Adult Social Care in Brent

Working with you to find solutions

Local Account 2015/16
“What your Adult Social Care Service has delivered, and what we plan to deliver in future”
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Executive Summary:

2015/16 has been a challenging and rewarding year for Adult Social Care services in Brent. We worked to ensure that our services continued to remain Care Act compliant, following the implementation of the Act in April 2015. During this time we were required to deliver our services whilst facing reduced budgets and increased demand for Adult Social Care support. Despite these challenges we aimed to deliver high quality services driven by our four Adult Social Care priorities - Zero Tolerance of Abuse; Prevention; Early Intervention; and Choice and Control.

The below are our key achievements for 2015/16 as well as our priorities for 2016/17.

Key Achievements for 2015/16:

Zero Tolerance of Abuse

- The Safeguarding Team has exceeded the ambitious target of less than 10% of enquiries being recorded as inconclusive
- The team implemented the new Pan-London Safeguarding policy and procedures, ‘Making Safeguarding Personal’ and the ‘Signs of Safety’ into our safeguarding work

Prevention

- We have implemented a telecare pathway, aligned with the community equipment provider, which provides individuals with a better quality service with a wider range of equipment options to meet their needs, while at the same time reducing the unit cost of the service
- We have continued to reduce reliance on nursing and care home accommodation, through the ‘New Accommodation for Independent Living’ (NAIL) project

Early Intervention

- We have implemented a new Mental Health structure/operating model with links to GP networks
- We have completed plans for an integrated Rehab and Reablement service, with some quick win improvements already implemented

Choice and Control

- We have improved how we carry out reviews for individuals receiving social care support, with a focus on what the individual wants to achieve
- Willow House, a 40 unit extra care scheme for residents aged over 55 years with high care and support needs, is fully operational, with all units full. These residents would otherwise have been placed in a much more restrictive, costly care home placements.
- Our Shared Lives service met all Care Quality Commission inspection standards and the service has been expanded, helping us to reduce spending on residential and nursing placements.
We have completed a consultation with service users and providers in relation to transforming day and residential care services delivered directly by Brent Council.

Through engagement with all sectors of the marketplace we have been able to identify new market entrants, develop our relationship with the providers, improve our communication, resolve issues before they are escalated further and ensure the providers are aware of our commissioning intentions.

Priorities for 2016/17:

Prevention

- To carry out a review of Day Care and Transport services in order to develop a new model to ensure that customers accessing day-care are getting the right level of service in line with their reviewed care and support needs
- Consider a new model for Customer Services to ensure that our customers receive the right information and advice when they contact us, and where possible prevent the need for longer term Adult Social Care support

Early Intervention

- We will continue to work towards health and social care integration, such as the implementation of the integrated Rehab and Reablement Service.
- Work with Cultural Services in relation to developing joint business opportunities around the use of day centres and other council resources. An example of this is to introduce an enablement programme for individuals with Learning Disabilities offered at the John Billam Centre.
- Offer three and six month reviews of customer care and support needs in some cases, in addition to the annual review. This will ensure individuals’ needs are being met which should result in improved customer satisfaction.
- Review the care and support needs of those who currently need home care to be carried out by two carers. We will look to introduce equipment and improve the carers’ skills which in some cases will enable care to be carried out by one carer and will increase individuals’ choice and control over their care.

Choice and Control:

- Aim to increase the number of customers receiving Direct Payments to pay for their care and support, and will continue to work on improving the Direct Payment processes
- Implement improved financial processes, including debt recovery, financial assessment and appointeeship / deputyship to improve the experience for our customers whilst ensuring that Brent ASC staff are able to obtain necessary information to determine and plan our customer care and support needs
- Work on developing providers by identifying training needs, and working with service providers (such as home care agencies) to produce and deliver a workforce development strategy and plan. This should result in better staff recruitment and retention, and improved quality of care for our customers
- Complete the commissioning of a new ‘patch-based’ model of home care. This will allow care to be delivered closer to home, which will make it easier for home care
providers to meet customer needs and improve the consistency and quality of care for customers.

**Efficiency Savings will also be achieved through:**

- Support people to live more independently through the delivery extra care schemes via our NAIL project
- Focus on negotiating better rates with high cost nursing and residential care and supported living placements to achieve required savings as well as improved service and quality of life for our customers.
- Convert Tudor Gardens, which is currently a residential care home, to supported living accommodation. This will result in more independent living for the residents, whilst achieving efficiency savings for the council.
1. Introduction

1.1 Why does your Local Account matter

The Local Account tells you about our key achievements in the previous financial year (in this case 2015/16). They help us understand how we are performing and gives you the opportunity to better understand the work of Adult Social Care in Brent. Case studies are included to show what ACS does and how it might apply to you, a family member or someone else you may know. Our Local Account also lets you know what our current priorities are and what we have been working on in 2016/17.

The Local Account is the opportunity for Brent Adult Social Care to tell you about some of the big challenges and decisions we face as an organisation, such as budget challenges, changes in the way services are provided or new laws we have to work with.

