London Borough of Brent: local authority assessment

How we assess local authorities

Assessment published: 16 August 2024

About London Borough of Brent

Demographics

The London Borough of Brent Council is home to nearly 340,000 residents, and according to the 2021 Census, is the 5th largest London Borough. The borough's population has grown by 28,600 since the last census in 2011, a rise of 9%. Although Brent has a younger age profile compared to England and Wales, the wider trend shows that the population is ageing, as the number of residents who are aged 50+ has increased by 27% since 2011.

Brent has one of the most ethnically diverse populations in the country. The majority of population (85%) are from ethnic minority groups; 19% are from White minority groups and 65% are from Black, Asian and other minority ethnic groups. Brent has the 2nd highest percentage of Black, Asian and minority ethnic groups in England & Wales.

The council footprint has an index of multiple deprivation score of 8. A local authority with a decile of 1 means it is in the least deprived group (lowest 10%), while a local authority with a decile of 10 means it is in the most deprived group (highest 10%).

Brent is in the North West London Integrated Care System together with 7 other London boroughs. The London Borough of Brent is a Labour-led council, with a large majority.

Financial facts

- The local authority's total net budget in 2022/23 was **£311.9 million**. Its actual spend for that year was **£316.1 million**, which was **£4.2million** more than budgeted.
- The local authority estimated it would spend **£105.7 million** of its total net budget on adult social care in 2022/23. Its actual spend was **£106.6 million**, which was **£0.9 million** more than estimated.
- In 2022/2023, **34%** of the local authority's budget was spent on adult social care.
- The local authority has raised the full adult social care precept for 2023/24, with a value of **2%**. Please note that the amount raised through ASC precept varies from local authority to local authority.
- Approximately **5120** people were accessing long-term adult social care support, and approximately **1015** people were accessing short-term adult social care support in 2022/23. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

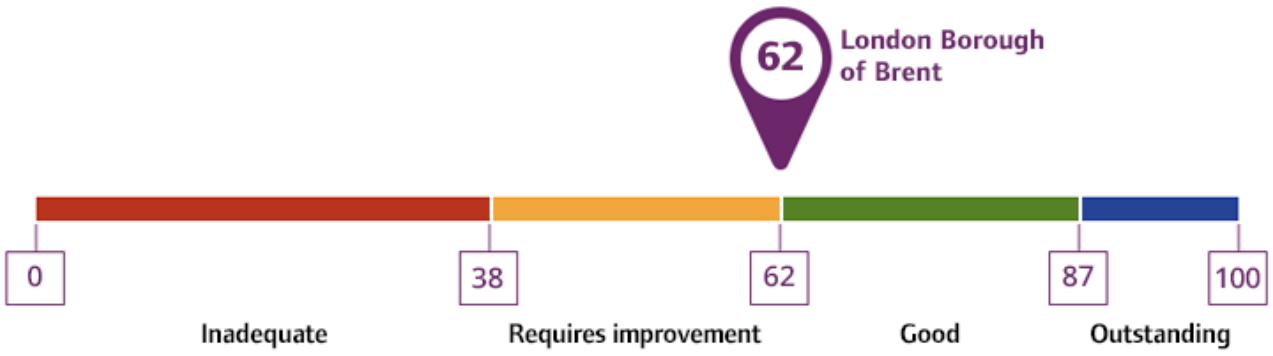
This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

Overall summary

Local authority rating and score

London Borough of Brent

Requires improvement



Quality statement scores

Assessing needs

Score: 2

Supporting people to lead healthier lives

Score: 2

Equity in experience and outcomes

Score: 2

Care provision, integration and continuity

Score: 2

Partnerships and communities

Score: 2

Safe pathways, systems and transitions

Score: 3

Safeguarding

Score: 3

Governance, management and sustainability
Score: 3

Learning, improvement and innovation
Score: 3

Summary of people's experiences

People and carers gave us mixed feedback about their experiences of assessment, care planning and reviews. Some described a positive assessment process and subsequent care, during which staff had supported people's preferences. Others told us there could be improvements in communication, and there was an inconsistency in the information they had received. Also contacting the local authority social work staff for information and advice was not always easy, as staff changed frequently.

There were mixed experiences in relation to support with advocacy, however positive feedback about individual staff approaches and skills. Having a named allocated worker was seen as positive and some people talked about assessments supporting their strengths and promoting their independence. Direct payments gave people autonomy and flexibility, empowering people to use them how they wanted to help them achieve their goals.

The majority of feedback from unpaid carers was negative. This related to delays and lack of communication following carers assessments and staff not always coming back to them. Carers did not always feel they had been assessed holistically along with their family, and some had not been offered a carers assessment at all. Feedback was some carers felt like they were carrying the burden of caring alone and did not always feel listened to.

People using services and their carers told us while there were services in the community to support people with mental health needs, there was a need for more. Staff had not always discussed plans for the future or managing unplanned situations with people using services and their carers so these plans were in place.

Summary of strengths, areas for development and next steps

There were processes in place for trained staff to carry out strength-based assessments and support people and carers with care planning, however practice was not consistent. Carer needs in particular was an area where improvements were needed. Reviews of people's care were not always carried out in a timely manner; however, action was being taken to improve waiting lists. Staff were aware of how to support people in relation to advocacy, but this had not always been available where needed.

More work was needed in relation to the prevention of people's needs. This work had started but there was more to do. People could not always easily access information and advice on their rights under the Care Act and ways to meet their care and support needs. Challenges around accessing equipment impacted people's independence and wellbeing. There was positive feedback about reablement services.

There was some understanding of the needs of people in Brent and the impact of inequalities. However, this could be enhanced by more consistent engagement with local communities to better understand the needs of different groups and people with protected characteristics. Inclusion and accessibility arrangements needed to improve. There was a focus on promoting independence for people by supporting them in extra care and supported living settings rather than more traditional models of care provision. Staff worked closely with care providers and partners to ensure quality of services. Partnerships in some areas were strong but could be developed in others such as closer working with voluntary sector partners and other local authorities.

Safeguarding was an area which was working effectively. Systems to improve learning and development from Safeguarding Adults Reviews were being improved. Management of DoLS was positive. Transitions of people for example coming out of hospital were working well, supported by additional services including reablement and wrap around services.

Senior leadership at the local authority was strong and had improved, however further work was needed in some areas for example, culture, and recruitment and retention was a continuing focus. There was strong oversight of the council politically, and scrutiny of services provided. Staff had good opportunities for learning, development and career progression however it was recognised further learning from complaints and feedback could be enhanced.

The local authority was going through a period of transformation of services which was being further implemented in June 2024. There was acknowledgment of areas that needed to improve, some were at the beginning of the improvement journey and others already underway. Areas of focus included improvement of co-production, working better to support carers, improving waiting times, especially for reviews and better joint working with partners in the local community to drive forward identified areas of work.

Theme 1: How London Borough of Brent works with people

This theme includes these quality statements:

- Assessing needs
- Supporting people to live healthier lives
- Equity in experience and outcomes

We may not always review all quality statements during every assessment.

Assessing needs

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Key findings for this quality statement

Assessment, care planning and review arrangements

People gave mixed feedback about their experiences of assessment, care planning and reviews. One person told us how their preferences to remain living at home was supported by staff and another person was happy with their assessment process and the subsequent care they received. However, another person told us that there could be improvements around communication and that they had not received a copy of their assessment review. Another family told us there was inconsistency in the information they had received about respite care, which left them feeling confused. This feedback was supported by national data which shows 55.07% of people are satisfied with their care and support in Brent, which is lower than the England average of 61.21% (Adult Social Care Survey, 2023, ASCS)./p>

People could access the local authority's care and support services via telephone through the Contact Centre. Brent Hubs have been set up so people could get face to face information about social care, being based in places such as libraries. People could not self-refer to be assessed through the local authority website however they could complete an enquiry form. Information was available on the local authority website which could be translated into different languages, and text to speech reading support was available for people with a visual impairment to make this information accessible./p>

Partners feedback about assessments, care planning and reviews was that there could be some improvements. They told us people were not always aware of how to access assessments and if they did not have eligible needs for services, were not always signposted elsewhere. Other comments included inconsistent information given following assessments and people having to repeat information due to high staff turnover./p>

The staff approach to assessment and care planning was person-centred and strengths based. For example, the Learning Disability and Autism Frontline Team met people flexibly depending on their preferences, such as in cafes to help them feel more relaxed. One staff member told us they spent 6 months engaging with someone in order to reduce barriers and encourage participation in their assessment./p>

Pathways and processes ensured people's support was planned and coordinated across different agencies and services. For Approved Mental Health Professionals (AMHPs), the NHS Single Point of Access was the main referral point and they carried out a daily risk assessment of the waiting lists to prioritise people. The Learning Disability Team had co-located with health colleagues which enabled a more coordinated service for people with learning disabilities and mental health needs./p>

The local authority assessment teams were competent to carry out assessments, including specialist assessments. Staff told us they felt they had good working arrangements and collaboration between teams to discuss options and choices for people./p>

Some teams such as the Transitions Team had limited capacity which could impact on people's assessments. For example, some assessments were outsourced to social workers outside the team who did not always have the working knowledge of local systems and external agencies for support such as employment support networks. As a result, people's experience was not consistent./p>

Most staff felt supported by their managers and did not feel under pressure to close assessments and where there was a complex case, were given flexibility and more time to complete these. However, a small number of staff felt managers put pressure on them to close cases too quickly./p>

A new document had been developed to enable staff to carry out their roles more effectively and some staff mentioned this, although these changes were still being embedded. This new Standard Operating Procedure was a comprehensive document dated February 2024, detailing all procedures for adult social care staff covering all services within the legislative framework including assessments, reviews and risk management. The procedure referenced the local authority approach, covering the well-being principle and personalisation for people receiving care, with a focus on carers needs. It also contained comprehensive information and resources for people looking to access services.

Timeliness of assessments, care planning and reviews

Feedback from partners was that overall timeliness of assessment and care planning was good however the main area of delay was around reviews when people needs changed and in some cases the provision of care. National data supported this and showed 47.95% of long-term support clients reviewed (planned or unplanned) in Brent, which is lower than the England average of 57.14%, (Short and Long-term Support, 2023, SALT). People confirmed the delays in relation to care provision. For example, one person explained an increase in a care package had been agreed but had not been actioned until some months later. Another carer had received an assessment but there had been a delay in letting them know whether they were entitled to any support. Feedback from local authority leaders was that in 2023/24, 63.94% of long-term clients were reviewed in Brent which was mid-way in range compared to the local authorities in London.

Staff explained there was a waiting list in place for reviews following 12 months of service provision, this was monitored and managed on a risk basis. People could be reviewed sooner if their needs changed, and reviews were prioritised based on risk. Staff told us the maximum time for allocation of reviews was three months, although the unscheduled review waiting list was higher. Leaders told us there was no distinction made between the times for scheduled and unscheduled reviews. Staff told us about other challenges including requests for reviews of people with mental health needs in long-term placements when they were due for discharge. They did not feel this always allowed for timely assessments of people's needs. Any out of area reviews were well supported by all staff including agency staff and monitored. Some cases had different timings for reviews, for example 6 weeks for cases where people were hoarding, which demonstrated a flexible approach to the risk.

If people required an immediate care package, the duty team would put this in place prior to a full assessment. There were systems to prioritise work and ensure these assessments were carried out in a timely manner. Staff aimed to make contact with the person within 48 hours unless there were safeguarding concerns where they contacted people straight away.

