London Borough of Hounslow: local authority assessment

How we assess local authorities

Assessment published: 17 May 2024

About London Borough of Hounslow

Demographics

Hounslow Council is a London borough authority which covers 23 square miles, stretching from Heathrow Airport in the west to Chiswick in the east. Hounslow is made up of 22 wards and combines both urban and rural. It has a population of 290,488.

The council footprint has an index of multiple deprivation score of 6, meaning it was slightly more than midway between the most and least deprived. This overall score consists of some very high-income areas and some very high deprivation areas. In 2019, 12.9% of the population of Hounslow were income deprived.

The population is made up of 50.3% women, and 49.7% men. It has a greater proportion of children and young people at 23.01% (66,828) and people of working age 64.97% (188,724) as compared to the England averages of 20.82% and 60.57% respectively. The population is growing, but most of the population growth is expected to be in adults over 65 predicted to increase from 12.2% to 14.3% by 2031. Hounslow is ethnically very diverse. 52% are from ethnic minority backgrounds including 37.2% of Asian heritage.

Hounslow is in the Northwest London Integrated Care System together with 7 other London boroughs. The local authority has a strong Borough Based Partnership board with other key stakeholders in Hounslow. The London Borough of Hounslow is a Labour led council, with a large majority.

Financial facts

The financial facts for Hounslow are:

- The local authority estimated that in 2022/23, its total budget would be £442,931,000. Its actual spend for that year was £505,313,000, which was £62,382,000 more than estimated.
- The local authority estimated that it would spend £72,568,000 of its total budget on adult social care in 2022/23. Its actual spend for that year was £80,827,000, which was £8,259,000 more than estimated.
- In 2022/2023, 16% of the budget was spent on adult social care.
- The local authority has raised the full ASC 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 3335 people were accessing long-term ASC support, and approximately 1710 people were accessing short-term ASC 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.

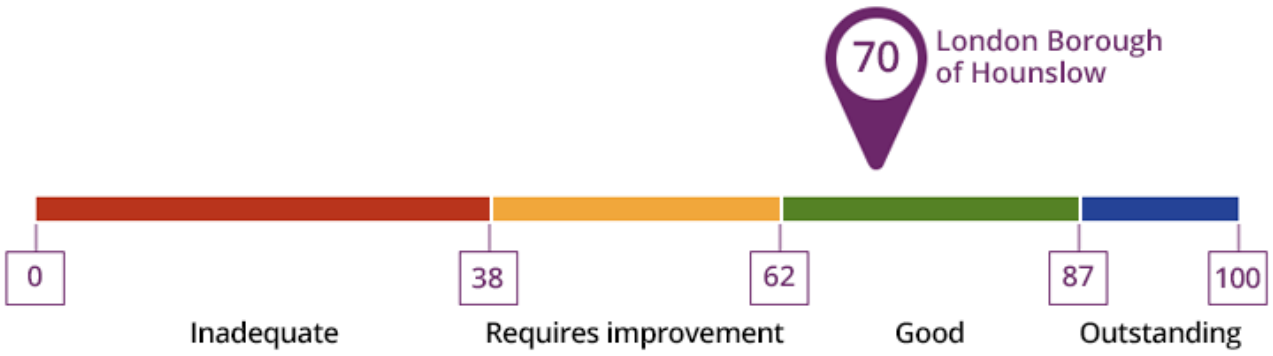
This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

Overall summary

Local authority rating and score

London Borough of Hounslow

Good



Quality statement scores

Assessing needs

Score: 2

Supporting people to lead healthier lives

Score: 2

Equity in experience and outcomes

Score: 3

Care provision, integration and continuity

Score: 3

Partnerships and communities

Score: 3

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

Most people who used services felt safe. According to the Adult Social Care Survey 69.4% of people who used services were able to access information about support easily.

We did however receive mixed feedback from people who used services about their experiences of dealing with Hounslow Council.

Some people who used services, found that they could easily access the local authority's care and support services and when they did, they had no concerns about the timeliness of assessments and care planning. They told us their assessments were person-centred, reflected their preferences, what they wanted to achieve and how they wanted to live. We also heard from some people who did not feel listened to and who told us their assessments did not take account of what they wanted to achieve or what was important to them.

Most people who used services had choice over their care and support. Some people we spoke with who used services were satisfied with the quality and availability of support. Uptake of direct payments as a means of receiving support were low for both people with eligible care and support needs, and carers.

Preventative services provided by the council had a positive impact on well-being outcomes for people who might have care and support needs. We found that people who used Community Access Services were very satisfied with them and felt enabled to live fuller, more engaged, and more independent lives because of the support they received.

Most people had positive experiences of hospital discharge. We found that it was timely, safe, and effective. Interventions such as reablement and short-term packages of care, resulted in a better than average proportion of people being able to remain independent for longer when they returned home.

By contrast, people in the community did not always get a review of their care needs or receive Occupational Therapy assessments and the provision of equipment or adaptations to support their independence in a timely manner.

The feedback we received from carers was mixed and generally less positive, although some people did report good experiences. Most carers felt safe, but the proportion was lower than the national average. One carer reported that the social worker was responsive and supportive. Conversely, many carers found it harder to access information about support. According to the Adult Social Care Survey the proportion of carers able to access information about support easily, was markedly lower than the England average at 49.1%. The rate of carers assessments was low, and one person told us the assessment process was 'longwinded'. Another said they did not receive any support from social services. Carers were less likely to have a package of support and very few carers received direct payments. Combined with a shortage of flexible, responsive respite, Carer's ability to work, rest and to have choice and control over their lives were significantly impacted.

Summary of strengths, areas for development and next steps

People's safety was a key priority for Hounslow. The local authority had robust processes to assess and manage risk, and to ensure people were safe, pending full completion of Care Act assessments or reviews. People awaiting assessments were contacted regularly to check in, and where appropriate, short-term care provided to bridge needs until a full assessment could be completed.

Safeguarding concerns were reviewed quickly and prioritised according to clear criteria. According to the Adult Social Care Survey (published October 2022) 76.65% of people in Hounslow who used services felt they had control over their daily life and 63.64% were satisfied with their care and support.

Carers in Hounslow felt less well supported than people who used services. They were less likely to have had an assessment, found it harder to access information that they found helpful, and were less likely to have services to support them in their caring role.

The proportion of annual reviews which took place was low compared to the England average, and to the Care Act 2014 requirement that care and support plans be kept under review. Hounslow told us they prioritised assessments over reviews, but review performance was monitored and that they acted when it fell below 60%. The local authority prioritised based on risk and specific circumstances.

There were clear pathways and processes to ensure people's support was planned and co-ordinated across different agencies and services, particularly in relation to timely, safe, and effective hospital discharge.