Brent Adult Social Care will publish the Local Account retrospectively once a year.
2. Overview

2.1 Changing context in which we deliver services:

In order to deliver services that meet the needs of Brent’s residents within the resources available to us, Brent Adult Social Care needs to be able to respond to changing political, economic and societal contexts. Below are some of the contextual changes we are currently working within:

- Population changes increasing demand on services:
  - The number of older people in Brent is predicted to increase significantly up to 2030, increasing pressure on services as people live longer with multiple long term conditions.
  - The number of people aged 65 and over with dementia will increase by 63% over the next 15 years.
  - By 2030, the number of people aged 18 to 64 years thought to have a common mental health disorder is projected to increase to 36,265 people, an increase of 7%.
  - ASC is seeing increasing numbers of complex cases relating to autism for those residents making the transition from child to adulthood.

Brent’s Joint Strategic Needs Assessment (www.brent.gov.uk/jsna) provides more detailed information about Brent’s population, including information on residents needing ASC services.

2.1.2 The Care Act

The Care Act came into force in April 2015 – the new legislation for adult social care. We need to continue to ensure that our services are meeting the Care Act requirements, and that we understand if we have responded adequately to any changes to the demand for services. We also need to make sure that we are prepared to respond to any future changes to this legislation. There is still a possibility that phase 2 of the Care Act will be implemented in April...
2020. The biggest change that this would introduce is the care cap, which will limit the amount of money a person will be expected to pay for their care over their lifetime.

2.1.3 Health and social care integration
We are working with health partners to improve how we deliver a number of services through better joined up working (a project called the Better Care Fund). This includes how we support people when they leave hospital, implementing an integrated Rehab and Reablement service, and improving how we support people with Learning Disabilities. We are also working to develop our Sustainability and Transformation Plan, a five year plan for the health and social care in North West London based on the needs of the local area.

2.1.4 New Accommodation for Independent Living (NAIL):
The Council has set out a clear ambition to reduce and replace institutional placements in care home settings. The key achievements for 2015/16 on this and the current and future plans to meet this are set out in this Local Account.

2.2 What sort of support is provided?
The type of support people require will depend on their individual circumstances. Some examples are provided in Figure 2.1 below. 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. We also provide support for carers and for people when they leave hospital.

Figure 2.1: Example of support needed by those using ASC services

2.3 Who provides the support?
- **Family and Friends** – the biggest group of people providing practical support
- **People who pay privately for their care**
- **Support provided by the council** – where family and friends are not able to provide support, the individual doesn’t have the money to purchase care privately, and the person’s needs are significant enough to meet Brent’s eligibility criteria
3. Brent Council’s role in Adult Social Care

3.1 Making good decisions about care

3.1.1 Information, advice and guidance

For most people, needing practical support to lead an active life and do everyday things is not something they prepare for. Therefore, the first thing we do is provide as much information and advice as we can on the Brent Website [www.brent.gov.uk/asc](http://www.brent.gov.uk/asc) and on Care Place [www.careplace.org.uk](http://www.careplace.org.uk).

3.1.2 Identifying needs and providing appropriate support

Figure 3.1 Steps involved in identifying needs and support

How we work through the steps above is important to us. So in 2015/16 we:

- Reviewed the ‘Customer Journey’ with the view to improving customer satisfaction with the services they receive. This included identifying *clear customer services standards*, making it clear what customers can expect from Brent ASC. Examples include:
  - We will aim to have support in place within 15 working days of your social care assessment, depending on urgency of need. You will be kept informed weekly or at agreed milestones of the progress of the support being put in place
  - For those who are eligible and choose to manage and pay for their care by receiving a Direct Payment, we aim to have this set up within 15-20 days of the assessment
  - We aim to complete a financial assessment for those that require one within 28 days from your initial contact with Brent Adult Social Care

- Ensured staff knowledge and skills were current through a comprehensive *training* offer. This included training on the Mental Capacity Act, Safeguarding Awareness, and Dementia Awareness.
- Began work to *improve the Direct Payment* offer to make it easier for people to arrange and manage their care
• Looked at ways to simplify the financial assessment process, introducing a 'light touch' financial assessment. We will use information available to us from the Department of Work and Pensions (DWP), Housing Benefit or Council Tax systems to determine a client’s contribution to their care, rather than rely on home visits. This will speed up and improve the accuracy of the financial assessment process.

3.2 A choice of high quality and appropriate services and support

Brent Council has to buy and arrange services and support for those who are identified as needing support from the council. These services need to promote the wellbeing of people they support. This breaks down in to two key areas:

1. Service development
2. Quality management

Due to a reduction in residential and nursing care, we have had to respond to an increasing demand for homecare services. Following the introduction on a new Home Support Framework in October 2014 we continue to monitor the quality of home care provision. We have negotiated inflationary increases with providers which has enabled them to pay the National Living Wage to their care staff. This supports the retention of care staff and increases the quality of service provision.

In 2016/17 we will publish our new Market Position Statement (MPS), which will be developed in partnership with services users and providers. The MPS allows us to share better, more transparent information with the market; for the benefit of both current and potential providers. It also signals our future commissioning intentions and direction of travel in Adult Social Care. A key focus of the new MPS will be to communicate our focused approach to develop and increase the amount of accommodation based care and support services locally.

The ethos of wanting to support people for as long as possible at home AND supporting the NAIL model requires us to work and engage with the whole market locally to support this vision including:

• Day opportunities providers
• The Voluntary and Community Sector
• Care Home providers

In 2016/17 we will also introduce Dynamic Purchasing and e-Brokerage Systems, allowing for more responsive and flexible purchasing of services. This includes advertising all new placements (for care homes and supported living) online, which providers can then bid for if they are registered on the e-Brokerage system.