In May 2024 the highest area of waiting was for care and support plan reviews with 81 being the median number of calendar days waiting. The local authority was acting to manage and reduce waiting times for assessment, care planning and reviews. They had a waiting list protocol and took action to risk stratify the waiting list. This included actions to reduce any risks to people's wellbeing, while waiting. A waiting tool dashboard helped managers to manage risk and with decision-making at this stage.

Leaders told us the variation in reviews and inability to consistently meet timescales was due to several factors, such as volumes of request, staff workload and staff turnover. They had plans in place to address this such as reallocating staff in a restructure, to better align capacity with demand and looking at a better staff skills mix. They used a trusted assessor approach to support people to have earlier discharges from hospital. A trusted assessor is a suitably qualified person who carries out assessments of health and/or social care needs to facilitate speedy and safe transfers from hospital. They were also considering telephone reviews and digital ways to streamline the process and ensure regular contact with individuals, while reserving face-to-face reviews for more comprehensive assessments. Leaders told us they were beginning to see positive outcomes as a result of these actions.

The majority of care providers we spoke with felt consulted around reviews when people’s needs changed. Most care providers felt assessments and care planning was carried out in a timely manner. The main area of delay was around reviews when people’s needs changed. However, one told us it was not always easy to get in touch with staff as they do not get back to people quickly. One provider said there had been a good piece of work around retention of AMHPs and Brent had a strong and proactive team. There were however delays in accessing beds in hospital and assessments being completed in a timely way. For example, out of hours in A & E there were delays in getting mental health assessments because of the number of cases and accessing appropriately qualified staff.

Assessment and care planning for unpaid carers, child’s carers and child carers

The needs of unpaid carers were recognised by the local authority as distinct from the person with care needs. However, unpaid carers consistently told us improvements were required in how they were supported, particularly in relation to the delays and lack of communication following a carers assessment. One person told us they felt they should be assessed more 'holistically' as a family as more than one person in the household had care and support needs. Some people told us about feeling isolated, others said they did not feel listened to, or that they had not been offered a carers assessment at all.

National data supports these findings showing that 30.19% of carers in Brent were satisfied with social services compared to the England average of 36.27% and that 56.75% feel involved or consulted as much as they wanted to be in discussions, compared to the England average of 64.95%, (Survey of Adult Carers in England, 2022, SACE).

Some carers gave us positive feedback. One carer said they felt blessed to have had the same social worker for a few years and told us the person had been 'awesome' in their approach. Other people gave positive feedback about the support from the Brent Carers Centre (who are commissioned by the local authority), which included support around finances.

Overall teams were positive about how they worked with carers now. Staff saw carers as distinct from the people they supported and understood carers need for emotional support and for more formal support such as respite care. Other teams told us they felt the local authority were 'behind' with their offer to carers, however a lot of work around training and awareness building was planned to improve this especially since there had been new management at the local authority. Staff had received training from the Brent Carers Centre in identifying young carers.

Partners shared some similar concerns about delays in support for carers however told us the local authority were developing an online version of the carers assessment which should improve this. A partner told us further work could be done to identify 'hidden carers' such as young people and have been involved in some work around this.

Local authority leaders had recognised that previous support for carers was not sufficient. They said it was almost non-existent when they came to Brent, but they had developed a carers strategy to raise awareness of carers and promote and build better connections with carers in the community. They had signed up to a 'Carers Promise' to make a commitment around their support for carers going forward. A new post had been created to better support carers, with respite and day opportunities improving. They were also looking at better social opportunities for carers including a 'Carers Card' to access benefits. They were trying to introduce the 'think family' approach in terms of the way staff carried out assessments now to consider families more holistically. Results of the latest Brent Adult Social Care Carers Survey for 2023/24 showed that 37% of carers felt they had adequate support which was 8% higher than the previous year.

Help for people to meet their non-eligible care and support needs

People were given help, advice and information about how to access services, facilities and other agencies when they had non-eligible care and support needs. Brent Hubs supported people who found it difficult to access the support they needed through mainstream services with a physical space where a range of local organisations worked together to support people.

The Supportive Multiagency Response Team (SMART) had been developed to address the needs of people who fell outside the Care Act duties and were subject to domestic abuse, neglect and homelessness. The team arose from a recognition of some people's vulnerability and experience of exclusion and included a housing officer and occupational therapist (OT) which meant they could work more holistically in relation to people's needs.

Young people who did not have eligible Care Act needs were supported to access alternative support by the transitions team. For example, the transitions team provided information about universal services and worked with special educational needs teams to identify employment opportunities for those people.

Brent Health Matters was a joint partnership managed by three organisations, the local authority, mental health trust and community health trust. They focused on supporting people in relation to health inequalities and provided an advice line for general support with health and social care queries, including signposting to other services.

Eligibility decisions for care and support

The local authority's framework for eligibility for care and support was documented, outlining processes used to assess people who met the Care Act eligibility criteria. This included the initial assessment, personalised support plans, commissioning of support packages, and ongoing reviews to ensure continued alignment with individual's assessed needs.

The local authority did not currently have a process for appeals as the complaints process was used for people unsatisfied with eligibility decisions. However, complaints data was being reviewed to determine the value of changing this process.

Individuals could register complaints through the local authority's existing complaints procedure, addressing objections to any element of the care and support plan or related decisions. A review of the local authority complaints over the last 12 months showed limited complaints directly relating to eligibility.

Financial assessment and charging policy for care and support

The local authority had a charging policy, which was available on their website. The new updated standard operating procedure provided staff with information on this policy and stressed the importance of providing relevant information to people and their representatives about possible charges.

Financial assessments were carried out by the Client Affairs Team in a timely way and the waiting list for a financial assessment was 2.5 days with a median wait time of 3.5 days and a maximum wait time of 5 days.

A 2023 Healthwatch report highlighted concerns from a small number of people about the cost of care and rising costs. For example, people not eligible to receive financial support from the local authority but were also unable to pay for private care. This meant their care needs were not being met. Some people were confused about how payments were calculated and how adult social care funding worked. Feedback from local authority leaders was that people were assessed against the national eligibility criteria. Care was offered to meet those people's identified needs and if anyone was unable to contribute towards this financially, they were given the appropriate support.

In 2023 there was a public consultation to amend the charging policy in Brent, agreed in 2024. This increased charges to people. The local authority stated this was required to enable them to continue supporting as many people as possible and provided more financial support than was required under the national guidance on adult social care charges. Also, supporting people who self-funded their own care, with access to homecare support via the local authority, to ensure charges reflected the cost of care.

Provision of independent advocacy

People had not always been offered advocacy support as part of assessments. An advocate can help a person express their needs and wishes and weigh up and make decisions about the options available to them. They can help them find services, make sure correct procedures are followed and challenge decisions made by local authorities or other organisations. One person told us they had been offered an advocate when they initially contacted the local authority, but not more recently. However, they felt their social worker was listening to their wishes when discussing their needs.

Information was provided to staff about advocacy services detailing the referral process and eligibility criteria. Advocacy services in Brent were provided through a separate agency. Staff showed a good understanding of advocacy and the referral process. One team had easy read information available to people in explaining the role of advocacy and supported them to access this. Another team told us they understood the importance of independent advocacy in hearing a person's voice. For example, this was especially important where there was disagreement with a young person's parents to ensure their voice was heard.

We received mixed feedback around availability of advocates. For example, there had been a case concerning 'cuckooing', with multiple professionals involved and risk from intruders. Cuckooing is a practice where people take over a person's home and use the property to facilitate exploitation. The person had been put on a waiting list for advocacy to help them with decision making, despite the levels of risk. In another example a young person in hospital needed an advocate to support a smooth discharge however staff had to negotiate for a hospital advocate due to delays with the local authority's commissioned advocacy service. By contrast, another staff member said they had a positive experience of advocacy, where an advocate supported a person swiftly when they were at risk of eviction.

Feedback from local authority leaders was that there had been past instances where advocacy services were not immediately available, so they had implemented measures to ensure consistent access through the recommissioning of advocacy services in August 2023. They had also strengthened partnerships with advocacy providers to ensure timely availability of services to ensure that everyone who needed advocacy support received it without delay. Feedback from partners was that previous low levels of referrals had been improved through awareness sessions which were requested by the local authority. The local authority had been open to communication and had sought to improve this further.

Supporting people to live healthier lives

Score: 2

2 - Evidence shows some shortfalls

What people expect

I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

I am supported to plan ahead for important changes in my life that I can anticipate.

The local authority commitment

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

Key findings for this quality statement

Arrangements to prevent, delay or reduce needs for care and support

The local authority worked with people, partners and the local community to make available a range of services and other measures to promote independence, and to prevent, delay or reduce the need for care and support. Feedback overall was that some services were available in this area for people, but more could be done to improve this.

Local authority leaders confirmed that a number of initiatives were available to support people in Brent including a community well-being project which supported up to 400 families per year, and a Resident and Household Support Fund providing support to people experiencing difficulties due to cost of living pressures.

A positive experience was reported by one person in relation to the strengths-based assessment and support they received from their social worker which enabled them to move from a care home into a more independent supported living environment. Another person was positive about the support given to enable them to be involved in activities, aimed at helping them live a healthier life.

Some preventative services were having a positive impact on well-being outcomes for people. Staff told us they had clear pathways to support individuals to return to the community from hospital and care homes and a focus on reducing people's needs was a priority. For example, they were able to get free adaptations to a person's home to prevent early care home admissions. Feedback from care providers was the local authority positively worked with them to promote people's independence.

Housing was one of the biggest issues in Brent. In particular, for single homeless people and people with mental health needs and physical disabilities. The housing team told us they received around 140 homelessness applications each week. A large number of private tenants were living in poor accommodation and the local authority had a focus on increasing social housing and maximising housing stock. Partners also told us this was the biggest challenge and that the local authority was trying hard to address this.

The housing team had been moved into a different area to adult social care staff, however relationships remained with teams working within the same environment. The local authority Homelessness and Rough Sleeping Strategy 2020-2025 documents the vision for 'Building a Better Brent' with specific housing aims designed to work alongside other strategies across the housing service. It aims to maximise the prevention of homelessness and to minimise the negative impacts of homelessness upon families and individuals where prevention is not possible. A housing surgery had been set up within the Brent Hubs to try to reduce the number of people who were homeless with provision of advice, support and information.

Senior staff were proud of work to date around prevention however they told us there was more to do. Brent Health Matters was a local preventative initiative funding social prescribers and care co-ordinators providing health outreach and community engagement, focusing on advocacy, advice and well-being of people. The local authority were trying to increase implementation of this model across local communities.

The local authority's focus in terms of prevention so far had been the acute sector (hospitals) where they felt there was positive joint working. There had been good primary care work around diabetes, and they recognised improvements were needed in the areas of mental health and sexual health. There was a focus on trying to empower people and maximise their independence and control.

National data in Brent was lower than the England average in several related areas indicating improvements were needed, including 66.91% of people who have received short term support who no longer require support, which is lower than the England average of 77.55% (ASCS, 2023). In addition, 58.39% of people say help and support helps them think and feel better about themselves, which is lower than the England average of 62.30 %, and 57.76% of people who reported that they spend their time doing things they value or enjoy is also lower than the England average of 68.17% (ASCS, 2023). Feedback from the local authority was that the data had now improved in terms of people who say help and support helps them think and feel better about themselves to 66.70%, which is higher than the London average.

Data and information was used by the local authority to identify required actions to improve the health and well-being of individuals and communities across Brent. For example, the local authority Joint Strategic Needs Assessment 2023 stated the rate of diabetes was higher than both London and England. The prevalence of mental health disorders for people 16 and over, and 65 and over, remained higher than London and England as well as inpatient stays in secondary mental health. Brent reported a higher rate of hospital admission due to falls in those age 65 and over, and rates of dementia were estimated around 4.1%, with hospital admissions higher than those for London and England.