There were no notable delays in assessments for people awaiting discharge from hospital, or out of hours in emergency situations, but there were longer waits for people in the community needing occupational therapy assessments and equipment.

Uptake of direct payments in Hounslow was lower than the England average for people who use services, and particularly low for carers.

Hounslow had a good awareness of the areas needed to develop and improve. They had recently developed a detailed Improvement Plan against which progress was regularly monitored, to address the shortfalls they had identified. These included assessment of and support for carers, reviews, access to Occupational Therapy and use of direct payments.

Joined up and integrated commissioning across health and social care worked well. Hounslow used data to understand its population and their needs and to target resources. Commissioning used pooled budgets for people with mental health care and support needs which was a creative approach and reduced demand on inpatient hospital treatment.

The alignment of Public Health under commissioning led to better joined up thinking about preventative models, which promoted independence, and reduced or delayed the need for care and support.

We found there were opportunities for Hounslow to further improve outcomes for people by ensuring what and how it commissioned was in line with best practice. Contract management practice kept people safe but could have been used more proactively to monitor the extent to which people achieved person-centred outcomes.

Partnership working with other neighbouring boroughs, and health partners across a range of services was effective. Hounslow was a key member in the local Borough Based Partnership, which worked well, and was ambitious to deliver good, equitable outcomes for the borough.

Staff who worked at Hounslow were proud to do so, and passionate about serving the local population. The workforce was broadly representative of the local community.

Theme 1: How London Borough of Hounslow 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 with care and support needs could easily access the local authority's Care and Support services. There were multiple channels to request an assessment, including online and self-assessment options. The complexity of need, and whether the individual was recently known to a social worker influenced who picked up the request, but in all cases, referrals were triaged, and risk assessed.

The approach to assessment and care planning was person-centred and reflected people's right to choose. It built on their strengths and assets, reflected what they wanted to achieve and how they wished to live their lives. Staff took a 'strengths-based' approach to social work practice where they focused on what people could do and their abilities, knowledge, and strengths. Assessments and care and support plans included information about medication support in line with best practice, but we found variable amounts of detail or clarity around what those support needs were. There was a strong focus from staff on keeping people safe, preventing the deterioration of needs, maintaining independence, and building resilience.

Hounslow staff told us they have adopted the Lundy Model to engage with people during the assessment process and in their ongoing engagement with people. The Lundy Model focuses on creating an environment where officers can listen to the person. The four principles in the Lundy Model ensure officers provide people with:

- Space - creating inclusive environments for diverse participation and collaboration.
- Voice - ensuring everyone's perspectives and opinions are heard and valued.
- Audience - identifying the intended recipients or stakeholders of the messages or decisions.
- Influence - empowering individuals to impact decisions, policies, or actions through their contributions and involvement.

Some people we spoke with were happy with the assessments they had received, and the care put in place. Others raised concerns about assessments and care planning, for example about the transparency of decision making, and a lack of support provided as a result the assessments.

National data supported our findings with 76.65% of people in Hounslow who used services felt they had control over their daily life, 63.64% being satisfied with their care and support, and 42.23% respondents reported they had as much social contact as they wanted with people they like, which was not statistically different to national or regional data (Adult Social Care Survey, published 20 October 2022).

Some people told us their experiences of care and support ensured their human rights were respected and protected, they were involved throughout in decisions, and their protected characteristics under the Equality Act 2010 were understood and incorporated into care planning. By contrast, other people told us very clearly this was not their experience.

There were clear pathways and processes to ensure people's support was planned and co-ordinated across different agencies and services, particularly in relation to timely, safe, and effective hospital discharge.

The local authority had specialist teams for adults with a learning disability or autistic adults, adults with mental health needs, and a team for young people in transition from Children's to Adults' services. Other adults with care and support needs were assessed by Locality teams or the First Contact team. All assessment teams were competent to carry out assessments, including specialist assessments. Teams understood risks for people who were most likely to experience inequality in experience or outcomes, and for people with protected characteristics.

Timeliness of assessments, care planning and reviews

The local authority told us they 'practice within the underlying principle...that service users should receive an assessment and services without unnecessary delay'. Their approach was to triage to identify if there were urgent presenting needs or risk factors which must be addressed, and which cases needed to be prioritised for a full Care Act assessment. Where it was apparent that the person required urgent support, interim care arrangements would be provided immediately, even before a full Care Act assessment had been completed. This is in line with the most recent guidance on the Care Act 2014 issued by DHSC in October 2023. Hounslow told us they were reviewing the way the data is captured as they felt the current system did not accurately reflect their approach.

The people with care and support needs who we spoke with, had no concerns about the timeliness of assessments or care planning. However, some people waited longer for completion of a full assessment. Social work teams reviewed unallocated referrals weekly, and there was a risk framework against which these were prioritised. Hounslow recorded data about waiting lists from initial request for services, which included details of people waiting more than 28 days for assessments following contact/requesting services. In March 2023, 291 people had waited over 28 days for an assessment, including 99 people waiting for a Care Act Assessment, and 105 people waiting for an OT (Occupational Therapy) Assessment.

Hounslow acknowledged performance in relation to reviews of peoples' long-term or short-term care were lower than the national and regional average and this was confirmed in the Adult Social Care Finance Report (ASCFR) on Short and Long-Term Support (SALT). According to this data, 42.63% of people receiving long-term support were reviewed (planned or unplanned) which is significantly lower than regional average of 58.6% and national average of 55.2%. Hounslow told us they closely monitored performance of annual reviews and acted when it fell below 60%. Actions included the prioritisation of reviews of cohorts of people and directing additional resources to reduce backlogs of reviews.

The local authority had robust processes to assess and manage risk, and to ensure people were safe, pending full completion of Care Act assessments or reviews. People awaiting assessments were contacted regularly to check whether their needs had changed. They might also be provided with short term provision to mitigate risk for the individual until a full assessment could be completed.

There were no notable delays in assessments for people awaiting discharge from hospital. Feedback from staff indicated the Out of Hours (Emergency) team, had sufficient capacity to assess and meet need. They told us they recognised the need to be flexible at times to accommodate extra demand.

Data provided by the local authority showed longer delays for assessments to be completed in some specialist teams, for example Mental Health team and the Adults with a Learning Disability or Autistic People Team, and in some Locality teams. Challenges around increased demand, complexity and capacity in the teams all contributed to these delays. Each team had a process for triaging, prioritising and keeping referrals under review. Contact was made and referrals were prioritised according to risk, and where necessary protection plans put in place pending full assessments. Where there was a significant capacity issue which was affecting the start of assessments, this was escalated and a range of measures including diverting staff resources was available.

Where a person's needs changed or risks to them increased, these were triaged and prioritised as necessary. Hounslow were clear, the safety of individuals and the prevention of deterioration was of prime importance, and this meant prioritising assessments of new presenting needs and risks, over reviewing people already in receipt of packages of care.