In 2016 we will review all Day Services provision across the borough with the view to supporting providers to modernise their services, develop new more efficient transport options, and ensure that we are delivering the best services with the money available to us.
### 3.3 Working in partnership to deliver

As the national good practice guidance for adult social care commissioning, *Commissioning for Better Outcomes*, makes clear, service development and quality management have to be done in partnership. Key partners we work with, and how we engage with them:

**Service users, their families and communities**
- BHeard service user and carer groups
- Brent Pensioner Forum
- Brent Connects - Disability Forum
- Brent MenCap
- LD Partnership Board

**Health Services**
- NHS Brent CCG
- Hospitals
- NHS North West London
- NHS Central and North West London

**Social Care Providers (Private and Voluntary)**
- Brent Market Engagement Network
- Large-scale provider summits
- Service-specific provider forums
- Monthly drop-in sessions

**Other public services**
- Mental Health Services
- Public Health
- Care Quality Commission
- Police

**Partnership working with Health Services:**

We now have a single point of contact from Adult Social Care for each Brent GP network. This ensures that Brent ASC contribute to decisions that are being made in partnership with health, including current and future decisions about health and social care integration. In 2016/17 this will focus on Whole Systems Integrated Care which includes objectives to reduce admissions to nursing and residential care.

We have also worked with Brent CCG to ensure that Brent residents who are entitled to health funding, known as Continuing Health Care funding, are referred and have the funding agreed where appropriate and the person is eligible.

**Other public services such as Mental Health services:**

In 2015/16, in partnership with health partners (CCG and Central and North West London Hospital Trust), we improved how we carry out Mental Health social care assessments and developed a new operating model for community mental health services. This new model was developed together with service users and staff and was implemented in January 2016.

**Case Study: NAIL project – how we have worked with a provider**

We have been working closely for the last 7 months with a local Learning Disability Care Home to change the provision to become a supported living scheme. The provider purchased the house next to them to start the process off. We undertook reviews of their current residents, to identify who would be suitable for supported
living. We also supported the provider to ensure all the legal processes were completed appropriately.

We have discussed and looked at the building plans with them, setting out what the Council would find acceptable in terms of accommodation standards. We have made suggestions and supported them with the rent calculations and process for claiming Housing Benefit. We ran two workshops for providers to assist them to understand the process of deregistration with Care Quality Commission and the key things that need to be in place for a successful deregistration process to be meaningful to the residents.

We have now identified other individuals who are awaiting a local supported living placement to fill their vacancies. At the time of writing the building works are on schedule and we are just waiting for the move in day!
4. Your views count – working together to find solutions

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

4.1 Assessment and Support Planning

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

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

In 2015/16 we improved how we identify and report on whether individuals have achieved the goals set in their support plans during their annual care review. This has helped us to review customer satisfaction and identify where we can do things better. As well as individual care reviews we also improved the support we provide to carers, completing 1063 carer assessments, a significant increase on the previous year.

4.2 Day to day feedback

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

4.3 Ongoing consultation and involvement

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

The post of Engagement and Involvement Officer within the Commissioning and Quality Team of Brent Adult Social Care has been created to strengthen the voice of people who use adult social care services and their carers. The officer will aim to work with existing engagement and community groups in Brent, to recruit and retain volunteers to provide feedback to the council about the services they use at an earlier stage in the commissioning cycle. There will be opportunities for them to be involved at different levels from surveys and focus groups to procurement panels. The aim will be to build trust, improve access and publicise engagement and co-production opportunities, particularly with people from seldom-heard groups in the local community.

4.4 Equality and Diversity:

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

Brent Council demonstrates commitment to equality and diversity by hosting an annual event, in partnership with Brent Housing Partnership, celebrating The International Day for People with Disabilities. The theme for 2015 was Inclusion Matters: access and empowerment of people of all abilities. The event, sponsored by BHP and Metroline, was attended by approximately 250 residents. 17 services (from the Council, BHP, and other statutory and voluntary/community sector partners) ran information stalls. Cllr Krupesh Hirani and Kathryn Aedy, Centre for Accessible Environments, gave speeches at event. Entertainment was provided by the Kaos Signing Choir for Deaf and Hearing Children and the New Millennium Performers. Feedback from residents who attended said that they enjoyed the entertainment the most, followed by the information available from stalls.

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

Equalities achievements and awards:

- In October 2015 Brent council retained its silver level Investors in People accreditation. Equalities were considered as a key strength of the council.
- In December 2015 the Brent council was granted with the DWP Disability Confident Employer status.
- In November 2015 the council was awarded with the Business Disability Forum Disability-smart Award. Brent was also recognised as a best practice example in the government’s Accessible Britain Challenge.
4.5 Annual national surveys

There are a number of statutory surveys that have to be undertaken annually. Below is a summary of the most recent annual national survey (Adult Social Care Outcomes Framework):

Areas where we are performing better than the London average, or where we have shown a significant improvement on last year, include:

- The proportion of service users who feel safe (72.8%)
- The percentage of safeguarding alerts reported as inconclusive (7.5%)
- The number of carer assessments completed – 1063 compared with 541 last year
- We have the lowest new admissions rate to residential and nursing care (for those aged 65+) of the 16 outer London authorities (256 per 100,000 population)