The draft Adult Social Care Prevention Strategy (February 2024) focused on supporting people to live healthier lives, promoting independence and choice. This strategy had been developed through wider system discussions with key staff across adult social care and public health. It stated Brent has a growing and aging population with a growing care need for the elderly, people with long-term conditions and an increase in mental health needs. The strategy evidenced a strength's-based approach with the ethos "Home First" wherever possible. The strategy also discussed use of adaptations and equipment for people to promote independence including the importance of carers.

The strategy stated that the local authority was aware of the need to improve in a number of areas, including better co-production with communities, enabling equality in experience and outcomes, improving the 'front door' and case management, and enhancing their overall offer to people. Data analysis and engagement had started to indicate key areas for prioritisation going forward, these were ongoing including work to incorporate social prescribing when people first made contact with the local authority, to connect them to activities, groups and services in the community.

National data in relation to carers in Brent supported this need with 57.76% of carers able to spend time doing things they value or enjoy against the England average of 68.17%. Additionally, 76.47% of carers found information and advice helpful against the England average of 84.47% (SACE, 2022).

Partners told us there was a high level of need in Brent for services but not enough provision currently. There was a lack of community services, and funding cuts in the community such as day centres and specific support groups, for example domestic violence support in the community. Access to holistic support had reduced and partners were not able to meet broader needs. Feedback from the local authority leaders was that some financial funding was made available for housing related support which included 200 hours per week across four women's refuges in Brent and a women's service.

The local authority had been expanding their engagement services over the last 2 years with some funding to community services. One preventative service supported people's needs from escalating by giving advice, prompting people to claim benefits or go to the GP. Providers told us they felt local authority staff were passionate, friendly and willing to improve, but that there could be some mistrust towards staff from communities still based on more traditional views about the role of social workers.

Provision and impact of intermediate care and reablement services

The local authority worked with partners to deliver reablement services that enabled people to return to their optimal independence. We received positive feedback from people in relation to reablement. The local authority commissioned three care providers to carry out their reablement services. This was an integrated rehabilitation and reablement function, with health and social care working together to support earlier hospital discharges into the community and faster response times. The reablement team was a multi-disciplinary team including social workers, OTs, physios and community health partners. Funding had been provided from the 'Better Care Fund' to increase staffing such as for reablement OTs.

National data was slightly lower than the national average, for people over 65 with 78.95% of people in Brent still at home 91 days after discharge from hospital into reablement/rehab against the England average of 82.18%. (SALT, 2023). However, in terms of people not requiring support following reablement Brent were significantly better than the London average.

Access to equipment and home adaptations

People could access equipment and minor home adaptations to maintain their independence and continue living in their own homes. The local authority commissioned community equipment services jointly with the North West London Integrated Care Partnership. In August 2023 the local authority joined the London Community Equipment Consortium which consisted of 21 London Boroughs which meant there was a joined up and consistent approach taken with accessing equipment for people across these local authorities.

There were concerns in relation to the provision of community equipment which affected the processing of equipment orders, so action had been taken to employ a liaison person to support communications with a daily report on equipment needs. This specialist community OT was employed providing clinical leadership to frontline staff to support with equipment and adaptations. The local authority had also increased their stores to enable easy access to smaller or regularly used items. For special orders, staff were advised to go directly to the suppliers and this had been successful.

There was a high demand for community equipment provision and a scarcity of qualified OTs, so the local authority operated a model where staff who had trained as 'trusted assessors' were able to order or arrange for repair of more low-level pieces of equipment without referring to OTs.

Some partners told us the community equipment contract continued to be an issue and it impacted on people. For example, people having to go to a different place rather than home on discharge at times. However, other feedback was positive and that following one person's discharge from hospital, the equipment needed to support mobility was put in place in a timely manner, to ensure this safe transition took place.

There was a waiting list for OT services, however staff were generally positive about the OT weekly surgery which had been introduced to assist with this. Staff told us risks arising from the waiting list were well managed by managers. For example, they prioritised people who were at risk of falling. The OT team told us their waiting lists had reduced from 100 last year to about 20, due to increase in OT staffing.

Staff confirmed there were issues with providing equipment in a timely manner. Staff gave us some examples of impact from this. People were in bed for longer waiting for a stand or a sling. There was a pressure on families to transfer people without equipment at times and staff needing to send in continuous emails and complaints. They explained it was doubly challenging when you had to tie in equipment visits with British Sign Language (BSL) interpreters as both were a scarce resource. Supply did not always keep up with new developments. For example, some analogue rather than digital equipment was still supplied, and available equipment did not always include up-to-date sensory equipment. Feedback from senior staff was that their digital strategy was supporting the transfer of equipment from analogue to digital.

Staff told us the local authority gave them freedom to order bespoke equipment and did not question their professional judgement. They felt the provider equipment web site had improved and gave positive feedback about managers support around this and the new specialist community OT who communicated regular updates to them.

Senior OT leaders explained that adaptations made to people’s properties were not means tested which meant these were carried out more quickly for people. They recognised the digital and technology offer to people was limited and were in the early stages of this development as part of their prevention strategy.

Partners told us the lack of OTs meant a delay in areas such as housing teams assessing people's needs against available properties, so properties were remaining void. The local authorities housing department had trained surveyors to become trusted assessors as they identified OTs were a finite resource, so this enabled some adaptations to get done within private housing without needing OT input. Feedback from the local authority leaders was they prioritised these cases, understanding the need to act quickly.

Provision of accessible information and advice

People could not always easily access information and advice on their rights under the Care Act and ways to meet their care and support needs. This included unpaid carers and people who funded or arranged their own care and support. One person told us it was not easy to contact the local authority for information and advice. This was because there was not a single point of contact as social care workers were often agency staff workers and changed frequently. The person found it frustrating and so tried to avoid contacting social care, which placed them at risk of not receiving necessary support. One unpaid carer told us information had not been made available to the family so they were unaware of what support they could access such as opportunities for respite care. Carers told us they heard about what services were available in a variety of ways, for example supermarkets, charities and word of mouth, but were not sure who to speak with in the local authority if they needed something. Feedback from local authority leaders was that people were able to contact the local authority through a number of channels which included the website, face to face through Brent Hubs and via allocated workers. Part of the 'Brent Customer Promise' was to ensure people were responded to within one working day.

National data supports this negative feedback with 60.73% of people in Brent who use services finding it easy to find information about support which is lower than the England average of 66.26% (ASCS, 2023). Similarly, data for carers shows 45.71 % of carers in Brent who find it easy to access information and advice against the England average of 57.83% (SACE, 2022).

There were 5 Brent Hubs across the local authority that offered face to face access to universal services and advice including social care, housing and benefits and debt advice. Staff were positive about these hubs and felt it made it easier to support people who could be difficult to contact, such as homeless people or people with mental health needs, by signposting them to services.

Information was available to people such as a carers booklet to promote awareness of carers, including young carers, and who to contact for advice and support. The local authority was working with staff and partners to improve the IT system in co-production with Brent Carers Centre to develop a portal for self-assessments by carers.

Brent Council Digital Strategy 2022-26 set the local authority's ambition and aims of becoming a digital place and council. The local authority had worked with people, businesses and partners to deliver a themed programme of digital activity to improve digital access, access to public wi-fi and a focus on digital inclusion to enable people to participate.

Staff in teams were passionate to work effectively but said their time was taken up by trying to find out about services available to support people. Staff felt there could be more agencies and voluntary groups that they should be signposting and referring people to, as services that were previously in place, such as befriending, had dwindled and they found alternative, or replacement services were not being commissioned to replace those that had been lost.

Feedback from partners about accessibility to information and advice was mixed. One community group told us they had developed a directory of information and had been shocked how little some of the community knew about services available. Another told us information was not always easily accessible for people with learning disabilities or who were neurodiverse. However, another community group told us they worked well with the Brent Hubs, whilst an organisation supporting people with mental health needs worked positively with and received referrals through local authority staff.

Direct payments

There was good uptake of direct payments, and they were being used to improve people's control over how their care and support needs were met. The local authority Market Sustainability Plan (2023-25) documented that since 2019 direct payments have increased, rising from 661 packages in 2021 to 1,490 in 2023.

National data supports this evidence particularly for older people, with 34% of service users aged 65 and over in Brent accessing long-term support receiving direct payments compared to the England average of 14.18% and 34.02% of total service users receiving direct payments compared to the England average of 26.22%.(Adult Social Care Outcomes Framework, 2023, ASCOF).

Feedback from one unpaid carer on behalf of a person using direct payments said they felt it gave them autonomy and flexibility. It empowered them to use their support how they wanted to. Another family had discussed direct payments in the past however not recently and felt they would like to consider this further now given more information. Some carers we spoke with had not heard of direct payments but could see the potential of using these.

The aim of direct payments was to provide the least restrictive option to people, enabling people to have choice and control, remain at home and support cultural needs. For example, a carer was struggling due to a change in the needs of the person being supported. A direct payment was put in place for the person and their family so they could arrange personalised activities in the community, which led to an improvement in the person's well-being whilst also benefiting the carer. Another person used this to get someone to live-in temporarily, to enable their carer to travel.

The local authority actively promoted direct payments; although people had a choice if they preferred a commissioned service. Staff gave us positive feedback about the use of direct payments explaining they were offered as a default to ensure people and their families had flexibility and control over the support provided. People were able to select care providers that understood their language and culture or use services outside of the area which were more appropriate to them. Some staff were direct payments 'champions' to promote this further to colleagues.

Guidance was provided to people about the use of direct payments with ongoing access to information, advice and support. A direct payment team provided advice and guidance and supported with areas like financial advice and monitoring.

Equity in experience and outcomes

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

The local authority understood its local population and demographics. It analysed data on social care users and used this to identify and reduce inequalities in people's care and support experiences and outcomes. However, the local authority wanted to do this more effectively to enable better support to people in their communities.

Data and insight was used to support Brent Hubs in meeting the needs of the local population across the borough. Each hub worked alongside local community groups to support the population to access information and advice. For example, the north of the borough had a Romanian community and the hub in this area worked alongside a community group to support interaction and engagement.

One senior leader described how they analysed data through the lens of 'no more averages'. No more averages meant holding themselves to account in terms of knowing much better how they were doing. They wanted to look at services beyond just the uptake of people, with the aspiration to gather more data on people's protected and unprotected characteristics for example. They told us some aspects of their data were good, but others less so. Senior staff told us the use of data was developing, and they had done a lot of work on inequalities.

Staff talked passionately about Brent, that it was an amazing place being one of the most diverse in Europe. They promoted social cohesion and told us the mobility of the community was a factor; however, many people were not mobile by choice but due to housing. There had been significant changes in their communities over recent years. They had an established Irish community, who were now ageing. The general population had grown and become slightly older. They were becoming aware of Latin American communities, with new communities emerging every 18 months or so.

The local authority had taken some steps to change relationships with communities and were trying to engage more with the faith organisations to facilitate this. They told us relationships with Somali communities had improved and further engagement was needed with the Romanian community. They had identified further work was needed with the Traveller and LGBTQIA+ community (lesbian, gay, bisexual, transgender, queer (or sometimes questioning), intersex, asexual, and others).

Local authority staff involved in carrying out Care Act duties had an understanding of cultural diversity within the area and how to engage appropriately. For example, one staff member who worked in mental health told us 79% of people using their services were young black men (from analysis in 2023). They had raised with commissioners around ensuring provision was appropriate to meet the care needs of this group. Commissioners had been responsive to this, but progress was 'slow'. They needed better provision to support people with life skills. An example was given of a person who achieved good outcomes by being supported to attend a gym during quiet hours due to their social anxiety disorder.

