

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

Hounslow had a very clear focus on moving towards earlier intervention and prevention. This was an explicit aspect of their Adult Social Care Strategy, intended to meet the anticipated increase in demand over the next decade, especially in the context of workforce pressures. The local authority worked with people, partners, and the local community to make available a range of services, facilities, resources, and other measures to promote independence, and to prevent, delay or reduce the need for care and support.

The Joint Prevention Strategy was refreshed in 2019 and the Borough Based Partnership used joint funding for community based non statutory prevention services. Community Solutions was a partnership between the council, and the Voluntary, Community and Social Enterprise sector which provided a wide range of services to promote independence, participation in employment and, training and inclusion in communities. This organisation originated during the COVID-19 pandemic but now worked to deliver universal wellbeing services in Community Hubs, (which took place in local community venues) such as employment and skills development support, befriending, support to stay healthy and support to manage the cost of living. Community Solutions was available to the public online, by telephone and in person, and if the nature of their enquiry indicated the need for more formal assessment or provision of social care services, they would be passed on to Adult Social Care. Therefore, it was a way in which people with care and support needs that were not being met could be identified.

Community Access Services was a team within Adult Social Care focused on a range of activities, including community engagement, skills development, and support to access paid and unpaid work for people with learning disabilities and autistic people. The feedback we received both directly and indirectly from people who used these services was entirely positive.

Preventative services had a positive impact on well-being outcomes for people. The Adult Social Care Outcomes Framework data (published October 2022) reflected this with 85.75% of people from Hounslow who had received short term support no longer requiring ongoing support. 66.08% people said help and support helped them think and feel better about themselves. Both were above the England average and demonstrated the focus on enabling people to maintain independence.

Carers felt a lower impact from measures to support people to lead healthier lives. As noted earlier, Hounslow acknowledged their carers provision needed to be improved. A Short Breaks service had recently been recommissioned, along with a Floating Support service. One carer told us this had been done without consultation with carers about their needs. The Short Breaks service provided respite up to 20 hours per 4-week period, and other types of respite provision appeared limited. Another carer told us the Short Breaks respite service was insufficient, and not flexible enough. For example, if the staff member was off sick there was no replacement, and the respite would be cancelled. One partner organisation told us of insufficient daytime provision for people living with dementia and said that it was a real concern for carers. We also heard that carers of people living with dementia could only access residential respite care in the borough if this was assessed and commissioned by Hounslow. Otherwise, they would have to go outside the borough for a service.

Provision and impact of intermediate care and reablement services

The local authority worked closely with partners to deliver Intermediate Care and Reablement services to enable people to return to their optimal independence following a period of ill health, or a hospital admission. There were a range of pathways for discharge, dependent on need. The Community Recovery Service Reablement Team is a partnership between London Borough of Hounslow and the Hounslow and Richmond Community Healthcare NHS Trust. It provided up to a 6-week support service at home. The partnership with healthcare ensured the domiciliary care element was integrated into a health and social care rehabilitation plan, which used a strength-based approach to promote people's independence. This service was used by the Hospital Discharge team and Hospital Social Work team. Data showed 4.58% of people aged 65 plus received reablement/rehabilitation services after discharge from hospital which was significantly higher than the England average of 2.82%. There was a slightly higher number of people aged 65 and over (84%) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services compared to the England average (82%).

To facilitate timely discharge where there were no reablement needs, a Bridging Care service had been developed which allowed time for assessment in the home environment, whilst ensuring the safety of the individual.

Access to equipment and home adaptations

People could not always access equipment and minor adaptations in a timely manner to maintain their independence and continue living in their own homes. It was noted a proportion of people waiting for an OT assessment were closed without receiving a service, because by the time they were assessed their needs had changed and they no longer needed anything. Occupational Therapy had the longest waiting times for assessments. Between April and December 2023, the average waiting time was 98 days with a maximum wait of 166 days. At the time of our assessment there were 371 people awaiting an OT assessment, of which 18 were priority 1 (urgent) 353 priority 2 (non-urgent) and 4 people awaiting a decision. This was due to the shortage of people to undertake Occupational Therapy assessments.

The local authority had an Improvement Plan to address long waiting times, but waits were still prolonged, particularly for those with more complex needs, or where more specialist equipment needed to be ordered or trialled before a final determination could be reached. All referrals were triaged by a manager for urgency (risk), and complexity. Risk of falls, or of harm through unsafe moving and handling were prioritised for attention. Low priority referrals were placed on a waiting list, and high priority referrals were either dealt with on duty or allocated as soon as possible. The assessor on duty undertook simple assessments and ordered minor equipment.

Provision of accessible information and advice

Some but not all people in Hounslow could easily access information and advice on their rights under the Care Act and ways to meet their care and support needs; including for unpaid carers, and people who fund or arrange their own care and support. The Adult Social Care Survey found 69.4% of people who use services in Hounslow found it easy to find information about support which was above the England average (63.45%).

Data showed fewer carers in Hounslow found it easy to access information and advice 49.09%, or found the information and advice provided helpful 77.36% compared to the England averages of 57.83% and 84.47% respectively (Survey of Adult Carers in England, published 23 June 2022).

Some carers told us “The council needs to be more proactive about what is available in the community for them instead of relying on the individual to chase it and find out... there should be people employed by the council to do this.” A voluntary sector organisation reported that where a person living with dementia was self-funding, it feels like they are not supported because they are self-funding. They said that some carers needed more support in terms of care management to make informed choices and the necessary arrangements.

Information and advice were available for carers through the same online and telephone pathways as people with their own care and support needs. The local authority had also arranged for Harrow Carers to provide information, advice, and support to carers in Hounslow, and had employed a dedicated Carers Advisor whose responsibilities include providing information and advice directly to carers although we heard that this post was currently vacant. Feedback and data suggest more work is needed to ensure carers get the information they need, in an accessible and helpful way.

The information and advice available on CarePlace (an online resource) could be translated into 300 languages. The local authority had improved the accessibility of its information and advice through a new translation service, Language Line, and with the help of the Our Voice, Our Say Group, produced a suite of easy read documents.

Direct payments

Uptake of direct payments was below average and there were further opportunities for them to be used to improve people's choice and control in how their care and support needs were met. 20.9% of people who use services were in receipt of direct payments as compared to the England average of 26.73% (Adult Social Care Outcomes Framework published October 2022). We received feedback that suggested not all direct payments users were satisfied with the way direct payments were provided, with reported poor communication and individuals missing out on rate uplifts.

The data also showed 10.87% of carers are in receipt of direct payments. These are a flexible way for carers to access the support that they need in their preferred way and could be used further to improve access to support as and when needed.

The council provided ongoing access to information, advice, and support on how to use direct payments. Some carers however, told us not all staff had a good understanding of how direct payments worked, and some were unable to answer people's questions. Where this happened there was no follow up and the person was not signposted onward. There was an in-house, direct payments support team to assist people. Their role included explaining how direct payments worked or setting people up as employers of their personal assistants if required.

In 2023, 51 people stopped using direct payments. The predominant reasons were that people were either no longer eligible for direct payments, were having their needs met in a different way or were no longer in need of services from Hounslow Council.

Social work staff told us the process of applying for direct payments was slow. People tended to be referred to them at crisis point, and there was an option to put in a commissioned service while the assessment to set up a direct payment was being dealt with as this was such a slow process. Hounslow officers were aware of the poor direct payments' uptake, and there was an Improvement Plan in place. To date, some promotional activity has taken place, and there is a dedicated Direct Payments Officer linked to the Hospital Social Work team, but this has not yet demonstrated any impact.