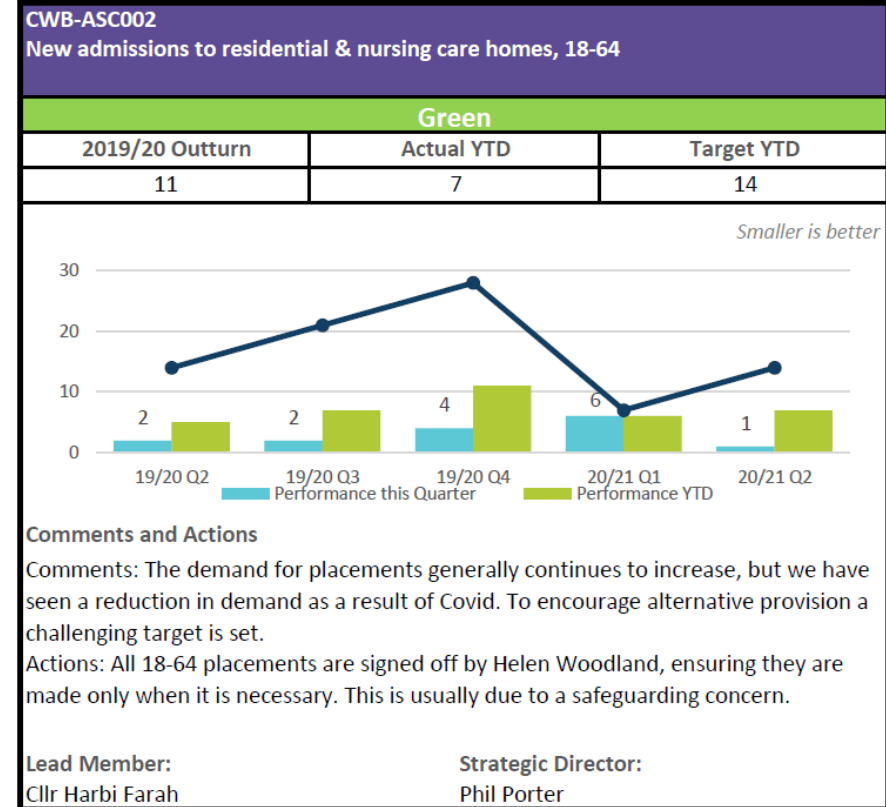
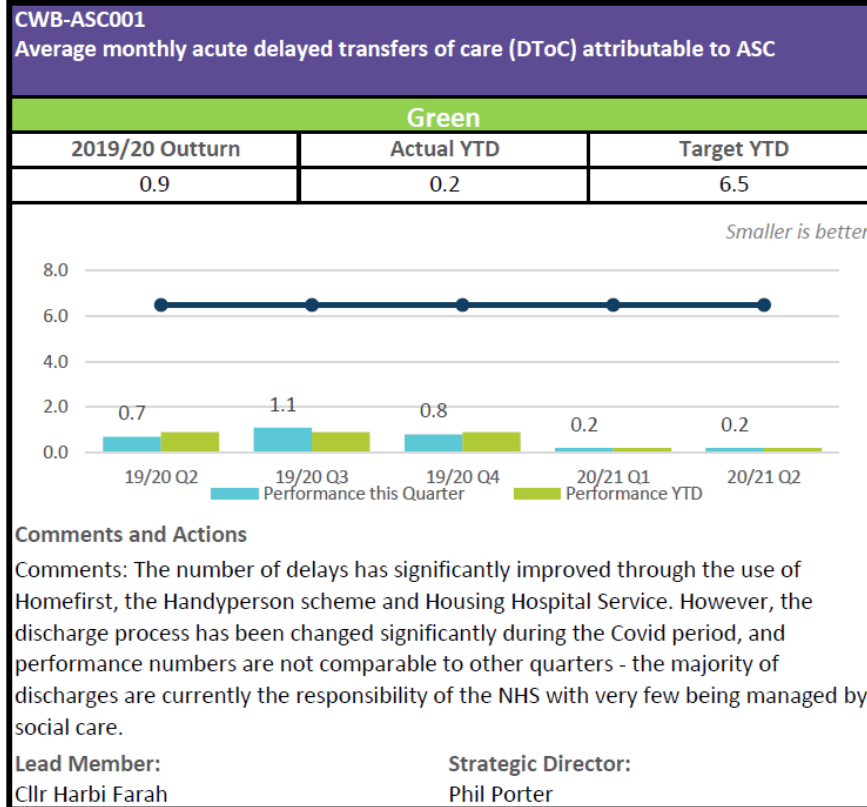
2. Care and Quality

Key Brent challenges:

- Brent is the most **densely populated** outer London borough (321,009 people)
- **Aging population** - 35% of all emergency admissions in Brent are for those over aged 65:
 - Longest stays in hospital
 - 55% of all bed days
- **Primary care** – variation in quality of care across GP practices
- **Mental illness** remains the single largest cause of morbidity within Brent, affecting one quarter of all adults at some time in their lives

Shared Brent priorities:

- **Keep vulnerable people well in the community**, e.g.:
 - Care planning, case management and support to self-care for adults with LTCs
- **Improve urgent and emergency care**, e.g.:
 - Develop our Integrated Rehab & Reablement Service
- **Reduce unnecessary time in hospital**, e.g.:
 - Integrated 7 day health & social care hospital discharge team
- **Improve the quality of nursing home care**



CWB-ASC003

New admissions to residential & nursing care homes, 65+

Green

2019/20 Outturn	Actual YTD	Target YTD
100	30	75


Comments and Actions

Comments: Current period data is not comparable to other periods as a number of placements have been made by the NHS that are now being transferred to the local authority as a result of Covid.

Actions: All placements are signed off by Heads of Service ensuring that they are made only when required.

Lead Member:

CLlr Harbi Farah

Strategic Director:

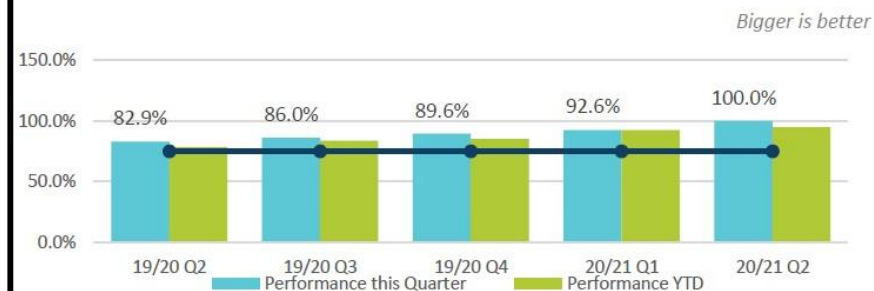
Phil Porter

CWB-ASC011

The outcome of short-term services: sequel to service (REABLEMENT)

Green

2019/20 Outturn	Actual YTD	Target YTD
85.2%	94.9%	75.0%


Comments and Actions

Comments: IRRS numbers are steadily increasing and the service is continuing to perform well.

Actions: Uptake has been supported by the introduction of Homefirst, allowing those who will not benefit from Reablement to receive Homefirst instead meaning the service can be directed at those who will benefit from it most.

Lead Member:

CLlr Harbi Farah

Strategic Director:

Phil Porter