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

The needs of unpaid carers were understood to be distinct from the person with care needs. When they occurred, carers assessments, support plans and reviews for unpaid carers were undertaken separately. However, the local authority recognised they do not serve unpaid carers as well as they should, and they have developed an Improvement Plan to address this. The number of carers assessments undertaken in the last year is relatively small and not always timely with waiting times averaging 24 days. Dependent on which team was dealing with the request, the waiting time for assessment could be as long as 93 days. Staff told us there was a low uptake of carer's assessments; telling us "People say no". They attributed this to a relatively weak offer for carers. They noted there was a carer short break service, but it was not very well utilised. Most of the provision was for people with care and support needs as opposed to carers.

The national Survey for Adult Carers (SACE) data for Hounslow suggested poorer experiences and outcomes for carers. Only 31.34% of carers were satisfied with social services, which was reflected in what we heard. One carer told us they did not receive any support from social services, and they did not know where to go to get help. They said they felt "very lost, and alone" and felt social services should make it more public what help and support is out there for people. They told us that before their family member was admitted to a care home, they had been "crying out for help". This reflects the SACE data for Hounslow that only 22.34% of carers accessed a support group or had someone to talk to in confidence, and only 26.80% of carers felt they had encouragement and support.

Some carers we spoke with were satisfied with their experiences, telling us that staff were responsive and supportive, their assessments met their needs and were timely. In contrast one person described the assessment process as "long winded and said there was little offered after the assessment had been completed. The only plus was the Emergency Card." Others noted they did not get an assessment when they had asked for one, or they did not know they were able to ask for a review when their needs changed.

Whilst no carers spoke of it, the SACE data suggests that more than half (51.55%) Hounslow carers experienced financial difficulties because of caring. This was likely to be linked the fact that 43.66% of carers reported that they were not in paid employment because of caring responsibilities. This was significantly worse than the England average of 28.14%.

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 for non-eligible care and support needs. These could be obtained by online directories, contact with Hounslow by telephone or in person, and through a roaming roadshow called the “Gazebo”. Hounslow worked in partnership with Community Solutions and other organisations to host events where people can obtain useful information, advice, and support – for example “cost of living” cafés which were delivered in council offices and other community places.

Eligibility decisions for care and support

We received mixed feedback about whether the local authority's framework for eligibility for care and support was transparent, clear, and consistently applied. We heard from people who felt eligibility decisions were fair and clear, and received feedback from some people who felt assessment decisions about eligibility were unfair and did not take account of their needs. Some of these also reported that complaints or efforts to appeal decisions were not responded to. No data about appeals against Care Act decisions was provided by Hounslow. Hounslow told us there were 26 complaints received between January – December 2023 (Data provided in relation to adult services) of which 22 related to 'significant or repeated failure to provide a service' which might reflect dissatisfaction with the way the eligibility criteria was applied, but this is unclear. 14 (53%) complaints were not upheld, 5 (20%) complaints were partially upheld and 7 (27%) were upheld. This was a very small proportion of the number of assessments and reviews undertaken in 2023 and 183 compliments were received in the same period. There was no evidence to suggest that particular groups or individuals were likely to be treated unfairly in relation to the use of eligibility criteria in Hounslow.

Financial assessment and charging policy for care and support

Hounslow had outsourced financial assessments. People waited a long time for decisions regarding their financial assessment, particularly when moving into residential care. There was no evidence that this delayed people from moving into placements but could have caused financial worry to them or their families and meant that people were unable to make a fully informed decision prior to moving without delaying a necessary move. Some people reported a lack of clarity and poor communication of the Charging Policy. Hounslow had recently redesigned these processes, and in January 2024 launched an online calculator to work out personal contributions. The local authority told us there were two complaints about the cost of services. We also received direct feedback from an individual who told us they had complained about their financial assessment amongst other issues, but no data was provided about complaints specifically about the financial assessment process by Hounslow.

Provision of independent advocacy

Most advocacy was commissioned from a single provider to meet the council's statutory advocacy requirements. An advocate can help a person express their needs and wishes and weigh up and make decisions about the options available to them. They could help them find services, make sure correct procedures are followed and challenge decisions made by local authorities or other organisations. In the last 12 months, this single provider hadn't always been able to meet demand in a timely manner or meet specialist needs. When this had happened, the local authority commissioned other organisations on a case-by-case basis. This has minimised the delays, so most people receive timely, independent advocacy support to help people participate fully in care assessments and care planning processes.

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.

Equity in experience and outcomes

Score 3

3 - Evidence shows a good standard

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 had a robust understanding of its local population profile and demographics from reviewing their data hub. They were able to use this online Joint Strategic Needs Assessment (JSNA) to consider the prevalence of different need, health conditions, or protected characteristics across the community. The Health and Wellbeing Strategy 2023-26, agreed with health partners, used the nationally recognised CORE20 PLUS 5 Framework. It identified inequalities, listed demographics, and projected growth. 8% of people live in the most deprived parts of Hounslow. These areas also had a lower life expectancy than the England average and often high levels of fuel poverty.

The local authority's Equality, Diversity, and Inclusion Strategy "A Fairer, more Equal Hounslow" had been developed from work originally instigated in 2020 and was coproduced with 1800 people including both community groups and individuals. An example of this was a community event, 'health in the park', where communities provided feedback, and other information, to a report. This was used to develop deeper understanding of inequalities within the community, which led to further discussions on what to prioritise. The feedback highlighted how people faced many challenges that required the local authority to think differently about how they tackle inequalities. This was embedded in the way Hounslow delivers its wider Adult Social Care Strategy, and was organised under three pillars – groups, localities, and employers.

The local authority worked to pay due regard to its Public Sector Equality Duty (Equality Act 2010) in the way it delivers its Care Act functions. Leaders told us they consulted with community groups and forums to seek out what people are asking for and commissioners made sure they responded to requests made. Examples of this included increasing the range of services for older people, and developing a bespoke service which was more accessible for blind people via a two-year grant to the Royal National Institute of Blind People.

They commissioned a voluntary sector group who had many members, to engage with people with learning disabilities and autistic people and bring their perspective to shape commissioning practice. Both parties spoke positively about the effectiveness of this partnership. A partner organisation told us Hounslow had 'adequate' focus and provision within the borough to meet most shared needs of people with learning disabilities.

Hounslow had identified where people are experiencing worse outcomes; for example, they noted they had more proportionately people who needed to be admitted to hospital following a fall than people living elsewhere. They identified there was a correlation between where people lived in the borough and the rate of falls and were using data to better understand the determinants of health and wellbeing which are driving these poorer outcomes.