Areas where we are performing below the London average include:

- Proportion of people who use services and carers who find it easy to find information about services (64.4%)
- Delayed transfers of care from hospital which are attributable to adult social care (6.2 per 100,000 population)
- Proportion of people who use services who have control over their daily life (60.5%)

For further information on our performance in 2015/15 see Section 7: Performance

The national annual surveys must be carried out in line with strict guidelines set out by the Department of Health. We advertise through core networks such as the Council for Voluntary Services and the Carers Hub. These give service users and carers the opportunity to feedback anonymously on all elements of the adult social care support they receive. However, they are only carried out annually and focus on a wide range of issues, and people tell us they want to feed things back when they happen on the issue that is important to them. Therefore, the ongoing regular feedback from 10% of all service users becomes even more important. There is no doubt that the coming year(s) will be challenging, but we continue to work hard to ensure that the most vulnerable people living in Brent are supported to live well and as independently as possible. By working together we can improve people’s lives and continue to support them to live as independently as possible.

4.6 Carer's survey

The ‘Caring for Others Survey’ is a national biennial survey which aims to collect information about carers’ experiences of adult social care services and support. The 2016/17 survey is currently underway and results will be available when it is completed. The results from the 2014/15 survey are available last year’s Local Account:


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

**4.7 Complaints Summary 2015/16**

The following provide a summary of the complaints received about ASC services in 2015-16:

- 108 stage 1 complaints received in 2015/16 (8% reduction from the previous year).
- Highest volume service areas for stage 1 complaints were Support Planning & Transitions (32%), Reablement & Safeguarding (25%) and Direct Services (22%)
- 65% of stage 1 cases were upheld or partly upheld
- 78% of stage 1 complaints were responded on time, significantly improved performance from previous years

The Support Planning and Transitions team deal with the more complex support cases and annual reviews and have to manage the realistic expectations of the families and service users. The complaints received by the team mainly consist of disagreements with the care package the service user has been assessed to receive or disagreements about whether a service user is able to continue to live at home, rather than in a care home (which is what families often want).

Home Care Providers: ASC have approximately 1,700 care packages with Home Care providers, but complaints received about homecare packages account for 1%. The majority of concerns received are reported direct to the home care provider and resolved.

Client Affairs Team: accounted for 22% of complaints for ASC. The complaints centred on Appointee/Deputyship, Billing and Financial Assessments.

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

- training for care assessment staff to improve recording and completing assessments
- implementing a new charging policy and ‘light touch’ financial assessment process
- improved communication between ASC teams to ensure that consistent information is provided to service users
- improved monitoring systems to support prompt home care visits
- staff training, ensuring that all staff are able to provide accurate information and advice
5. What Brent Council spends on adult social care

The Adult Social Care department delivered services to more clients in 2015/16, but with less money, as seen in the budget reductions in the last few years. The department’s budget was reduced by £8.6m in 2015/16, compared with £4.4m in 2014/15. We already know that it will reduce by a further £5.2m in 2016/17. In comparison overall client numbers increased year on year by 2%.

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

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

5.1 Who does Brent ASC spend its money on?

The 2015/16 ASC budget was spent on four client groups:

![Net budget per client group 15/16](image)

In 2015/16 of the, 41% of the budget was spent on Learning Disabilities, an increase from 34% in 2014/15. Learning Disabilities’ Supported Living, Direct Payments and Homecare client numbers has shown a considerable increase between 14/15 and 15/16 resulting in a larger proportion of money being spent. There has been a 1% increase in the proportion spend on Mental Health, and a 3% decrease in the proportion spent on both Physical Disabilities and Older People compared with last year.
5.2 What services and support does the department spend its money on?

In 2015/16 £80m was spent on delivering Adult Social Services. The diagram below sets out an overview of the services and support purchased.

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

Service/Support Budget 15/16 £m

5.3 Residential and nursing and home care - two biggest areas of spending

5.3.1 Residential and nursing care

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<th>Spend</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17-projection</th>
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<td>£34m</td>
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<td>Number of Residential and Nursing placements (1 Apr)</td>
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<td>836</td>
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<tr>
<td>Supported living spend £'m</td>
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<tr>
<td>Number of Supported living placements (1 Apr)</td>
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<td>227</td>
<td>243</td>
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In 2015/16, we spent £34m on residential and nursing care. This is a slight increase compared with 2014/15. Older people accounted for 56% of the residential and nursing spend, and a further breakdown shows dementia placements accounted for 61% of the Older People service. The average cost of a dementia placement is £583 per week, and the highest cost is £3,370 per week – an increase compared with last year. The difference between these two rates shows the complexity of care needed for dementia clients.

Learning disability accounted for 32% of the residential and nursing spend in 2015/16. These care placements range from £1,220 per week to £2,872 per week, also an increase from 2014/15. These placements are normally part funded through Health, which again shows the complexity that exists in these client placements.

5.3.2 Homecare and reablement

<table>
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<th>Spend</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17-projection</th>
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<td>£11.8m</td>
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<tr>
<td>Number of Homecare placements (1 Apr)</td>
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<td>1461</td>
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</tbody>
</table>

In 2015/16 we spent a total of £11.8m on home care, supporting more people to live at home. The increase in client numbers between 2014/15 and 2015/16 (counted in April each year) was 15%, while the forecasted increase for client numbers into 2016/17 is 13%. As a result of this increase in client numbers, there is a projected increase in spend from £11.8m in 2015/16 to £13.4m in 2016/17.