Staff told us they used many culturally appropriate services. For example, an Asian women's centre to work with a woman at risk of domestic violence, a live-in carer for a Jewish person who took them to places of their choice and an Asian person in temporary accommodation who moved to extra care with the use of an interpreter. Here they were able to access appropriate food and carer staff who spoke their language.

The local authority was aware there was more for them to do to understand communities better and to understand and address the specific risks and issues experienced by them. Some staff felt there was a gap in support in the voluntary and community sector for women over 30 with long-term mental health needs. Staff had identified they did not receive safeguarding referrals from some under-represented groups for example, Roma, Gypsy and Traveller communities and Asian communities, which led to working with partners closely to raise awareness of this. Staff felt they could support people to a point, but ongoing support in the community was not always available. A senior staff member told us they were aware of where some of these gaps were and planned to set up staff groups to help them identify and address these.

Care services had an equality impact assessment where demographic details and specific needs were considered. Some services supported people well, for example, a care home bought food from a local African store which improved a person's outcomes. Providers were encouraged to recruit to reflect the diversity of the area. The local authority took effective action when a care service had been discriminatory to people with mental health needs. Staff felt the commissioning of some services could lag behind, so the creativity of staff was key. Feedback from local authority leaders was that with a dynamic and changing population such as Brent, it was important that commissioning of services remained flexible so that changes in people's need could be responded to. However, this had to be balanced by stability in commissioning and care markets, to ensure Brent was a place where care providers wanted to deliver services.

The local authority had regard to its Public Sector Equality Duty (Equality Act 2010) in the way it delivered its Care Act functions; there were equality objectives and some co-produced strategies to reduce inequalities and to improve the experiences and outcomes for people more likely to have poor care. Some relevant data about people was collected through case management systems but this was an area local authority leaders felt could be improved further. Leaders had identified the limitation of the available forms and recording in case management and were raising this with the system provider.

In terms of further co-production, the local authority was currently developing a co-production approach with representatives from Public Health, Brent Health Matters, Brent Healthwatch and with key partners and groups to help address health and social care inequalities together.

Brent Health Matters priorities included continued work to reduce the substantial health inequalities of emerging and newly arrived communities, and refugee and asylum seeker health populations. They completed severe mental illness health checks which included follow-up with 10-20% of people who had not had a check in the last year with home visits to complete these.

Community partners told us about a high demand for services, particularly in areas of high deprivation, and that there were insufficient resources in the local authority to meet demands. The biggest challenge of the housing issue was this impacting on people's mental well-being, and they felt more information was needed around this to enable people to understand the processes and better manage people's expectations. Some community partners felt their communities were 'hidden' compared to others, such as more of the traditional Brent communities and there was unequal provision in relation to the needs of their people, in particular older people.

In term of the local authority's own approach, staff told us there has been a culture change over the last 18 months with further career opportunities enabling more senior roles to better reflect the diversity of the community and linked with the overall diversity of the workforce. Staff felt this was positive in terms of working better with people living in communities in Brent.

A cultural competency approach was taken which included training for staff with the aim of impacting on the delivery of services, systems and attitudes. Also to raise awareness for staff of different cultures, beliefs, values, and behaviours. Four staff networks meant staff who had an interest in an equity issue could come together to share ideas and information, generate solutions and celebrate achievements.

Inclusion and accessibility arrangements

People gave us overall negative feedback about inclusion and accessibility arrangements. For example, one carer told us they only speak Urdu and there was no interpreter so their relative had to do this. Consequently, they were not sure their needs were fully understood. Another person was unhappy with the local authority interpreting services provided so had used the services of a charity instead. People told us sometimes a care worker could not communicate with them and vice versa as they did not speak the same language. Another person said their cultural identity felt impacted as they felt the care staff did not understand them.

People told us needs assessments did not consistently consider people's cultural and religious beliefs. In one person's assessment, their communication needs had not been considered. This led to the person feeling some distress and avoidance in taking part in the process. In another case information sent was too complex for the person to understand and an easy read or alternative format was not offered.

Partners fed back similar themes that when people contacted the local authority for support, they could not always articulate their needs well which meant they did not always receive the support they needed. Information was not always accessible for people which could create anxiety. For example, letters sent to people, where English was not their first language, were not in simple language and this made the information difficult to understand.

Staff spoke more positively about inclusion and accessibility arrangements. Assessment forms captured people's communication needs. In one case where translation services were not available for a person who was deaf, they had been able to use other means to support them in relation to housing challenges. Brent Hubs and the contact centre had access to telephone interpreting services and facilities for video sign calls for those with hearing loss. Additionally, the hubs had introduced a monthly surgery for those with hearing loss to book appointments with an interpreter available to support. Staff fed back that translation and interpreting services were quite good, however were hampered by excessive demand. Staff told us that they were able to book and use interpreters including British Sign Language (BSL) support, advocacy and aids such as easy read documents, however some of the feedback we received did not reflect this. Teams within the local authority were very culturally diverse so they had been able to utilise this to support with translation when needed although acknowledged this was not always ideal.

Accessing BSL support was problematic. BSL interpreters were not readily available and staff told us they had to wait 2 weeks to source interpreters. This meant deaf people were not having their needs assessed in a timely equitable manner and staff told us it did not feel like the deaf community were as visible. Sign video was a good alternate resource to aid communication, though it required a smart phone and connection so was not available to everyone. One staff member explained they had not managed to get a BSL interpreter for the 3 months they had worked with a person.

Staff described how they used equality-driven approaches to encourage accessibility for the people they worked with. For example, one worker told us how they were assessing a person diagnosed with a learning disability and autism, who did not verbalise often. The worker was aware the person enjoyed music and observed their communication skills when using a music website to inform the assessment. Other feedback from staff however was there was a lack of understanding of autism spectrum disorder within the local authority. In another example staff had undertaken an in-depth piece of work with an Afghan family with the intensive use of an interpreter to help the family understand the role of social care and accept help.

Some staff told us they were able to successfully utilise interpreter services to support assessments. For example, where a young person could speak English, but their family could not, interpreter services were used to ensure everyone's input was gained in the assessment process.

Support was provided to people with digital skills with groups available to support people with completing paperwork, using the internet and accessing health services. Brent Digital Inclusion Network Partnership and other charities represented people at risk of digital exclusion to apply for funds or purchase laptops. Some homeless people being supported to have a mobile phone to better access housing support. There were also over 200 volunteer digital champions who supported people at a drop-in service.

The local authority had documented their approach to addressing inequalities in adult social care, which included data and information gathering, audits to identify gaps in care provision and engagement with key groups. The SMART team formed part of this approach. These themes were evident from feedback we received however some were at earlier stages such as the data and information gathering.

Partners told us there used to be local authority funding for a traveller worker, but this no longer existed. Sometimes the local authority had asked for help in mediating with the community, but they said trust had to be built up over time to do this well and this approach was not effective. Feedback from the local authority leaders was this post did exist, however now sat within the area of housing.

Partners told us the local authority could improve accessibility when engaging with them at times. For example, a disability forum had been established, however, the time and setting of the forum meetings meant people could not always attend. Consultation documents were also not always given in accessible formats such as easy-read formats, which they felt limited responses. Feedback from the local authority leaders was that the disability forum arrangements were agreed based on the consensus of people who could attend.

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

We may not always review all quality statements during every assessment.

Care provision, integration and continuity

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is co-ordinated, and everyone works well together and with me.

The local authority commitment

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Key findings for this quality statement

Understanding local needs for care and support

Demand for care services had increased with 4292 people receiving adult social care in Brent in March 2023, from 3819 in April 2020. Along with an increase in demand and there was an increase in complexity of care needs of people. The highest area of support was for homecare, followed by direct payments support, then residential care.

The local authority worked with local people and stakeholders using available data sources to understand the care and support needs of people and communities. Data was available on their systems, such as census data. However, the local authority described how they wanted future data to enable them to enhance their planning for the future of adult social care, including the demand for housing.

The local authority worked in collaboration with 6 neighbouring boroughs in North West London to share information on quality across the care provider sector. This was facilitated by engagement in the North West London Commissioning Alliance forums which focussed on care homes and the supported living provision.

Staff worked with people to understand their care and support needs. For example, carers were offered respite, which varied depending on the complexity of needs. There was flexibility with the respite hours offered and that they were usually able to offer consistency in staff used to minimise disruption for people. The local authority recognised improvements were needed in this area and staff had been encouraged to think more creatively about care for people. For example, referring carers to dementia cafes for support, rather than use more traditional options such as sitting services which could be more restrictive. Brent Carers Centre offered some free therapeutic support sessions for carers.

A new initiative of a night support care offer had reduced care home placements by providing floating support for people at night. This could be 2 or 3 calls in the night and care staff were provided with a car. This service enabled people to be more independent and stay at home when they may have previously had to go into 24 hour care.

Other challenges included the gradual process of getting people with learning disabilities and autism back to face-to-face support after the COVID-19 pandemic. Specialist teams involved were experienced and reported good joint working with families, people and health staff.

Market shaping and commissioning to meet local needs

People had access to some local support options to meet their care and support needs. One carer told us about a service in the community which was particularly good in relation to supporting people with mental health needs and their family member enjoyed attending this. Data in Brent shows 65.1% of people who use services feel they have choice over these, which is slightly lower than the England average of 66% but above the London average of 62.3% (ASCS, 2023).

Staff worked with care providers at a provider forum, which facilitated good working relationships, provided support and helped further understanding when allocating packages of care. Staff had a strong relationship with the brokerage teams which sourced care which ensured a link between allocation of packages and available resources.

Co production was being used to help understand local needs in relation to days services and commissioners were engaging with providers to better understand the gaps and shape the market. Staff explained they were moving away from more traditional models of day support as a result.

Commissioning strategies included the provision of suitable local housing with support options for adults with care and support needs. There were challenges in commissioning services within the care home market that could meet the complexity of people's needs, while balancing the capacity of services with price and quality. Growth areas in Brent had been within mental health services, especially around housing.

The grant programme which provided funds to the voluntary sector was managed centrally and there was no clear connection with the commissioning function. Therefore, this lacked a focus on how the local authority were shaping the market for prevention and for reducing people's needs for care and support. Feedback from local authority leaders was that there was some work with commissioning and the voluntary sector taking place which included work in relation to carers and day services.

The Accelerating Reform Fund for 2023/24, was set up to provide innovation and scaling up in adult social care and kick-start a change in services to support unpaid carers. Brent had been given some funds for this and this was being used to ensure funding for the voluntary sector aligned more fully with the requirements of the Care Act. Senior leaders felt more was needed to be done around prevention of people's needs and use of technology.

The local authority Market Sustainability Plan (2023-2025) stated demand for services had increased since 2020, however, to date there were new challenges to manage in terms of recruitment and retention of staff to ensure service quality. The care home market consisted of 17 care homes, 11 nursing and 6 residential. The market was generally small with the main providers being national care home providers. Brent commissioned some residential and nursing homes in the wider West London market too and commissioning was in place with two of the other local London boroughs.

Commissioning strategies were aligned with the strategic objectives of partner agencies. Health partners explained there was a focus on care provision in all areas and how they were working to commission with the local authority with pooled budgets to enable financial efficiencies and better coordinated services. There was a recognition of the social challenges in the area and with the demand for housing and employment.

Some community partners felt there was a gap in provision for people living in hostels who were not in drug and alcohol related treatment and didn't meet the threshold for intensive support. There was an outreach team in the local authority, but more was needed. They told us other local authorities placed people in the area and Brent were not informed of this which placed people at risk. Other partners told us there had been positive recent attempts to improve commissioning, for example, accommodation for people with both mental and physical health needs.