Hounslow used their Joint Strategic Needs Assessment data hub to identify that there were 30 neighbourhoods where deprivation in respect of multiple aspects of life – such as unemployment, poor housing, levels of crime, poor health and disability impacted more on people. They were determined to tackle long standing intergenerational issues that had a geographic element. They had identified 30 smaller localities within Hounslow, which were experiencing deprivation, and had ambitious plans to target resources to address inequalities. They were working to level up the opportunities through targeted preventative interventions in a locality to reinforce the place agenda.

One such area was Cranford, where there was an established Traveller site. Hounslow Council recognised this was a population who had poorer access to and outcomes from statutory services. To build connections, and seek to identify and address barriers, they were using existing links between the council's Events team and the community. They had also approached the Northwest London Integrated Academy to explore the concerns of the Traveller community regarding accessing Adult Social Care. This was a proactive organisation representative of the community. An Engagement Manager had been appointed to work through the co-production and co-design of a plan to make Adult Social Care services more accessible for this part of the population of Hounslow.

Hounslow had acknowledged members of the LGBTQ+ community did not always feel they had a voice or feel represented. They had facilitated the development of a public forum, with whom to engage for co production and feedback in relation to adult social care services and other council matters.

Some carers felt the council should do more to promote and enable support groups and engage better with them.

Local authority staff involved in carrying out Care Act duties had a good understanding of the cultural diversity within the area and how to engage appropriately. Staff told us about using language services, and video calls to support engagement, and the importance of knowing local demographics. They were used to having care plans translated into other languages or prepared in other formats and spoke of enabling people who used Makaton to communicate with them and be effectively supported by care staff.

The workforce was as diverse as the community it serves, and the importance of supporting all people to achieve good outcomes was a clear focus for all the staff we spoke with.

Inclusion and accessibility arrangements

The local authority had good sign language interpretation services and had recently improved provision for translation services (particularly important as Hounslow has a population with 188 different languages) to ensure there were no language barriers to assessment.

In services that the authority commissions, accessibility for all was built in. For example, one voluntary partner told us they were commissioned by Hounslow to provide information, advice and support to people living with a neurological disease. To ensure that everyone can access their services, they used a translation service 'Languages Everything' which provides help face to face and over the telephone, and had booklets and letters translated into 9 or 10 languages.

Another partner told us they were commissioned to provide a Home from Hospital team, as part of discharge arrangements for people with very low-level support needs. They provided staff from a range of cultures and communities to ensure the support they provide meets people's equality needs, in relation to the culture of the area or where English is not their first language.

When a user group for adults with learning disabilities and autistic people gave feedback to the local authority about the inaccessibility of their documentation, they were commissioned to work with them to create easy read versions. The work was so successful it led to work for other council departments, and the NHS both locally and nationally.

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 3

3 - Evidence shows a good standard

What people expect

I have care and support that is coordinated, 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

Hounslow Council used an electronic data hub for their Joint Strategic Needs Assessment. This meant the data used for decision making was always as up to date as possible. Hounslow used the hub to prepare their State of the Borough Report. They looked at what the data told them and considered options. This provided a rich picture of what was going on in the borough, in terms of people's lived experience. They reviewed demographic projections not just regarding population growth but also about the nature of society, what was changing with caring and kinship groups, to understand what changes they needed to make to ensure services would be accessible.

They analysed the population data and projections, as well as current and expected use of services to inform their future planning. Hounslow had an ageing population, including unpaid carers and it was expected there would be more demand for care services, in particular support for people to remain independent for as long as possible. Asian people constituted 37.4% of the population in 2021 and are projected to be 39% by 2040. Currently this population is significantly underrepresented in residential and nursing care, but it was anticipated this pattern might change in future, which would impact on demand for this type of provision.

The local authority worked with local people and stakeholders to understand the care and support needs of people and communities, including those who are most likely to experience poor care and outcomes, people with protected characteristics, unpaid carers and people who fund or arrange their own care, now and in the future.

There was a Mental Health and Wellbeing Forum which was regularly attended by 50 people including representatives for excluded groups such as homeless people, and those experiencing poor mental health and substance misuse, but not engaging with traditional services. The Forum ran a consultation exercise and heard from 1500 people who had an interest in Mental Health and Wellbeing services. Commissioners also asked Healthwatch to do 'deep dive' studies where new services were to be commissioned.

Hounslow Council commissioned work from an advocacy organisation to engage with people with a learning disability for feedback about services and what was needed, which they used to shape commissioning practice.

Hounslow also commissioned work with a focus group of carers to gather views to inform their Carers Strategy. A carer who had been involved told us they did not know what had happened with their information.

Market shaping and commissioning to meet local needs

People had access to a diverse range of local support options which were effective, affordable, and high-quality to meet their care and support needs. There was a variety of providers, including for care at home, residential and nursing care. The council had a good range of care providers.

All adult social care commissioning in Hounslow was undertaken through an integrated strategy and pooled budgets between the integrated care board (ICB) and the local authority, and for the whole life course (children and adults). A key health partner told us there was strong partnership working with the local authority, and Hounslow were looking into how this could be developed further. Together they were planning services for the next 10 years to serve the population and looking at the need to try and keep the increasing numbers of older adults well and in their own homes. This had driven the development of three Extra Care services and plans for an increased range and capacity in supported models of accommodation, such as significant investment in Supported Living services and expanded use of Shared Lives services.

Hounslow used their pooled budgets to target resources where they were needed. For example, using funding to provide additional psychological support to people with mental health needs, as this was identified as a local gap, and the most cost-effective way of preventing hospital admissions.

There was a focus in commissioning on the prevention and reduction of care needs through earlier intervention. The Director of Public Health reported to the joint Director of Commissioning, which reinforced the alignment of the two functions.

Commissioning services for people with learning disabilities, autistic people and those with mental health needs focused on outcomes rather than commissioning 'tasks' or services which is recognised as good practice; more traditional domiciliary care providers and residential care home settings were more task and/or time oriented. Commissioners allowed providers to flex where and how they targeted their resources when necessary to manage challenges with capacity and provided an example regarding advocacy provision. The way in which providers delivered services were not usually flexible to meet people's preferences unless the contract was bespoke for an individual, and the specification developed to meet their particularly complex needs.

There were some examples of newer models of care provision. For people with learning disabilities and complex needs Hounslow had developed Supported Living with positive behavioural support. They had also created adaptive models of support and accommodation for people with mental health and substance misuse support needs, who would not typically accept help. They told us they had developed a new service which felt like a bed and breakfast hotel but had security, to which they added in reach services who engaged people in a supportive dialogue, whilst they were there. Hounslow were proud they were able to minimise use of long stay and secure provision in mental health wards because people felt more able to engage with this model.

Some of the models of care being explored for expansion were more traditional arrangements such as Shared Lives. The best practice guidance staff we spoke with cited as the basis for service design of services for people with learning disabilities, was published in 2001 and updated in 2009. It was not clear how the models of service design being considered for people with learning disabilities and autistic people took account of more recent best practice guidance. This means there were potentially missed opportunities to support people to reach for ambitious outcomes facilitated by optimum service design.