The average cost of an external home care packages in 2015/16 was £211 per week. The average number of hours for an older person was 7 hours per week, which costs £5,160 per year. This compares with 6.5 hours per week in 2014/15, £4,615 a year. The biggest package of homecare support we provided for an older person in 2015/16 was 84 hours per week (at a cost of £60,000 per year).
6. Brent Council’s Adult Social Care priorities

Priority 1: Zero tolerance of abuse

What does zero tolerance of abuse mean in Brent?

Zero tolerance of abuse means:

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

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

What we have done in 2015/16:

Pan-London Adult Safeguarding Policy and Procedures were introduced in February 2016. We have reviewed our safeguarding policies and practices to ensure we are embedding this within our safeguarding work, as well as meeting the Care Act requirements. We have also trained all staff in the safeguarding team to ensure that they are aware of new responsibilities. This is in support of our priority to improve the safety and wellbeing of adults at risk and to prevent abuse.

Another key priority for the Safeguarding Adults Board was to ensure that ‘making safeguarding personal’ ['MSP'] principles were embedded into service provision and the focus of multi-agency safeguarding enquiries to improve outcomes for adults at risk. This means that the individuals at risk are involved in the safeguarding process and that outcomes identified are meaningful to them.

In 2015/16 we also embedded ‘Signs of Safety’, an innovative approach to child protection, into our work with children and families. This included training all relevant staff, and embedding the approach into all work with children, families, child protection and management of front line staff. We received an OFSTED inspection rate of 'requires improvement' which we aim to improve to 'good' or 'outstanding' at the next inspection.

In the reporting year, the Safeguarding Adults Team has exceeded the ambitious target of less than 10% of enquiries being inconclusive.
Prevalence of abuse 2015/16:

- 1678 concerns relating to 1468 separate individuals were received. This means that 210 concerns were raised in respect of an individual who had already been subject to a safeguarding enquiry during the year.
- Of the 1678 concerns raised, 540 were not taken forward as safeguarding issues, a further 151 were concluded within 24 hours and a further 191 concluded within 7 days.

For further information on the concluded safeguarding concerns, see the Safeguarding Adults Annual Report (appendix 1).

What we still need to do in 2016/17:

- We will continue to work to improve the safety and wellbeing of people at risk and prevent abuse

Priority 2: Prevention

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

What have we done in 2015/16?

- **New Model for Brent Customer Services:** We piloted a new model within Brent Customer Services. The aim of this was to improve the advice and guidance available to our customers when they first contact with us to ensure that they are able to access the right support early on to prevent the need for long term support. As a result of this we will be implementing some changes to the model during 2016/17.

- **Brent Carers’ Hub:** Brent Council and the Brent Clinical Commissioning Group (CCG) jointly commission the [Brent Carers Hub](http://www.brentcarerscentre.org.uk) to provide a single access point for all Brent carers, where they can seek advice, information and support on any matter relating to their caring role. The Hub deals with nearly 4000 enquiries a year and provides information and advice on a range of topics including money and benefits, accessing health services, and accessing work and training. It also provides information and support for carers during emergencies. It also enables carers to inform the council and Brent CCG on what is and isn’t working and how services can be improved through the Carers’ Forum. The case study below describes how the centre works with carers and dependents.

**Case study: Carers’ Hub support to both the carer and the dependent**

Joan is 60 year old carer and was referred to us by adult social care. She cares for her daughter Amy aged 39 who had a car accident at 19 and suffered significant
injuries. Amy has very poor mobility and lives alone in Kensal Green in a one bed 1st floor flat. Joan lives elsewhere and was referred for support and respite activities.

Joan called to register her with the Carers Hub Service. She explained that her daughter’s benefits had stopped and that she was not coping with her care needs as she herself was unwell and her health was deteriorating due to her caring role.

We arranged a home visit to meet both the carer and her daughter. We found that Amy’s flat is on the first floor accessed by a steep flight of stairs to the front door and then once inside another 3 stairs to get to her bedroom and living room. For some time she had been unable to manage the steps to the kitchen and the bathroom, and so was only able to access the bedroom and living room. Amy was using a commode in her bedroom, which was emptied only when a family member could come and do it for her. She was using a microwave in her bedroom to prepare food. She had not been able to have a strip wash, shower or bath for more than a year. She had been using wet wipes to clean herself whilst sitting on the bed. Amy was lonely and isolated and desperate to be able to get out of the house. She was also in constant pain and was scared to have pain meds in the house as she had two previous failed suicide attempts.

Amy also had issues relating to her benefits that needed immediate help. She had failed to meet the requirements for Employment Support Allowance (ESA) and her benefit had stopped pending an appeal. She was also transitioning from Disability Living Allowance to Personal Independence Payments and needed help with the process and application form.

Once back in the office we immediately made contact with adult social care to request that they look at her needs as a matter of urgency. An assessment was arranged and we were present for her. As a result Amy was offered a package of care that included 45 minutes per day to help with washing/dressing and food preparation. Amy was given a Direct Payment, which meant she could arrange the care herself. This was important to her as she wanted to be comfortable with the person who was providing the intimate care needs. There was also a referral made to housing about re-housing Amy as her flat is clearly not suitable for her. There has since been an offer to install 2 x chair lifts and a shower, which the Carers Hub Service is following up whilst pursuing a move to more suitable housing. This will need an appeal, which we are still working on.