Ensuring sufficient capacity in local services to meet demand

There was sufficient care and support available to meet demand. There was a strong provision of day services, respite services and supported living services in the borough for people with a learning disability. However, there was less availability of learning disability specific residential services for people. Feedback from local authority staff was there was a lack of understanding of autism spectrum disorder within the local authority and that there was also a gap in services to support people with this diagnosis. This had been fed back to leaders.

National data in relation to carers showed 10.17% of carers accessing support or services allowing them to take a break from caring at short notice or in an emergency which is similar to the England average of 10.76%. However, 25.86% of carers accessing support or services allowing them to take a break from caring for 1-24hrs was higher than the England average of 20.08% (SACE, 2022). Carers gave mixed feedback about services. One carer told us Brent Day Centre was good. However, another felt they had watched community resources being withdrawn or closed down which had impacted on them.

Commissioning staff had positively set up the NAIL project (New Accommodation for Independent Living) which was an initiative to reduce the reliance on residential homes, and a 61 bedded extra care scheme was part of this project. There was a driver within teams to further develop extra care, with the focus to keep people local. There were 8 extra care sites, with others being developed or repurchased by the local authority to enable them to be developed.

Shared lives staff teams felt well supported by the local authority to expand and develop the service. Shared Lives matches people who need care and support with an approved carer. The carer shares their family and community life and gives care and support to the person with care needs. This team told us they were focussed on being a viable alternative to other provisions such as residential care, supported living and homecare.

Some staff told us about gaps in services. For example, there were some challenges around specialist housing for example, there needed to be a more joined up approach with other agencies for people with drug and alcohol issues. They told us there was a lack of provision for young people for age-appropriate services. For example, some of the day services in the borough had an older demographic so on occasions staff commissioned a continuation of the children's services instead. It was also identified services specific to those with mild to moderate needs to support training and life skills development for young people was not well developed. The team told us this had been raised with the commissioning team as more transition-appropriate service provision was required and we were aware of work to redevelop day services to move away from the more traditional service model, which linked to this.

Feedback from partners was the low use of sheltered housing and pressure for people to stay at home had put pressure on the adaptation budget and exacerbated waiting lists. There was a middle group of people who were not in need of care support enough for specialist accommodation, but too ill for general housing and this was being reviewed through commissioning.

Brent Council Market Sustainability Plan documented the increase in placements within supported living and extra care housing with a focus on people living independently. In terms of market and commissioning there was sufficient residential and nursing provision to meet the needs and demand for people in Brent. Brent's commissioning intentions were to reduce the need to make care home placements and move towards services in extra care, 24 hour homecare and peripatetic night support to support independence.

The local authority had 16 providers on a framework with packages being advertised on their system. Other care providers were used on a 'spot' contract basis. Three reablement providers supported the prevention aspect of the market. There were limited waiting times for care services starting as there was enough capacity in the market to accommodate demand, with no waiting list for homecare unless there was a need for a specialist package. Beds could be found for residential and nursing care within 24 to 48 hours and interim one to one support could be provided to enable people to be promptly supported in care homes (such as dementia care). Supported living could take longer to plan in terms of tenancy agreements but staff told us there was not a pressure to make these placements.

There was some need for people to use services or support outside of their local area. However, support was provided for people to move back if they wished to do so. For example, progress had been made around learning disability placements in reducing the out of borough placements from 200 to 77. Many of the remaining 77 people did not want to return to closer settings due to longevity of the placement or family reasons. There had been 273 out of borough placements made in the past 12 month against 646 in borough, which was mainly based on people's choice, family preference and affordability. These placements were reviewed annually. Other local authorities, NHS and people who funded their own care utilised the remaining beds in Brent.

Ensuring quality of local services

The local authority had clear arrangements to monitor the quality and impact of care and support services commissioned for people and it supported improvements where needed. Actions were taken to support quality improvement.

In Brent 100% of nursing homes, 83.72% residential care and 68.97% of homecare were rated as good overall by the Care Quality Commission (CQC). The proportion of care home beds (across all sectors) rated Good or Outstanding was 80% and compares well with other areas of London. The majority of placements made by Brent Council were in homes rated Good or Outstanding and again compares well to London.

Weekly quality assurance meetings were held by commissioning staff to gather intelligence, feedback issues and the providers were RAG rated based on risk. Any appropriate concerns were shared with partners such as other boroughs. Announced and unannounced visits were carried out to review the risks and quality. This meant the team were able to monitor services in a structured way. Three care providers had been subject to the provider concerns process in the last year and this was in relation to management, staffing and safeguarding concerns.

Packages of care were consistently reviewed by local authority provider relationship officers along with providers receiving regular checks and monitoring. Providers told us the local authority was responsive, communicating and engaging well with them. For example, small changes to care packages could be done through a computer portal, allowing for some flexibility when needed.

There was a system in place to manage any quality concerns with action plans and support. Where embargos had been implemented the providers were supported to address the issues and all current embargos had been removed. Providers gave us positive feedback about these quality assurance measures and told us quality monitoring was thorough and supportive.

The team had been developing an approach to obtain peoples feedback for services which were to be re-tendered. The feedback obtained would support the development of the services, for example the support contract for people with learning disabilities.

Quality of care services was assured with supported training and development for care providers. The provider process included yearly visits and completion of a quality assurance checklist. Contract management meetings were held with providers connected to contracts. Commissioners and staff met with CQC to share information on risk and quality. Sector specific provider forums took place each year run by a Brent care home registered manager, plus monthly care home forums and peer support programmes. A supported living accreditation scheme supported quality assurance processes and for the region to deliver shared objectives.

A North West London Quality Group was chaired by a Brent senior commissioning manager which meant they took a key role in quality in their local region cross-borough. The local authority worked well with neighbouring boroughs in West London to share information on quality across the sector. This was led by the engagement with the North West London Commissioning Alliance with forums focused on care homes and supported living.

An 'Enhanced Health in Care Homes Programme' was in place where the local authority worked with health partners to provide training, support, coaching and a peer network for providers to improve.

Ensuring local services are sustainable

The local authority worked with providers and stakeholders to understand current trading conditions and how providers were coping with them. Local authority staff were able to assure themselves about staff renumerations and working conditions. The London living wage was assigned to all the provider contracts and they monitored care staff contracts to ensure these were not 'zero hours', and staff had enough time to support people safely. Each provider was encouraged to look at geography allocation to reduce staff travel between calls.

National data for Brent showed adult social care staff who had the Care Certificate in progress, partially completed, or completed was 45.23%, slightly below the England average of 49.65%. Adult Social Care job vacancies were much higher at 25.10 % in Brent however compared to the England average of 9.74% (Adult Social Care Workforce Estimates, Skills for Care, 2023) which added to the challenge of care provision.

The local authority worked with care providers to maintain and support capacity and capability. Support was offered to care providers by the local authority, for example manual handling training was being offered for personal assistants which people employed. Grants were offered to care agencies and they had an academy for overseas recruitment.

Care providers told us the local authority supported them in recruiting and retaining the social care workforce and spoke positively about the provider forums and quality assurance visits undertaken.

Placements for care provision were made through a contract with annual cost of care reviews. The local authority commissioning strategy continued to review alternatives to care placements with the main areas of risk being the gap between people who funded their own care, the rates the local authority could pay and the workforce supply. Annual fee reviews helped to ensure the sustainability of the market along with the internal quality assurance teams who had all round oversight of providers. In terms of domiciliary care, 44 providers contracted with Brent, however there were 63 providers working with Brent in total, the difference being 'spot' contracts. A lead providers homecare model was in operation, with 7 lead homecare providers for older adults and physical disabilities and 4 lead providers for mental health and learning disabilities.

The local authority Market Sustainability Plan documented planned investment in other services including 4 new extra care services and 3 new learning disability services over the next 4 years. Further actions to improve market sustainability included the uplift of 'spot' rates for care services not on the local authority main framework.

Partnerships and communities

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is co-ordinated, and everyone works well together and with me.

The local authority commitment

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

Local authority staff worked well with other organisations to help them identify young people with eligible care and support needs. For example, referrals came from schools, colleges and health partners. Staff involved others in areas such as positive behaviour support planning for people and met with relevant stakeholders to support health funding requests and reviews.

Partnership working with health colleagues was positive in some areas, for example there was a weekly meeting with GPs and the mental health team as part of a complex patient group which provided information and insight for people who were coming to the adult social care teams. Sometimes assessments were not as joined up with health colleagues and there were delays.

Partners in relation to mental health felt they had built up a good relationship with the local authority before the pandemic. Mental health services have now returned to the local authority and some areas have worked better than others, such as in relation to hospital discharge. They required a new memorandum of understanding in terms of how they worked together however they felt they had maintained a strong relationship. They felt leaders were accessible and there were multiple examples of joint working. For example, setting up a risk panel around complex cases and the local authority had supported a bid for investment around physical access to the hospital.

Overall staff told us they felt there was a good sense of collaborative working with colleagues and partnerships in place. For example, they had been able to attend regular meetings with the neighbourhood team of health specialists, including social prescribers. Discharge and reablement teams used a multi-disciplinary team approach to supporting individuals to return to the community, working alongside OTs and physiotherapists with joint visits often taking place. This approach to discharge and reablement worked very well with a 70% success rate in terms of people not requiring ongoing care.

We received mixed feedback about working with housing. Some staff such as the OTs worked well together in areas relating to adaptations and disability grants. Other staff felt a closer link was needed and was a lack of collaboration at times. Staff did work together at times, for example, attending a 'high risk' panel, during training, and in implementing a Self-Neglect Toolkit which had recently been developed.

The local authority worked collaboratively with partners to agree and align strategic priorities, plans and responsibilities for people in the area. Senior staff recognised the challenges in health and adult social care partnership working, and that they needed to do this more collaboratively to develop opportunities for integrated working. The integrated care system was complicated in North West London as the communities, provider and political landscape varied significantly and it was challenging to work across.

Senior leaders felt there could be improvements in working relationships within the local care system in North West London to work more effectively as a partnership. More work could be done in relation to integrated working at the council and creating an awareness and curiosity across the council about adult social care. For example, working with housing and more joined up working around prevention with better structures for enabling effective strategic engagement with the voluntary sector.

Examples of partnership initiatives led by Brent included a new toolkit for care quality across London, revising the care home standards in collaboration with other local authorities and CQC. This showed the local authority taking a lead in bringing partners together to address local challenges. Also taking a lead in the region around workforce and recruitment, and training in areas such as the Mental Capacity Act 2005.

Co-production was recognised as one area which could be strengthened to ensure people's voices shaped and informed the design and delivery of adult social care services and a participation project was being implemented. The Brent Adult Social Care Coproduction Approach Draft, October 2023 outlined what co-production means for the local authority and details how they intend to move forward making sure people are involved that use the services. This was by strengthening relationships with people and communities, better partnership working and to improve on practice outcomes for staff and people who use services.

Partners gave us mixed feedback on how they worked with the local authority. Some told us the local authority engaged positively with them and generally they felt really supported with some of the linked local authority staff very involved. A partner suggested when the local authority attended meetings however roles could sometimes be better explained, and the language used less jargonistic, to ensure external people did not feel alienated. Some partners told us the local authority promoted the voluntary sector and had an open relationship with good communication.

One partner told us there was limited strategic involvement with commissioners and funding was their main concern. It was felt the local authority needed more presence in the community to be fully aware of the issues that existed. Other organisations felt they had an improved relationship with the local authority with more engagement with the strategic commissioners than previously. There was a focus to build on existing relationships to allow delivery of outcomes identifying that there are limitations within the organisation due to staffing and resources.