Ensuring sufficient capacity in local services to meet demand

People were usually able to access care when and how they needed it, but for residential or nursing care this might be out of area. The market was at 90% occupancy/capacity based on current demand. This meant there was little flexibility for increases in demand. The average waiting times for the start of a package of care were 55.97 days from the point of referral to social services, although this reflects the assessment period as well as any delay for support. Hounslow told us there were very few delays in securing packages of care, although placements in Extra Care could be slow due to a lack of vacancies.

Hounslow were aware of the gaps in capacity to meet growing needs, these related to recruitment and retention of workforce, insufficient beds for adults with mental health needs including dementia, and increased need for Supported Living and Extra Care facilities. In response to this, three new Extra Care Schemes had opened to add more choice and independence for people. Other proposed developments such as an expansion of Shared Lives, and more Supported Living were being evaluated.

At the time of our assessment, 364 people were placed out of area, 225 of which in residential or nursing homes and 139 in Supported Living. Of these 174 had been set up in 2023. Of the 225 residential placements, 63 were for people with a learning disability or autistic people, 36 had mental health needs. The remainder were older adults requiring social support, physical support, or support with memory & cognition. Placements out of area, occurred due to a lack of capacity in borough, client needs and/or requests i.e. closer to family. Neighbouring London boroughs had block contracts with some of Hounslow's care homes to meet the needs of their own people, which also absorbed some capacity.

The 139 out of area Supported Living placements were exclusively for people with a learning disability or autistic people (73), or people with mental health care and support needs (66). People were placed out of borough either through personal choice, availability of appropriate provisions (Forensic female only accommodation) or mitigating risk for the individual i.e. removing them from social networks. Some of these placements were much further away than over a borough boundary, which staff told us was because of prior working practices for example young people being sent to residential colleges out of area and settling there. To mitigate the risk of out of area placements for people with learning disabilities, a new Supported Living service for people with learning disabilities and autistic people was developed in Feltham in Hounslow, and more similar schemes were being considered.

The Commissioning team led a review of 131 out of area placements which were more than just beyond the borough boundary. Some people chose to remain out of area, but Hounslow were able to bring 35 people back to their home borough. They were working to increase options for younger people to remain in borough, rather than moving away for further education.

Hounslow told us people with mental health needs were split equally in or out of area. They had developed over 200 beds in the borough, so people were given the choice for where they would like to go, unless there were safety reasons for them to move out of area. They told us they developed new services for individuals or where a gap is identified.

The council made some specific provision for services to meet the needs of unpaid carers, but carers told us this was not adequate, and the council acknowledged this. There was a Short Breaks provision for short periods only (usually up to 3 hours), with a maximum standard offer of 20 hours per four weeks. Since August 2023 Hounslow had allocated one bed at each of two care homes for respite, and during 2023/24 they had made 15 respite placements. 33 further episodes of respite in nursing homes had been commissioned in this financial year. National data from the Survey of Adult Carers in England (SACE – published June 2022) showed that 10.75% of carers accessed support to allow them to take a break at short notice or in an emergency; 18.09% of carers accessed support or services allowing them to take a planned short break from caring of 1-24 hours and 9.68% of carers accessed support or services to allowing them to take a break longer than 24 hours These figures were all lower than the average for England.

The uptake of unpaid carers having replacement care for the person they care for, in both planned and unplanned situations was relatively low. It is therefore difficult to know whether there would be capacity if more people either wanted or needed respite on a planned or unplanned basis.

The local authority reported no hospital discharge delays were caused by lack of service availability/capacity. This was principally because they developed a bridging service in November 2023 to ensure people could be discharged safely home following physical health difficulties, pending more substantive care arrangements being put in place.

Some services such as the Community Recovery Service and the Care Home Support team were commissioned jointly with other agencies such as the NHS. In these instances, there were clear roles and accountabilities for monitoring the quality of the services being provided and the outcomes for the people using them.

Ensuring quality of local services

The local authority had very clear arrangements to monitor the delivery of care and support services being commissioned for people Hounslow suspended contracts with homecare providers where they were rated less than good. Where quality or compliance issues were identified, contract managers had access to the PAMMS (Provider Assessment and Market Management Solution) tool to undertake audits. This was not used proactively, but in response to issues only. More systematic use of outcomes-based audit tools would support earlier identification of actions needed to improve care and support achievement of outcomes, rather than outputs. The majority of service providers in Hounslow are rated either good or outstanding by CQC;

There were 107 services in registered in Hounslow providing CQC Regulated Activity.

- Residential Homes: 15.79% rated Outstanding, 57.89% rated Good, 21.05% rated Requires Improvement.
- Nursing Homes: 9.09% rated Outstanding, 81.82% rated Good, 9.09% rated Requires Improvement.
- Homecare: 2.86% rated Outstanding, 52.86% rated Good, 18.57% rated Requires Improvement, 1.43% rated Inadequate. 24.29% have not yet been formally inspected and rated by CQC.
- Supported Living: 60% rated Good, 13.33% rated Requires Improvement. 26.67 have not yet been formally inspected and rated by CQC.

Hounslow told us they aimed to commission with providers who were rated at least good and intervene with providers if there were quality issues using their Care Home Support Team, and contract monitoring meetings to address issues. This no doubt contributed to people's experiences. National data shows (Adult Social Care Survey) that 64.76% of people who use services were satisfied with their care and support and 71.94% of people who use services felt they have choice over services (neither metric was statistically different to the England average).

The local authority had quality monitoring systems in place to manage the care people experienced from providers, including surveys. Hounslow Council commissioned Healthwatch to do 'Enter and View' visits to registered providers in their footprint, either routinely or in response to concerns.

We heard very positive feedback from some people, about the services they or their loved ones used, for example one carer told us "I want to say they have been fabulous. They were "very happy with the placement." "They are caring and look after (relative) well.". We also heard from some people who were not happy with the services provided to them, for example in relation to support to access the community.

The local authority imposed 4 suspensions across the 11 contracted homecare providers. 3 of these have been due to the suspension of the providers Visa Sponsored Status by the Home Office. All these providers were reinstated to the Visa Scheme and have since had their suspensions lifted. One provider was suspended for shortened call times, which had been monitored. This had been in place since September 2023, and was the only suspension due to performance concerns in the last 12 months. No homecare contracts had been handed back. This was the only framework contract the local authority had with providers, all other placements/relationships with providers are through Spot Purchases. Only one provider who was not on the framework chose to hand back all packages of care in the last 12 months and exit the borough. The local authority told us keeping an open dialogue with providers helped avoid crises or provider breakdown in most cases. They gave examples of where the local authority intervened with a provider due to safety concerns, but worked with the provider to give options about how this was addressed.