Amy was also supported in preparing for her ESA appeal hearing. At the hearing she was awarded ESA and placed in the support group – her allowance for the support group was backdated for some 3 years to the date of the original claim (amounting to over £7500 in backdated benefit). We also assisted Amy to claim PIP and she is waiting on the decision. In addition we chased up a referral to the wheelchair service and Amy will have an assessment soon for this.

The support provided to Amy was a huge relief for Joan. We also were able to support Joan as she was tired and in desperate and need a break. We were able to apply for a carer respite grant for Joan to take a break in the spring next year.
We also applied for a grant to replace the carer’s washing machine that had broken.

Joan now attends some of our events to get a break from her caring role which has reduced her stress and isolation.

We are still working with the family and hope that there may be some progression in relation to Amy’s housing soon.

- **Support for people living with Dementia**: With funding from Public Health the aim of the service is to deliver a variety of structured groups, activities and outreach services within the community for people with mental health issues within Brent. Activities and services offered include arts and crafts, peer support groups, physical activity sessions and a number of Dementia Cafés.

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

**What we still need to do in 2016/17:**

- **Continue to improve the offer of information advice and guidance**: Our performance report indicates that we still need to improve how easy it is for our residents and customers to find information. We will continue to do this by improving the information available on the Brent Council website and on Care Place. We will also ensure that our staff are able to provide information advice and guidance throughout our assessment processes and communication with our customers.

- **Reduce Social Isolation**: Although there has been an improvement in the number of people who report to have as much social contact as they would like (See Section 7: Performance), we still need to work on reducing social isolation in Brent. We will continue to deliver the SIBI project, as well as work in partnership with the numerous afore mentioned organisations to ensure that people are able to access services.

**Priority 3: Early intervention**

**What does early intervention mean in Brent?**

Early intervention refers to a range of services and equipment designed to support people to regain their independence or to live for longer in their own home in the community. This ranges from reablement homecare services to telecare and community equipment.
Case study – early intervention:

Mr P is 73 and recently retired. He lives in privately owned accommodation with his wife, who is blind, and their two daughters. One daughter travels and is often not at home, and the other works full time and often comes home late in the evenings. Mr P was recently admitted to hospital with chest pain and pneumonia. Before being admitted to hospital Mr P mobilised and managed daily living tasks independently. The hospital Occupational Therapists reported that on leaving hospital he had the potential to regain his skills once he had regained his strength whilst being supported at home. It was agreed that a reablement package, an example of providing support as soon as the need was identified, would support him to do this.

On leaving the hospital, the NHS OT installed a Mop Rail Stick from our community equipment suppliers, Medequip, so he can manage the stairs with support aids in place.

Mr P’s reablement package included daily assistance with washing and dressing at home, support with meal preparation and medication management. He also received weekly assistance for grocery shopping which included purchasing Indian cultural foods.

Mr P is now able to manage around the house with the use of handrails fitted around the property, including the bathroom, toilet and front door. Mr P is also able to manage his own personal care and no longer needs assistance to wash and dress. The short reablement package that Mr P received enabled him to return to his level of independence which he had before his illness and hospital admission. This early intervention helped Mr P to remain independent in his own home.

This was also an opportunity to provide Mr P with information and advice about benefits he may be entitled to. Mr P wasn’t receiving the attendance allowance benefit and it was suggested that he could apply even if it was for the short period of time whilst he was recovering from his illness. The worker contacted the department of working pensions who agreed to send Mr P the benefit forms to find out if he met their criteria for funding.

Telecare and Community Equipment:

Telecare (assistive technology) includes a range of personal and environmental sensors in the home that enable people to remain safe and independent for longer. Brent Council and Brent CCG spend over £1m a year on community equipment to support people to live independently. In Brent, people are encouraged to buy their own small items of equipment unless they cannot afford them, or they are essential for rehabilitation or Reablement. Therefore, the focus for this spend is on large pieces of equipment such as mattresses which allow people who are bed bound to live comfortably and avoid pressure ulcers, or hoists to enable people who are bed bound to be moved safely out of their bed or chair.

What have we done in 2015/16?
- **Reablement Services**: 1143 reablement packages of care were provided throughout the year, of which 961 were the standard reablement service and 182 were the enhanced service.

- **Enabling single handed care**: We completed plans for a project look at reviewing the care provided to individuals receiving double up care – that is where two carers are required to carry out a care the care tasks. Where safe and appropriate we will recommend that once carer carry out the care, with improved moving and handling practices. In some cases this may be made possible with the use of equipment. The aim of this project is to maximise on best value packages of care, whilst providing individuals with greater flexibility and independence in how they receive their care. For example it would increase the likelihood that they are able to have their preferred carer at a time that suits them. This approach is also expected to make it easier for care agencies to provide packages of care, as they have told us that it is difficult to prepare rotas to accommodate double handed care.

- **Telecare (assistive technology)**: A key focus in 2015/16 was to promote and develop assistive technology solutions for our service users. We implemented a new telecare pathway which is aligned with the community equipment provider. This has improved the quality of the service, increased the opportunities of more diverse range of telecare equipment to meet more flexible needs and reduced the unit cost of the service providing a reduction of spend.