One partner agency told us they were able to meet senior leaders in the local authority on a regular basis, which allowed information to be fed back in a timely manner. They felt the local authority were open to communication and responsive to feedback. Another cited clear and good working relationships with Brent and felt the local authority was serving people well, further explaining they were approachable, responsible and working under difficult conditions due to reduced funding.

Arrangements to support effective partnership working

Staff were supported to work effectively with partners. For example, they received support and training to take part in continuing healthcare assessments where funding was assessed in relation to people's health. Other staff worked closely with health partners to assess and meet people's needs with frequent meetings to facilitate joined up support for people with learning disabilities and autism. This team were also based in a hospital setting which allowed them close access to health colleagues for support. Some challenges were posed in accessing services, for example when a person did not have a formal mental health diagnosis which meant staff could be left trying to support people without the necessary tools or skills. This had been escalated to senior staff.

The Brent Integrated Care Partnership brought together health and care organisations from across the borough to work collaboratively. Senior leaders felt they had good professional relationships with health partners, where they could have 'uncomfortable' conversations, but found a way to compromise despite challenges. Partners confirmed there was strong partnership working with the local authority and health trusts. They explained day to day personal relationships were good and the day-to-day work was not affected by any specific challenges which arose. The importance of this partnership working was recognised, and a meeting was planned in June 2024, to bring together partners from across the borough to formulate a shared agenda including housing, the voluntary sector and health.

The local authority used opportunities to pool budgets and jointly fund services with partners to achieve better outcomes. For example, the Better Care Fund has been used to fund an integrated rehabilitation and reablement function. This was health and social care working together to support earlier community discharge from hospital and faster response times. Also increased staffing in some areas such as OTs, and a bridging service, a time-limited homecare service to enable discharge from hospital and support people while they awaited a full assessment.

The local authority provided funding and other support opportunities to encourage growth and innovation. Partners told us they had received funding from the local authority and other sources and felt trusted to carry out the agreed work. When their costs had been increased the local authority responded positively to continue to support them. One partner explained the local authority had listened to them and they had been invited to talk about their priorities when the budgets were being planned. They explained they were part of some thematic groups too and felt involved in relevant work.

Impact of partnership working

Senior local authority leaders confirmed relationships had not always been good in Brent and there had not been strong health relationships in the past, but this was now much improved. Health partners told us about clear working relationships with the local authority with a planned and coordinated approach. They had developed some preventative initiatives which began during the pandemic and had been developed further now. It was identified some neighbourhoods had particular health inequalities, so work was developed with communities for example, delivering immunisations in temples/ churches or on the street.

There were good examples of integrated working and co-production between partners and the local authority. For example, the development of an online version of the carers assessment was due to be finalised shortly and carers organisations had been able to feedback on the prototype, which was actioned by the local authority.

The local authority worked collaboratively with some charities to meet local social care needs. For example, the local authority had found unused properties in the past which they had offered to charities for free or for a peppercorn rent, which had been a positive way of assisting them given the challenges around housing in the area.

Working with voluntary and charity sector groups

The local authority worked in partnership with Healthwatch. Healthwatch are the independent champion for people who use health and social care services. Healthwatch gathers and represents the views of the public about health and social care services in England. The local Healthwatch network supports people to share their experiences of care or access advice. Their annual feedback report (2023) cited access to social care as a concern, the waiting list for an autism assessment, difficulty navigating the system to book an assessment and options for support if people did not have eligible needs.

Staff told us the lack of community and voluntary services available limited their ability to prevent needs for further services. Senior leaders told us they needed to do more to enable staff to consistently be part of the community. They had some links but needed to go further. For example, there was a Disability Provider Forum for the voluntary sector and people who used services which staff had attended but this had been more about exchanging information. Also, day centres did a lot of work with the voluntary sector but this was only in certain areas and was not a consistent approach.

Senior leaders told us they were focused on strengthening links and partnership working with the third sector in Brent. A 5 year transformation community plan was in place to develop engagement and coordination with the voluntary sector, demonstrating an awareness of the areas for improvement and a commitment to take effective action in this area.

Theme 3: How London Borough of Brent ensures safety within the system

This theme includes these quality statements:

- Safe pathways, systems and transitions
- Safeguarding

We may not always review all quality statements during every assessment.

Safe pathways, systems and transitions

Score: 3

3 - Evidence shows a good standard

What people expect

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Key findings for this quality statement

Safety management

Proactive work around winter planning for people's needs had taken place with health partners by getting the relevant people from across services together. Every few months a team would meet to discuss each sector with a lot of the work focused on keeping people out of hospital or supporting them on discharge. Initiatives included wrap around care to keep people within their homes, night support and bridging services.

Staff teams in Brent benefited from working closely together, however identified that a better understanding of each other's processes, would improve this further. Safeguarding partners confirmed they were working closely with social care staff to improve transitional safeguarding (when young people moved to adult's services). This followed a commitment from the local authority to ensure care leavers were well supported when they reach adulthood. Senior staff explained the strategy behind the transitional safeguarding approach but that there needed to be more practice development to ensure it was understood by staff. For example, the transitions and adults teams were working jointly to discuss cases, but this needed to be improved further. An improvement plan was in place highlighting that transitions workers needed more safeguarding training as currently they did not have the experience to pick up Care Act section 42 safeguarding enquiries.

Safety during transitions

Care and support was planned and organised with people, together with partners and communities to promote safety across care journeys and continuity in care. This included referrals, admissions and discharge, and where people were moving between services. Staff in front line access teams provided a triage and visit function for new and existing people. If any immediate care needs were identified, then care packages were put in place prior to handing over to longer-term teams and they would continue to manage this for 6 weeks following contact to ensure stability.

Improvements to hospital discharge had been made by creating the post of dementia nurse to support safe transitions. Joint training had taken place with ward staff to address the quality of referrals and the use of Trusted Assessors ensured people did not need to see multiple professionals unnecessarily to be discharged.

A handyman scheme was used to support quick and safe discharges to people's homes, such as installing key safes and environmental changes. For example, one person could no longer go upstairs, so they had support to move their bed to a ground floor room to enable discharge. Another person had an infestation of bedbugs at their property and the service carried out the work needed to support the person with this.

Services to support people on discharge from hospital varied from a night watch service to a pop in service commissioned by an agency. Staff felt this was positive and helped people to settle at home. The Trusted Care Pathway, enabled a person to be collected from hospital by a commissioned care provider and set up at home with items such as groceries or medication, allowing for further assessment which helped establish the correct package of support. Eleven beds were also available across three locations as a 'step down' from hospital when people required some further support.

Following the continuation of issues with the supply of aids and equipment, staff were able to have conversations with the hospital and, if unable to source these, people would not be discharged if it was unsafe. Risk assessments were completed to identify what measures were able to support safe discharge if items were delayed.

Processes supported staff to understand hospital discharge pathways. For example, one process documented mental health hospital discharge social workers should carry out assessments for hospital discharge and work with clinical staff to assess needs jointly. Staff however told us that this did not always happen in practice, and they felt disheartened at times as people were discharged too soon. Additionally requests for reviews of people with mental health needs in long-term placements when they were due for discharge, did not always allowed for timely assessments of people's needs.

Risks were managed for young people receiving transitions assessments. For example, staff worked closely with families completing mental capacity assessments to establish if people could make decisions independently. Assessments were completed for people identified as having eligible needs and the team aimed to begin this process from age 14, however this was not consistent and often a young person would be allocated to a worker in the team when they were 17. One person and their family told us they had not been made aware of their eligibility for a Care Act transitions assessment and as a result had sought privately funded support. Senior staff told us they were working to improve this and begin engagement earlier. The local authority had co-designed a transition offer for young people and parents/ carers, which was published on their website.

Some challenges were reported in supporting young people in the transition to adults' services, as there was a discrepancy between the offer of children's to adult's services. Therefore, staff felt it was important to manage expectations as support under the Care Act was often a reduced provision offer to what the young person had experienced previously. Consequently, it was identified that if services were reduced incrementally in preparation for adulthood, this would be more effective and less impactful on the young person and their family. Some support was given for young people to develop independent living skills, however staff felt this was an area which needed to be further developed. Likewise, there were some gaps in current health offers in relation to young people with mental health, autism and ADHD (attention deficit hyperactivity disorder) needs, which limited opportunities for preventive work and the possibility of young people needing acute mental health care. Staff described how some support ceased when a young person turned 18 and the provision to support these people was limited in adulthood.

Providers were surveyed around safe transitions between services with 77% of providers giving positive responses. Feedback from one provider followed an effective and coordinated hospital discharge process. Other partners were positive about the hospital discharge teams, describing effective systems of daily discharge meetings and calls which helped the social work teams based in the hospital and promoted relationships and information sharing.

Contingency planning

Plans for the future, or unplanned situations, had not been always been discussed with carers, however, we received feedback that emergency support had been provided when an unpaid carer was no longer able to continue supporting a person. Alternative care provision had been immediately sought to ensure the person had a safe transition to alternative accommodation.

Staff teams for people with learning disabilities and autism considered emergency planning as part of people's assessments. A duty number was available for people to contact when emergencies occurred, so that alternative support could be put in place.

Processes were in place to support contingency planning. For example, an Incident Management and Business Continuity Plan detailed a response structure, responsibilities and an actions checklist for emergency planning in the event of failure or loss of service.

Engagement and monitoring arrangements enabled the local authority to get early warnings of potential service disruption or provider failure. Processes were detailed in the Provider Failure and Service Closure Plan (February 2024). There had been 4 care home closures in 2023 and 1 in 2024, where people had been supported to move to alternate accommodation safely.

The local authority had its own emergency plans for service disruption which included the loss of premises, of IT and telecommunications and staff. This plan included assessment of risk, how this should be cascaded to senior staff and responsibility for recovery of services.

Safeguarding

Score: 3

3 - Evidence shows a good standard

What people expect

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Key findings for this quality statement

Safeguarding systems, processes and practices

National data was lower for Brent with 80.12% of people who use services who feel safe, compared to the England average of 87.12%, although this was much higher than the regional average which was 65.32 % (ASCS, 2023).

Staff involved in safeguarding work were suitably skilled and supported to undertake safeguarding duties effectively. Safeguarding training was in place for staff, providers and partners. Staff were required to complete mandatory safeguarding training, with social care providers and partners having access to safeguarding awareness training. Providers also received additional training where safeguarding referrals were not being received. Senior leaders told us they recognised the importance of training all staff, identifying challenges and streamlining processes to enable a smoother transition between different stages of the safeguarding process and develop a culture of continuous improvement.

National data shows 37.41% of independent/local authority staff completed Mental Capacity Act 2005 and DoLS (Deprivation of Liberty Safeguards) training, which was in line with the England average of 37.48% and higher than the regional average of 33.82%. In addition, 73.34% of independent/local authority staff completed safeguarding adults training which was significantly higher than both the England and regional averages of 48.81% and 48.20% respectively (Safeguarding Adults Collection, 2022, SAC).

There were effective systems, processes, practices to make sure people were protected from abuse and neglect. Concerns were received by contact centre staff who had received safeguarding training to support them to spot signs of abuse. These were then triaged for the safeguarding team to follow up. Staff told us the morale in the safeguarding team was positive, with a good learning culture although they were currently going through a period of transition from being a generic team to a duty team. Locum staff were supported to be an integral part of the team. Other teams worked in conjunction with the safeguarding team. For example, the transitions team held complex cases which included safeguarding enquiries until these were completed to ensure a smooth transfer into adult's services.