Ensuring local services are sustainable

The local authority collaborated with care providers to ensure the cost of care is transparent and fair. They also consulted providers about the cost of care and met with each provider monthly. They told us "We use the funding calculator as a tool, but it is very subjective... We use our knowledge and use negotiations with providers. They met weekly with finance colleagues and took requests for uplifts seriously. These were carefully considered on a case-by-case basis. Staff told us they had "a collaborative relationship with providers and understand the challenges they face."

5 Registered Care Providers (only 1 of which was commissioned by the council), out of 107 active Registered Providers, left the market in the last 12 months. The local authority noted that the decision to pay the London living wage was to support workforce stability to providers.

The local authority told us they worked closely with providers and stakeholders and a co-produced Care Home Forum, regarding fee rates and issues. They spoke of close management of provider contracts, oversight of challenges, and invested in support, such as additional capacity in a joint NHS/local authority Care Home Support team. Engagement and monitoring arrangements, including monthly contract meetings, enabled the local authority to get early warnings of potential service disruption or provider failure. Hounslow were able to give examples of action taken both to support providers, and to ensure safety of people who use their services.

Provider organisations spoke highly of their relationships with commissioners, although some domiciliary care agencies reported concerns about the inflexibilities of a call monitoring system which fed back directly to the local authority and was used to inform payments and contract monitoring. Some homecare providers told us they were paid by the minute above 30-minute calls, and their delivery was closely monitored.

Hounslow is the location for Heathrow Airport, which is the largest employer in the area. Partly in response to the workforce challenge this presented, Hounslow Council was a London Living Wage employer and commissioner. This meant all contracts commissioned by Hounslow stated that workers must be paid the London Living Wage, and the rate paid to the provider is on that basis. The most recent domiciliary care contracts issued by Hounslow explicitly stated that travel time between care calls should be considered as working time and paid accordingly. Commissioners told us that they encouraged providers to minimise travel distances/time for each member of staff through the call monitoring system, to ensure they didn't effectively reduce the individual's hourly pay.

The local authority understood its current and future social care workforce needs. It worked with care providers, including personal assistants and other agencies, to maintain and support capacity and capability and told us they were actively engaged in addressing workforce recruitment and retention.

Recruitment and retention in Adult Social Care was a challenge in Hounslow. At 16.11% Hounslow had above average levels of Adult Social Care job vacancies (all jobs, all sectors) (Skills for Care Workforce Estimates). To counter this, they were conducting an international recruitment campaign with partners in London Association of Directors of Adult Social Services London (ADASS). A significant number of homecare staff had been recruited through the UK Immigration Sponsor Scheme, and proposed changes to this may impact on recruitment and retention.

Hounslow had developed apprenticeships and development opportunities to increase staff skills and support progression to qualified roles, especially in social work and Occupational Therapy. They were also part of a London wide strategy delivered by (ADASS) to help with apprenticeships, professional networking to support best practice and tackling inequality in the London workforce for adult social care. This had similar priorities to Hounslow's own strategy. As part of this, there were retail discount schemes, a London wide website promoting social care as a career, and support for people to access Social Care Academies.

Through this, Hounslow encouraged providers to support training for their staff, and data from Skills for Care Workforce estimates 61.49% ASC staff have completed, partially completed or are in progress with the care certificate (all jobs, all sectors).

Partnerships and communities

Score 3

3 - Evidence shows a good standard

What people expect

I have care and support that is coordinated, 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

The local authority had strong partnership arrangements with organisational partners and worked collaboratively to agree and align strategic priorities, plans and responsibilities for people in the area. They used joint commissioning across the Hounslow footprint for adults and children for health and social care.

A health partner told us the partnership between Hounslow and the Integrated Care Partnership (ICP) had been long established and had developed a programme of projects for 2022-25, including falls prevention and treatment, dementia, frailty, end of life care, intermediate care, and hospital discharge. It was noted "The depth of work carried out by the local authority employees has had a significant impact on outcomes, the 'we're in this together' attitude, in addition to both partners bringing resources together, facing challenges and being able to challenge one another is something evidently the borough is committed to".

There were several teams within Hounslow who worked very closely with health colleagues and other partners, on a daily and weekly basis, to achieve national and local objectives. Examples include the First Contact team, the Review team, and the Occupational Therapy team. Staff described very positive, constructive working relationships and good outcomes for people. Hounslow's Out of Hours (Emergency) team for all ages, including their statutory approved mental health practitioner (AMHP) resource (out of hours) had been shared for many years with the neighbouring London borough of Ealing. Despite needing to use different information systems and resources, staff were very positive about the arrangement.

Arrangements to support effective partnership working

The local authority told us governance was strong between the Hounslow Borough Team (NW London ICB) and the local authority, using pooled budgets and the mechanism of the Borough Based Partnership (BBP) and this was reflected in the view from partners. We found a planned programme of work with clear reporting structures in response to agreed priorities. The local authority's Senior Leaders, together with those of partner organisations were committed to ongoing strategic discussions between organisations which ensured they were aware of financial challenges and worked together to meet the needs of a growing, complex population. They had agreed priorities for 2022-2025.

They used the Better Care Fund to improve collaborative working across health and care systems in Hounslow. They work closely with hospital staff to better manage discharges and prevent admissions. Hounslow had commissioned a limited number of reablement hours.

Hounslow told us they wanted to engage better with people in the borough, and co-produce more with them. They had developed an Improvement Programme which they described as a Radical Overhaul of Communication and Engagement (ROCE) based on the Lundy Model approach. They were at the proposal stage for this programme of work at the time of our assessment.

Impact of partnership working

There had been ongoing monitoring of the impact of integrating hospital discharge through the different pathways. This included using data and gathering people's experiences to review outcomes and cost. Reablement hours have achieved improved outcomes for those people who use them. National data from 'Short and Long Term' published by NHS Digital in October 2022 found 84% of people remaining at home more than 91 days after discharge. They told us they were reviewing whether they could use more community referrals to prevent deterioration and intervene earlier when people start to struggle at home by increasing the use of rehabilitation hours.

The impact of the Better Care Fund program of work was monitored quarterly. Where evidence was available, for example in terms of reducing admissions to residential care, this had shown a positive impact. Management of falls data was unavailable, and other workstreams were still at too early a stage to demonstrate impact.

They had already identified difficulties in identifying a homecare provider to facilitate discharge had previously caused delays. This led to the development of the Bridging Care offer in November 2023. There had been no discharges delayed due to a lack of care provider since this was initiated.