**What we still need to do in 2016/17:**

- **Working with health services**: There have been delays to the plans for a fully integrated health rehabilitation and social care reablement service by April 2016. This is now expected to be in place in October 2016.

- **Reablement services for mental health**: We are currently looking at how we can redesign reablement services for people we support who have mental health illnesses. This will consider areas such as social inclusion and employment and will be implemented in 2016/17. We have started work on a Learning Disability Strategy to identify the priorities for future service provision. We are also engaging with providers to review the Reablement service for people with Learning Disabilities which will be developed further in 2016/17 in partnership with the CCG as part of the Health and Social Care Integration agenda with the view to going live in 2017/18.

- **Double Handed Care**: Deliver the project mentioned above to reduce the need for people to double handed care, increasing their independence and giving them more choice and control over how their care is delivered.

**Priority 4: Choice and control**

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

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

What we have done in 2015/16:

Improved financial assessments:

In 2015/16 we introduced our *Indicative Budget* letter. This letter aims to help people to start thinking about options for planning their care and support early. Everyone who receives an assessment from us will now receive a letter to let them know how much money we estimate it would cost to buy the care and support which meets their needs. The next step is a financial assessment which helps us to work out how much people can afford to pay towards their care and support. The amount people need to pay together with the amount Brent Council will contribute to an individual’s Personal Budget.

**New Accommodation for Independent Living (NAIL):**

A key priority has been, and will continue to be, supporting people to access the right accommodation, so they don’t have to go into a residential or nursing home, which we would always consider a last resort.

In 2015/16 we:

- Opened Willow House extra care scheme in Wembley (February 2015). It took us a few months to get the last of the new tenants moved in, and they have settled well. The new building with its open and airy atmosphere has been a real hit with tenants.
- Reviewed what we think the NAIL Project can achieve and have set out new targets for both extra care and accommodational for working age adults.
- Have been working on the design and layouts of schemes to ensure they reflect the practical needs of the tenants and give the Council as much flexibility of who can be accommodated as possible.

**Shared Lives is Expanding:**

Brent Shared Lives is a cost-effective alternative to more traditional forms of accommodation, such as Supported Living and Residential Care, which also gives service users more independence and flexibility. A Shared Lives carer is paid to include an adult with a care need in their family and community life, similar to fostering. Types of care and support that can be provided include long-term accommodation and support; short breaks (or respite); day time support and rehabilitation or intermediate support.

In 2015/16 the new Carer’s Agreement Policy was agreed and will be implemented in April 2016. The project also achieved the target of having 30 new rooms available to accommodate
vulnerable people, including Mental Health clients. 30 service users have been placed with new carers to fill the available rooms.

**John Billam Centre:**

In 2015/16 we worked on developing the business plan for John Billam Centre to accommodate the increasing demand on the centre. This included John Billam being recognised as a centre of excellence for supporting people with learning disabilities and autism. The centre received National Autistic Accreditation in February 2016.

**What we still need to do in 2016/17:**

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

- **Continue to improve our Social Work Practices:** This includes changing the way we carry out Support Planning Reviews to assess whether or not the support people have received has helped them to achieve the outcomes that are important to them. This includes introducing three and six month reviews to identify early on where care plans are no longer meeting individual needs. We will simplify the review meetings to avoid duplication and unnecessary steps for our service users. We will ensure that our workforce is equipped with the skills and training to carry out their roles to provide a high quality service. We will also improve on how we identify those who are eligible for support from health care to ensure that their needs are met.

- **Improve the Direct Payment offer for our customers:** We will continue to commission Penderels Trust who provide support and guidance on how to manage Personal Budgets and Direct Payments. This service can help to increase people’s confidence in using Direct Payments giving them more choice and control on how they manage and pay for their care. We will also employ an officer dedicated to improving the Direct Payment offer, to improve the customer experience of setting up and managing their payments.