The local authority worked with the Safeguarding Adults Board and partners to deliver a co-ordinated approach to safeguarding adults in the area. Leaders had a good oversight of any safeguarding issues to understand any changes or learning. Six monthly meetings were held with senior local authority leaders, the safeguarding board and cabinet members. The Principal Social Worker was responsible for strategic safeguarding, leading on practice and learning alongside OT leaders. They were part of the Safeguarding Adults Board and involved in serious case reviews. The approach for learning from Safeguarding Adults Reviews was still being embedded. Two cases had been reviewed so far and the learning shared with the team involved however new measures had been planned to ensure learning was shared more widely. For example, in staff quarterly meetings, newsletters and 7-minute briefings.

There was a multi-agency safeguarding partnership, however staff felt the roles and responsibilities for identifying and responding to concerns were not always clear and there could be confusion about available resources in the community. For example, difficulties accessing other organisations to carry out risk assessments or have a planning meeting in cases where safeguarding concerns needed further discussion. A high-risk panel had been implemented as a pathway to escalate concerns related to people known to adult social care when the safeguarding threshold was not met. Local health trusts attended the panel to support cases involving people with mental health issues.

The Safeguarding Adults Board was focused on improving partnerships. There was strong partnership working between the statutory groups such as the local authority, the Integrated Care Board and the police. However, they recognised the need for improved engagement with housing, the voluntary and community sector and Healthwatch to better embed people's experience and better measure the progress of their priorities. They were working with other local safeguarding boards to improve processes and had set a strategy with key priorities to improve safeguarding across the borough. The priorities for 2024 included self-neglect, housing needs and substance misuse which were continuing themes, and to strengthen learning from safeguarding adult reviews (SARs).

Feedback from local authority leaders was that the Safeguarding Adults Board maintained strong partnerships with the voluntary sector who were represented at, and active participants in meetings. They were also included within their annual report and involved in other related work with the board.

One newer area of focus was cuckooing where there had been 9 reports of cases received over a 12 month period. Consideration had been given to early identification, involvement of relevant agencies and partnership work was planned with Healthwatch to understand this better.

Partners felt the local authority could get out more into community organisations to explain what safeguarding was and some of this work had started to take place. One partner said they had referred to safeguarding before but had not received feedback.

Responding to local safeguarding risks and issues

Clear safeguarding quality assurance processes were in place to ensure oversight, learning and development. For example, safeguarding cases were included as part of monthly case audits, quarterly audits and other reviews. The operational safeguarding lead told us they were working on actions from the most recent annual review which was completed externally. Random case files audits led to managers reviewing the safeguarding support offered and from this had identified the use of relevant law and policies was not consistently applied in a minority of the cases so continued to be an area of learning for staff.

Gaps had been identified in areas such as coproduction, voluntary and community sector engagement and transitions in Brent's safeguarding approach but they were actively working to address this. Self-neglect had been identified as a recurrent theme and the local authority recognised to address this category of abuse was complex and required a multi-agency approach. Staff had subsequently received specialist training in relation to this and a toolkit had been created to support frontline staff to increase transparency and efficiency in addressing self-neglect cases. This was not coproduced however so needed further input before its full implementation.

Staff were working to address inequalities across protected characteristics in safeguarding referrals. For example, they had reached out to different Asian communities around safeguarding due to low safeguarding referral uptake and they planned to create a coproduction advisory group in relation to this. The Safeguarding Adults Board understood the risks around unequitable safeguarding across different protected characteristics in Brent and recognised this area of work was still under development. They felt people's demographics and experience was a high priority for the local authority and work was ongoing to collate and understand data around equalities so this could be reviewed.

It was recognised improvements could be made in relation to SARs and there was a reoccurrence of themes in relation to timeless of response and communication issues between partners. A feedback loop system was being developed which partners could access to provide feedback better.

Feedback from care providers was positive in that the local authority staff were approachable, skilled and knowledgeable in relation to safeguarding advice and guidance. With 82% reporting safeguarding investigations were carried out in a timely manner. However, there was mixed feedback on shared learning around safeguarding. Some providers said there was a focus on lessons learnt while others said no feedback was shared or sought. This had been raised in a provider meeting already where assurances had been given by the local authority of improvements.

Responding to concerns and undertaking Section 42 enquiries

Figures where safeguarding concerns became enquiries had been reducing. Between April 2023 and Sept 2023 there were 1108 concerns and from this, 224 enquiries (20%). However, the previous year between April 2022 and Sept 2022 there were 939 concerns and 301 enquiries (32%). Although the number of enquires fell in 2023 to 224, this was explained by the changes to the safeguarding function at the front door, where the local authority told us more intensive support was given at the point of abuse being reported. Safeguarding data provided by the local authority showed between February 2023 to January 2024 there had been 2136 safeguarding concerns received and as of end of January 2024 there was a small number awaiting allocation or initial review. Concerns relating to neglect and acts of omission were highest types of risk associated with concluded section 42 enquires.

Concerns that staffing could be an issue in completing safeguarding enquiries had led to a system being adopted to retain oversight of ongoing enquiries. Managers completed weekly situation reports to submit to senior leaders which outlined numbers of enquiries which were ongoing and the reason for any delays.

There were effective processes in place to manage risk around Deprivation of Liberty Safeguards (DoLS) assessments. Senior staff explained they triaged assessments based on risk, dealing with emergencies first and have been able to stay on top of DoLS. Assessments were all allocated when they came in so there was no waiting list then monitored for completion. For DoLS between February 2023 and January 2024 there was 668 referrals and renewals received, and a small number were awaiting allocation at the end of January 2024. An increase in referrals for DoLS had impacted upon the ability of staff to carry out assessments quickly however there was a commitment to ensure the protection and rights of individuals were upheld.

The local authority had identified the challenges for Best Interest Assessors (BIAs) availability. A BIA is a professional who assesses and determines the best interests of individuals who lack the mental capacity to make specific decisions for themselves. Training was offered to post qualification staff, refresher training and an incentive payment to encourage qualified BIAs participation in DoLS assessments on a rota basis, through streamlining processes and using external BIAs if required.

Care providers were contacted by staff to remind them when DoLS renewals were due for people, to ensure lawful deprivation of liberty. In addition, staff supported providers of supported living, shared lives and extra care to have a better understanding of DoLs criteria within community settings.

Safeguarding Workflow Processes detailed the end-to-end process for teams. A, Safeguarding Adults Report in December 2023 set out the key performance indicators for safeguarding adults' activity during 2023/24, identifying areas of improvement and risk mitigation for the next 6 months. As part of assurance and continuous improvement in practice, safeguarding managers audited a random sample of concerns received each month to ensure there was consistency in applying the Care Act definition for a statutory response.

Partners felt the local authority were very good at responding to safeguarding concerns. The council responded to concerns in a timely manner and were positive about supporting people through this. There were clear routes to report safeguarding concerns. Referrals to advocacy services had now positively increased following awareness sessions being held for staff.

Making safeguarding personal

Staff told us there was pride in the person-centred focus on safeguarding, which they felt had been lacking in the past at the local authority. Safeguarding was now more focused on keeping people safe and was less about the investigation process. Recent refresher training on safeguarding had taken place with this message reinforced. Staff were positive about recent safeguarding developments such as the high-risk panel which had been introduced.

Safeguarding processes had improved since adopting an approach where local social work teams completed Section 42 safeguarding enquiries, rather than a central safeguarding team. This approach focused on making safeguarding everybody's business and this was now embedded across teams. Staff told us 'Making Safeguarding Personal' was key and gave examples of how they took time to understand people's views, despite pressure to be process driven at times. Staff were committed to do this well. For example, one person had been admitted to hospital due to self-neglect and had been evicted from their home. Staff identified no-one had really spoken to them about their needs and preferences properly and by doing so they identified suitable alternative accommodation with ongoing support, to help prevent further self-neglect.

Staff had recognised they needed to be better at feeding back safeguarding outcomes to people and following feedback to the Principal Social Worker, their IT systems were adapted so feedback had to be given before staff could move cases on. This was an effective response to an issue, which reflected a listening and improvement culture.

Theme 4: Leadership

This theme includes these quality statements:

- Governance, management and sustainability
- Learning, improvement and innovation

We may not always review all quality statements during every assessment.

Governance, management and sustainability

Score: 3

3 - Evidence shows a good standard

The local authority commitment

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Key findings for this quality statement

Governance, accountability and risk management

There was a stable adult social care leadership team with clear roles, responsibilities and accountabilities. The Director of Adult Social Care (DASS) had been in post for just over 2½ years and feedback was they were visible, having made a number of changes and improvements. These included building a strong leadership team and creating new roles to support the implementation of the vision for transforming adult social care. To support a better communication approach, a newsletter, staff meetings and a staff survey were being utilised, alongside drop-in sessions with the Chief Executive which a number of staff had attended.

The DASS told us that when they arrived at the local authority, they had appreciated the diversity and the welcoming environment. However, they had found some staff were dubious about changes and improvements they had planned. Senior leaders described the actions they had taken to transform the culture, modelling what they wanted for the service. They told us this work was ongoing. A key focus had been to build trust with staff by actively listening to them. There had been a focus on promoting wellbeing and valuing staff professionalism, for example by setting up practice weeks and arranging events celebrating local cultures. Some areas were still being developed, further work was needed to develop practice and this was currently underway. Staff spoke warmly about senior leaders and that they could directly escalate concerns to them and action would be taken.

Overall feedback about the staff culture was that this was positive although this was still changing and varied in some areas. Staff told us they felt there was an open-door policy for managers and senior leaders. A locum worker said compared to some other local authorities this open communication was something Brent did well and had encouraged them to become a permanent staff member.

Staff felt supported by managers to manage caseloads and had the ability to escalate concerns if there were issues or allocations became overwhelming. Staff in some teams told us they felt more consideration could be given to personal issues however not just case complexity, when considering caseloads and allocation. Support was in place for staff mental health with a wellbeing clinic established for staff to drop into on a weekly basis should they wish to.

Recruitment remained a challenge with a number of staff vacancies remaining. Around 50% of staff lived locally to Brent and the local authority was trying to recruit locally, to reflect a community where 140 languages were spoken. Systems to enable retention included a financial 'golden handshake', better development opportunities and a career pathway. Career progression was supported along with a skills academy staff could access to further develop their knowledge.

Performance and quality was assured by senior staff with managers. Local authority performance dashboards provided data and monitoring which helped drive improvement and transformation alongside a performance team and project, and a transformation board. There were clear and effective governance, management and accountability arrangements which provided visibility and assurance on delivery of Care Act duties. The Principal Social Worker used a national case audit tool and a weekly situation report was produced alongside monthly and thematic audits of cases. Monthly staff supervision helped to identify gaps and supported further oversight.

Practice development leads analysed themes from audits to inform learning. One thematic audit covering 6 months in 2023 randomly selected 133 cases which included commissioning, learning disability, mental health and safeguarding. This identified 3 main areas requiring improvement which were in relation to assessment of carers, staff supervision/management oversight, and a lack of strength-based approach. Training and systems reviews were planned from this. Overall, there was evidence of good practice however in 80% of cases.

A new standard operating procedure had been developed which staff had contributed to, clearly outlining the remit of teams. Managers felt this aided better working across the teams as remits were clearer. Clear risk management and escalation arrangements were in place including a high-risk panel staff could present cases to for further support. A risk register was completed listing relevant risks and causes along with a risk rating and mitigation.