Working with voluntary and charity sector groups

The local authority worked collaboratively with voluntary and community and social enterprise organisations to understand and meet local social care needs. Voluntary sector partners said they had positive partnerships with the Hounslow Commissioning team, who listen when negotiating contracts, levels of service and key performance indicators. The main advocacy provider told us how commissioners allowed them to flex delivery of different strands of their service when they were short staffed. This enabled them to prioritise provision which protected people's rights, for example their Independent Mental Capacity Advocacy service that is critical to representing people's views when decisions about balancing their safety with their independence.

Staff told us they had good partnership working with a range of provider organisations such as Addiction Recovery Community (ARC) a drug and alcohol organisation, and Hounslow Young People Engaged (HYPE), an early intervention service for first presentations of mental health need for people aged 18-36 people. They also had good partnership working with the Community Rehabilitation services and Secondary health care Mental Health teams. This led to smoother pathways for people who needed to use their services, and improved communication despite challenges with different information systems.

The local authority used grant funding and other support to encourage growth and innovation. A public health grant had been used to refresh the Dementia Action Alliance. This was supporting people living with dementia and their families, through Dementia Café's which were taking place across Hounslow.

We were told that Community Connectors, a diverse group of volunteers representing their communities, had long standing relationships with the local authority and advocated for specific areas, for example, people with long term respiratory problems, or diabetes. These people worked closely with Hounslow and had networks behind them for which they were the voice.

The local authority had a Thriving Communities Fund, which was available for revenue, small grants, and capital fund applications. This had very clear guidance for proposals which would meet the objectives of Hounslow's Corporate Plan "Ambitious for Hounslow". We were also told there were further opportunities to improve partnerships with the Voluntary sector, as a grants programme does not create a direct relationship with the applicants, in the same way commissioning might.

Staff told us Hounslow intended to improve its co–production and engagement with people, but it was currently at an early stage with this work.

Theme 3: How London Borough Hounslow 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

1. The Senior Leadership of the local authority were very clear people being safe was the key priority. The local authority understood the risks to people across their care journeys and there was strong partnership working to facilitate safe transitions of care in most cases. Risks were identified and managed proactively; the effectiveness of these processes in keeping people safe was routinely monitored.

2. The local authority recognised how stretched the hospital discharge approach had been, and they had used data to understand how best to support this area. They had reflected on the aged over 65 population with increasing needs and considered how to support in the community to reduce readmissions to hospital. The views of people who use services, partners and staff were listened to and considered.

3. The joint commissioning of services, and the close partnership with NHS teams to keep people safe meant policies and processes were aligned with other partners who were involved in people's care journey. These partnership arrangements ensured there were safe pathways for people when moving between hospital and home and enabled shared learning and drove improvement.

There were robust Information Sharing Protocols, which reflected General Data Protection Regulation requirements to keep people's information safe. The different systems used by the NHS and Hounslow borough Council, created barriers to sharing personal information safely, securely, in a timely manner, and in ways which protect people's rights and privacy. Where the authority worked in multi-agency settings, arrangements had been put in place to safely overcome these difficulties.

Safety during transitions

1. Care and support were planned and organised with people, together with partners and communities, in ways which improved their safety across their care journeys and ensured continuity of care. This included referrals, admissions, discharge, and where people were moving between services.
2. Staff told us there were very few failed discharges following hospital admission. They stated this was due to the effectiveness of the 'Pentagon' Discharge Hub, which included representation from Reablement services to identify correct discharge pathways and services.
3. The use of the Better Care Fund was being reviewed alongside a wider Out of Hospital Service Review being undertaken by the ICB. The Bridging Care Service was developed following an allocation of funding from the ICB in 2023/2024 for the Adult Social Care Discharge Fund. It was used to address the risk of unsafe discharges, or delays to ensure smooth transfers back home.
4. Carers told us, the transition from child services to adult services was not always smooth with different social workers being involved at different times. In Children's services people had an allocated social worker, however, once in adult services, people were only assigned a social worker in relation to a specific request for review or support, and then their cases were closed.
5. The Independent Futures team was set up to provide support and manage assessments for young people transitioning from Children's to Adults services and inherited a backlog of young people waiting for assessment. Since September 2023, a plan had been implemented to reduce the backlog of young people aged 18-24 waiting for an assessment. This plan was also to standardise the scoring of risk/prioritisation of cases, and to improve the effectiveness of the assessment process. There was a recognition of the impact of waiting for an assessment, so the team had developed a 'Welfare Caller' position. This ensured regular contact had been maintained with those people on the waiting list, with an ongoing consideration for prioritisation.

6. Young people were reviewed at 14 years by Children's services and picked up by the Independent Futures team at 17. There was a real focus on improvements to support good transitions for young people moving from Children's to Adult Social Care services. Individuals were referred to the team via a panel, and referrals were triaged. Where urgent action was required, these would be assigned immediately. Otherwise, they would be contacted, and their case kept under review until a worker was available. The team ensured work was being carried out prior to a person's 18th birthday.

7. There was a detailed process to show how staff would work together to provide a supported transfer for people when they move from one local authority area to another. This considered the person's needs, and ensured continuity to protect the safety and well-being of people using services which are located away from their local area.

8. Partners told us Hounslow worked well across many different partners and tried to bring everyone together to solve/discuss issues and concerns.

Contingency planning

1. The local authority had multiple contingency plans to ensure preparedness for possible interruptions in the provision of care and support. They had not needed to use any of them in the 12 months prior to our assessment but knew how they would respond to different scenarios if they arose. Plans and information sharing arrangements were set up in advance with partner agencies and neighbouring authorities to minimise the risks to people's safety and wellbeing. The close working relationships between commissioners and providers meant they were less likely be unprepared if providers went into financial or staffing crises and could work to minimise the impact this would have on people who used those services. They held seasonal preparedness meetings.

2. Providers recalled during the COVID-19 pandemic, additional support was made available easily to support providers, services, and staff. They had a high degree of confidence in the local authority's ability to deal with challenging and unexpected situations.

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

There were effective systems, processes, practices to make sure people were protected from abuse and neglect. These were built into the end-to-end processes of assessing need, commissioning care, and dealing with episodes where people had faced abuse or neglect. This was reflected in the national data from the Adult Social Care Survey (published October 2022) which showed that 72.69% of people who use services who feel safe and 90.31% of people who use services who say that those services have made them feel safe. According to the Survey of Adult Carers 74.23% carers felt safe.

Operational teams across the adult social care Service manage the end-to-end process of the majority of safeguarding enquiries, including triage. There was a dedicated Safeguarding team, who provided advice and to manage more complex enquiries. They also supported operational teams and organisations who were dealing with other safeguarding issues by producing detailed guidance and organisations, and auditing Safeguarding Enquiries. One provider told us their service was involved in some Safeguarding Plans, they had open channels of communication with the Children's and Adults Safeguarding teams and were very positive about working relationships. Some partners reported they considered the Safeguarding team to be fast responding and open with how they work, including information sharing.