- **NAIL project:** Visram House (extra care scheme in Park Royal) has been delayed due to building issues and we hope it will open by October 2016, so we be working hard to get all the tenants who have been waiting for it to open moved in as quickly as possible.
## 7. Adult Social care performance indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Brent 2014/15</th>
<th>Brent 2015/16</th>
<th>London 2015/16</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Zero Tolerance of Abuse</strong></td>
<td></td>
<td></td>
<td></td>
<td>Brent's performance has improved compared with 2014/15. We are also performing above the London average.</td>
</tr>
<tr>
<td>1. Proportion of service users who feel safe (Survey)</td>
<td>65%</td>
<td>72.8%</td>
<td>65.9%</td>
<td>Brent's performance has improved compared with 2014/15. We are also performing above the London average.</td>
</tr>
<tr>
<td>2. Proportion of people who use services who say that those services have made them feel safe and secure (Survey)</td>
<td>84%</td>
<td>87.2%</td>
<td>81.7%</td>
<td>Brent's performance exceeds the regional and national averages.</td>
</tr>
<tr>
<td>3. Number of safeguarding alerts</td>
<td>1780</td>
<td>1969</td>
<td></td>
<td>Increase is positive as a result of awareness raising campaign.</td>
</tr>
<tr>
<td>4. Number of safeguarding investigations</td>
<td>324</td>
<td>322</td>
<td></td>
<td>Robust screening ensures correct response to increased number of alerts.</td>
</tr>
<tr>
<td>5. Percentage of safeguarding adults investigations which are inconclusive</td>
<td>16.5%</td>
<td>7.5%</td>
<td></td>
<td>Brent's performance exceeds the regional and national averages. We achieved our target of less than 10% of investigations being inconclusive.</td>
</tr>
<tr>
<td><strong>Prevention</strong></td>
<td></td>
<td></td>
<td></td>
<td>Brent's performance exceeds the regional and national averages. We achieved our target of less than 10% of investigations being inconclusive.</td>
</tr>
<tr>
<td>6. Number of carers assessed</td>
<td>541</td>
<td>1063</td>
<td></td>
<td>This is a local Indicator put in place as part of the preparation for the implementation of the Care Act.</td>
</tr>
<tr>
<td>7. Proportion of people who use services who reported that they had as much social contact as they would like (Survey)</td>
<td>36.9%</td>
<td>40.2%</td>
<td>41.1%</td>
<td>There has been an improvements since 2015/16 however Brent's performance is still below the national and regional averages. The Social Isolation in Brent Initiative will continue in 2016/17.</td>
</tr>
<tr>
<td>8. Proportion of people who use services and carers who find it easy to find information about services (Survey)</td>
<td>66.9%</td>
<td>64.4%</td>
<td>71.9%</td>
<td>There was a 2.5% decrease compared to last year and we are below the London and National Averages. We are placed as lowest London authority. Actions to improve performance are included in the ASC Service Plan 2016/17 and include improving information available on Care Place.</td>
</tr>
<tr>
<td><strong>Quality of Life</strong></td>
<td></td>
<td></td>
<td></td>
<td>Brent's performance has improved and is closing in on the regional average.</td>
</tr>
<tr>
<td>9. Social care-related quality of life (Survey)</td>
<td>18.2%</td>
<td>18.3%</td>
<td>18.6%</td>
<td>Brent's performance has improved compared with 2014/15 however is lower than the regional and national averages. To better understand this finding, we put in place the Local User Survey.</td>
</tr>
<tr>
<td>10. Overall satisfaction of people who use services with their care and support (Survey)</td>
<td>55.0%</td>
<td>55.6%</td>
<td>60.3%</td>
<td>Brent's performance has improved compared with 2014/15 however is lower than the regional and national averages. To better understand this finding, we put in place the Local User Survey.</td>
</tr>
<tr>
<td>Indicator</td>
<td>Brent 2014/15</td>
<td>Brent 2015/16</td>
<td>London 2015/16</td>
<td>Comment</td>
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<td>--------------------------------------------------------------------------</td>
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<tr>
<td><strong>Early Intervention</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>11. Percentage of people who do not require a service or support after a reablement service</td>
<td>65.6%</td>
<td>64.2%</td>
<td></td>
<td>Local Indicator. The percentage of people who did not need a service after reablement reduced slightly in 2015/16 due to changes in the way the service was targeted. However, we are still exceeding the national standard of 60%.</td>
</tr>
<tr>
<td>12. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service)</td>
<td>90.50%</td>
<td>81.2%</td>
<td>85.4%</td>
<td></td>
</tr>
<tr>
<td>13. Delayed transfers of care from hospital which are attributable to adult social care per 100,000 population</td>
<td>4.1</td>
<td>6.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Choice and Control</strong></td>
<td></td>
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<td></td>
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<tr>
<td>14. Proportion of people who use services who have control over their daily life</td>
<td>62.2%</td>
<td>60.5%</td>
<td>71.2%</td>
<td>Brent's performance is below regional and national performance. In 16/17 we will aim to increase the uptake of Direct Payments, improve our support for carers and aim to make continuous improvements to the services we commission.</td>
</tr>
<tr>
<td>15. Proportion of people using social care who receive self-directed support (New 2014/15)</td>
<td>77.1%</td>
<td>80.4%</td>
<td>85.1%</td>
<td>Despite improving on 2014/15 performance, we are still below the London Average. We are placed 13th out the 16 London authorities. However we have the 5th largest cohort (clients in receipt of community based services). As part of the implementation of the Care Act we have re-focused on this and we have also commissioned Penderels Trust to support our service users to manage their personal budgets in a way that best meets their needs.</td>
</tr>
<tr>
<td>16. Proportion of people using social care who receive direct payments (New 2014/15)</td>
<td>16.6%</td>
<td>21.6%</td>
<td>27.6%</td>
<td>There has been a 5% increase on last year however Brent's performance remains below the national and regional averages. We have the 5th largest cohort (clients in receipt of community based services) The London average is also greatly shaped by Enfield's and Harrows high numbers which as a result caused only 8 of the councils to be able to meet or exceed the London average. We will continue to improve process and practice in 2016/17 to improve how the Direct Payment option is offered to our service users.</td>
</tr>
<tr>
<td>17. Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population (New 2014/15)</td>
<td>258.8</td>
<td>256.6</td>
<td>516.5</td>
<td>We have the lowest new admissions rate to Residential and nursing (65+) of the 16 London authorities. We are making 260 placements less than the London average and 371.5 less than the national average per 100,000</td>
</tr>
</tbody>
</table>
8. Appendix

Appendix 1:

Please click here for the Safeguarding Adults Annual Report 2015/16