Strategic planning

The local authority used information about risks, performance, some inequalities information, and outcomes to work with partners to develop the Joint Health and Wellbeing Strategy. Brent's Inclusive Growth Strategy identified the challenges and opportunities of growth within Brent over the next two decades, focusing on introducing measures to support the delivery of care services. For example, the NAIL project, which aimed to identify and develop alternatives to residential care for all vulnerable adult groups.

The local authority's political and executive leaders were well informed about the issues and potential risks facing adult social care. Council lead members looked for opportunities for improvement. For example, 'making every contact count' for people coming to the local authority. A service transformation was underway including a focus on the flow of people coming to the local authority and maximising what they were offered when they did.

Overview and scrutiny of services by council members gave an opportunity to connect the oversight of various service areas, with adult social care leaders being accountable to them for their actions. This meant there was a continuous dialogue of issues or concerns discussed publicly. Regular meetings were held with local health partners, which provided an additional layer of scrutiny and assurance. Council members described their role as like a good friend, and one who was prepared to have tough conversations, because people had put faith in them to do this. They felt visible and accessible to the public who got in touch with them to raise issues at times.

Positively there had been stability at the local authority in terms of the political leadership who were reported by staff as being committed to serve the people of Brent. It was felt the Covid-19 pandemic had been a step change for them, creating alliances with parts of the community which had since matured, however they still felt quite siloed as a local authority with work to do. There was a sense of collective endeavour however now and the focus was more about co-production involving people in developing and improving services in more of a strategic and meaningful way

Risks for the local authority included the inability to recruit enough staff to meet their Care Act duties. There were staff vacancies and agency staff who came and went. Waiting lists were another risk, although the assessment waiting list had reduced. Making the best use of cross council working was felt to be a challenge at times, but also an opportunity to connect better with other areas and work more effectively together.

Lead members had regular meetings with adult social care leaders and learning was taken from inspections, enquiries and complaints. Senior leaders used feedback from complaints to drive improvements by learning and taking action to address identified issues. However, it was recognised a more systematic approach was needed to do this and so new systems had been put in place to enable them to do this more effectively.

Staff conferences were held 3 or 4 times a year and information gathered helped towards constructive conversations and a shared direction across staff teams. There was an acknowledgement from senior leaders that it was challenging for staff currently who were being asked to work differently and make savings. Adult Social Care was planning a restructure of their services in September 2024. The purpose of the restructure was to support new ways of locality-based working.

Some staff told us they had already benefited from the transformation work for example, there had been an increased visibility of the sensory team. Staff were generally positive about the process and said there was a focus on staff wellbeing with regular meetings held to find out how staff were. Some new roles had been developed to support improvement, for example a new role looking at autism pathways. Staff had different views about the culture of the organisation depending upon which area they worked in, with most positive, but in some areas, staff felt the approach of managers was not as supportive.

Health partners stressed the importance of the new senior leadership at the local authority in instilling a new energy and a refreshed approach. In relation to plans for integrated commissioning, health partners felt local authority leaders wanted to make use of the 'Brent pound' for people and were really thinking about the future. Some senior leaders at the local authority felt more energy could be put into building bridges to make systems ever more efficient but they were moving in the right direction. The DASS worked closely with North West London partners in relation to budget challenges, leading on a workforce group. A grant was invested in the health and social care academy where there was shared training, apprenticeships and overseas recruitment. Mental capacity assessment training was provided across boroughs.

Providers surveyed gave positive feedback in terms of the local authority consulting them about people's care and support needs. Providers were invited to attend the managers forum to give opinions about a variety of issues including care rates, changes to care, digital technology and recruiting and retention of care workers.

Engagement with some community groups had been positive for example, working with Healthwatch to understand local priorities for health and wellbeing. A number of workshops had been held and surveys undertaken to ascertain views from the people in relation to a number of areas. One partner felt the leadership at the council did not always have the same perspective as people 'on the ground' in terms of what was needed for the borough. Where strategies and policies were made, they felt these did not always reflect the reality of people's needs and putting structures in place to enable effective strategic engagement with the voluntary sector would assist with this. Feedback from local authority leaders was that adult social care strategies had been developed through extensive engagement with people and the community, including the voluntary sector and other partners.

Information security

The local authority had arrangements to maintain the security and confidentiality of data with their records and data management systems. A Digital Ethics Board and Digital Governance Group reviewed any proposed changes to software to confirm security requirements were being met. These systems mitigated risks posed by new software and staff described them as being robust.

Staff recognised the importance of confidentiality and gave examples of how they ensured information was safely communicated to partners. Training was provided in relation to this. Information sharing protocols were agreed by the local authority data protection officers and supported secure sharing of personal information in ways that protected people's rights and privacy.

Learning, improvement and innovation

Score: 3

3 - Evidence shows a good standard

The local authority commitment

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Key findings for this quality statement

Continuous learning, improvement and professional development

Staff told us there was an inclusive and positive culture of continuous learning and improvement. Staff were able to access training and shadowing opportunities which they felt supported their role. A member of staff told us they had attended a course on hoarding and another on how to support people with no recourse to public funds.

Local authority staff had ongoing access to learning and support so that Care Act duties were delivered safely and effectively. Temporary staff told us they were offered opportunities to develop their skills through training and staff skills development meetings. Staff highlighted some gaps in training, which the local authority was aware of, such as specialist commissioning or brokerage training. The local authority had benefitted from their partnership with the North West London Social Care Academy. They had used the Academy's data to carry out a workforce analysis to identify workforce needs and enhance their training offer.

The Principal Social Worker led on workforce development. The Principal Social Worker was a key part of the senior leadership team and integral to implementing the transformation plans of the local authority. Their vision for a more flexible staff team with access to clear pathways for career progression was outlined in the Brent Adult Social Care Workforce Development Plan.

Staff spoke of the measures in place to encourage staff to become permanent employees, which included, financial incentives, protected caseloads and buddy arrangements for new staff. New staff also had increased supervision and opportunities for reflection, supported by the practice development leads.

Practice development leads were a recently created role and were central to improving the quality of practice across the local authority, such as supporting the introduction of the new Standard Operating Procedure. A senior staff member told us the practice development leads had supported staff to increase their awareness of the importance and needs of carers, following the introduction of the new Carers Strategy.

Senior leaders told us about their commitment to the apprenticeship schemes within the local authority, which provided a practical way of tackling staff shortages and offered employment opportunities to local people. Staff were positive about the apprenticeship scheme and the role of the practice development leads in supporting learning and reflective practice. An apprentice told us they had benefitted from opportunities to reflect on the importance of case reviews within safeguarding.

Senior leaders told us they were committed to promoting continuous professional development. Regular events were set up, for example a weekly meeting for social workers, which created opportunities for shared learning and professional development. Most staff gave us positive feedback about how they had been encouraged in their career progression, such as being supported to train as best interest assessors. Staff in some teams told us they did not feel their professional skills were recognised and promoted. Our discussions with senior leaders indicated they were already aware of where improvements were needed and had actions in place to tackle the areas of concerns staff had told us about.

The local authority had recognised the need to develop a proactive approach to the recruitment of OTs, due to the challenges of recruiting to this role nationally. The Principal Occupational Therapist had led on workforce strategies to improve the recruitment and retention to permanent positions, such as a review of pay scales and opportunities for progression. These strategies promoted continuous professional development. An OT told us the local authority respected their professional judgements, for example when selecting equipment.

The local authority was committed to working more collaboratively with people and partners to actively promote and support innovative and new ways of working. We had positive feedback from partners and staff about the effectiveness of the Brent Hubs in improving people's social care experiences and outcomes. Based across Brent, the hubs had adapted to reflect the needs of their local communities. For example, an organisation which worked with the Romanian community was one of the agencies working in an area where the local Romanian population lived. Another hub provided a British Sign Language interpreter to support deaf people in accessing face-to-face advice and guidance.

The local authority was developing systems to promote more structured engagement with local communities and people who used services to ensure they were involved in shaping care services. Senior leaders told us they had started on the journey to develop co-production, which included developing a co-production board and formalising links with local community groups. They highlighted the launch of the new carer's strategy as an example of their enhanced approach. Carers had been involved in co-producing the strategy to ensure their views and needs were taken into account.

The local authority shared learning, best practice and innovation with peers and system partners to influence and improve how care and support was provided. OTs attended a Brent OT forum where they could develop skills and share experiences. This provided an opportunity for shared learning around best practice and enhancing outcomes for people.

The local authority told us they were quite early in their journey to develop innovative digital solutions and were learning from best practice in other authorities. Some products were still in development but had the potential to increase efficiency. For example, electronic systems were being amended to reduce duplication for staff carrying out care assessments with health partners. Individual members of staff gave us examples of innovative pieces of work, for example to support people with sensory needs through using Bluetooth technology. Support included providing a deaf person with a vibration pager and placing pressure mats with different sounds across a person's home to alert them.

Staff and leaders engaged with external work, including research, and embedded evidence-based practice in the organisation. Local partnerships had been used to share knowledge and resources locally. The local authority benefitted from research carried out by partner universities. As part of the Brent Health Matters programme, the local authority used research carried out through a partner university into how local approaches tackle health inequalities. The programme was able to use this research to understand how best to target diverse communities, for example, by promoting new initiatives on a local radio station.

Learning from feedback

The local authority had recognised the need to continually improve how they learned from people's feedback about their experiences of care and support, and feedback from staff and partners. A survey of people's experience was conducted by the local authority in March 2024 and included 78 participants (47 of whom were unpaid carers). In this survey the majority of respondents reported receiving help when needed and felt they were listened to.

Systems were being improved to ensure feedback was used effectively to inform strategy, improvement activity and decision making at all levels. Opportunities had also been set up for senior leaders to meet directly with staff for their feedback. Numerous staff were positive about being able to speak up about issues which were important to them and told us the local authority was promoting a culture where reflection and learning was encouraged.

The local authority had increased engagement with Healthwatch. There was a clear plan for the work being carried out by Healthwatch, with extra tasks being commissioned to ensure increased feedback from people. This included mystery shopping and a focus on direct engagement with groups to include people with dementia, neurodiverse people and young carers.

There was evidence feedback had been used to ensure service provision reflected local need. In response to concerns a support fund had been set up for people facing digital exclusion. A member of staff told us a person they were working with had been given a computer and a carer a laptop through this scheme.

Senior leaders were improving processes to ensure learning happened when things went wrong, and from examples of good practice. Staff at the local authority told us SAR's (Safeguarding Adults Reviews) training was being organised to ensure learning was shared across the department. Improvements in partnership working were enhancing learning opportunities. Partners told us the panel looking at high risk cases promoted shared learning. Senior leaders told us there had been positive learning with partners following a serious incident in Brent.

Information in relation to compliments and complaints were used to inform areas of focus for improvement. There were 166 complaints received between January 2023 to January 2024 and themes included communication, service failure and service request. Communication had the highest number of complaints followed by service failure. In terms of compliments, 14 were shared by the local authority covering different aspects of adult social care including positive feedback about social workers and OTs. The Complaints Annual Report in 2023 detailed the complaints process. For the period 2022-2023, 113 complaints were received which was a 53% increase from the previous year, and 62% of complaints were upheld or partially upheld. Appeals against assessments and support planning decisions were undertaken through the complaints process currently however the local authority were considering managing these through an alternate system in the future.

The local authority had 8 investigations by the Local Government Social Care Ombudsman (LGSCO) in 2022/23 with a slightly lower uphold rate at 63% than other comparable local authorities. This meant the Ombudsman agreed with the complainant in 5 out of the 8 cases. Figures from the LGSCO show that in 2022-23, the local authority had provided a satisfactory remedy in 41% of upheld cases before the complaint reached the Ombudsman. This compares to an average of 15% in similar authorities which indicated the local authority was listening to people who raised concerns and took action in response.