There was independent oversight and auditing of safeguarding activity on a quarterly basis as part of wider quality assurance work. Outcomes of audits are sent to managers and practitioners, who are provided with the opportunity to check and challenge. An action plan was included for areas requiring improvement. The audit tool was aligned to the Internal Audit Framework. This allowed for consistency in relation to judgement and understanding risk.

The Safeguarding team attended Multi Agency Risk Assessment Conference (MARAC) meetings on a daily and monthly basis. This ensured actions happened quickly to manage risk in relation to domestic abuse. The daily meeting comprised of a small group of stakeholders. The monthly meeting had a wider membership and dealt with cases which need more detailed input.

There was a strong multi-agency Safeguarding Partnership, with the roles and responsibilities for identifying and responding to concerns clearly defined. Information sharing arrangements were in place so concerns could be raised quickly and investigated without delay. The local authority worked with the Safeguarding Adults Board and partners to deliver a co-ordinated approach to safeguarding adults in the area.

The Executive Director of Children's and Adults Services currently chaired both Adult's and Children's Safeguarding Boards. We noted and they acknowledged the importance of an independent voice to ensure safeguarding was managed effectively and robustly. In recognition of this Hounslow had recently commissioned an external review of the Hounslow Safeguarding Adults Board from an independent consultancy. As this review has not yet occurred, and details of its scope have not been shared, the outcome of this is not yet known. We were advised this was an interim position, pending consideration of whether the Independent Reviewer role being trialled in the Children's Safeguarding Board was effective. The board's Business Plan sought to hold members of the board to account and role definitions and expectations for members were clearly set. There was also an annual challenge event to hold partners to account. These contributed to ensuring that all parties worked together to deliver effective adult safeguarding.

Hounslow had also commissioned Healthwatch to set up a Service User Forum in relation to safeguarding. The aim of this group was to "Ensure that feedback can align and feed into the quality assurance reporting schedule". This was a positive approach to ensuring the voice of people who had lived experience of being affected by safeguarding and the local authority systems which respond to them, was incorporated into assurance and accountability, for the delivery of Hounslow's Section 42 obligations of the Care Act. We were told the group had made some recommendations which had been delivered to the Safeguarding Adults' Board, specifically about public awareness and the timeliness of enquiries.

Fewer staff involved in safeguarding work had completed specialist training to undertake safeguarding duties effectively than was the England average. Hounslow data from Skills for Care Workforce Estimates (October 2023) were 25.00% of independent/LA staff completed MCA DoLS training and 31.58% of independent/LA staff completed Safeguarding Adults training. The risks of this were mitigated at least in part by the development and implementation of "how to" guides from the more experienced and skilled specialist safeguarding team.

Responding to local safeguarding risks and issues

There was a clear understanding of the safeguarding risks and issues in the area. The local authority worked with safeguarding partners to reduce risks and to prevent abuse and neglect from occurring.

In February 2022, an advocate commissioned by Hounslow local authority to work specifically with adult victims, collaborated with Barnardos, Kalayaan, Unseen, The Human Trafficking Foundation, SFIDA and the Metropolitan Police Modern Slavery Team to highlight the issue of Modern Slavery. They created a series of webinars on human trafficking, domestic servitude, labour exploitation, criminal exploitation, child exploitation & sexual exploitation. Since 2022, this advocate has received 11 referrals.

Hounslow told us learning on safeguarding had been prioritised through peer reviews, external challenge, and external and internal case file evaluations. They worked with partners to learn from Safeguarding Adult Reviews, Domestic Homicide Reviews and Learning Disability Mortality Reviews. For example, learning from one Safeguarding Adult Review was used to establish a Complex Cases Group, which is now in place. Another example was learning from a Domestic Homicide Review led to a wider Domestic Abuse Commission in Adult Social Care which has resulted in raised awareness amongst social workers and practitioners. Staff received 7-minute briefings to learn from Safeguarding Adult Reviews, which were also shared at the Provider Forums.

Responding to concerns and undertaking Section 42 enquiries

A Section 42 enquiry is a legal requirement under the Care Act 2014 for local authorities to make enquiries, or have others do so, if an adult may be at risk of abuse or neglect. There was clear guidance on what constituted a Section 42 (S42) Safeguarding Concern and when Section 42 Safeguarding Enquiries were required, and this was applied consistently. There were clear rationales and outcomes from initial enquiries, including those which did not progress to a Section 42 enquiry.

According to the Safeguarding Adults Collection (published August 2022) the number of enquiries meeting the S42 safeguarding adults' threshold in Hounslow has declined over time. This was reflected in Hounslow's own data which showed a total of 684 concerns were raised in 2022-23 of which 362 progressed to an enquiry. This meant 53% converted from a concern to a S42 enquiry. The number of concerns resulting in enquiries being made has decreased annually over the last 3 years.

Most safeguarding concerns were triaged in a timely manner. Hounslow provided a data snapshot which showed that 10 safeguarding concerns awaited initial review. There was 1 Section 42 enquiry awaiting allocation, and 107 in progress.

There were clear standards and quality assurance arrangements in place for conducting Section 42 enquiries. When safeguarding enquiries were conducted by another agency, for example, a care or health provider, the local authority retained responsibility for the enquiries and the outcome for the person(s) concerned. These enquiries were overseen by the specialist Safeguarding team, who provided advice and conduct audits of provider investigations.

Hounslow had a small team managing Deprivation of Liberty Safeguarding (DoLS) applications. The team told us they processed almost 700 per year and had strong working relationships with the Locality teams. There were 105 DoLS applications awaiting authorisation or review, the oldest of which was received in July 2023. Of these, 34 were urgent, the oldest of which had been received in September 2023. There was a risk to those people awaiting decisions to be made about deprivations of liberty, but the authority had prioritised those in residential or hospital settings where the highest risk of closed cultures was and had no backlog in those service types. Senior leaders told us they were looking at ways to increase the number of trained Best Interest Assessors in their workforce to improve assessment times.

Hounslow's own data indicated the proportion of DoLs applications completed in 21 days was 29% in 2022-23, compared to a London average of 24% for 2021-22. All referrals were screened, and assessments started as soon as they were received but completion was not as timely as they would like. Frontline staff told us there were sometimes delays in progressing DoLS applications due to external circumstances, such as delays in the court process or in securing an independent mental capacity advocate (IMCA). IMCAs are a specific role to assist in the process where a person does not have a friend or relative with Power of Attorney to support in decision making. The latter would be escalated to commissioning if the existing provider could not provide an advocate in a timely manner, to identify another provider. They were working to make the same improvements in authorisation times for people in community settings.

A key partner spoke of great working relationships with DoLS team. They felt the DoLS team had good processes and systems to manage and maintain flow of applications and assessments.

Safeguarding plans and action plans to reduce future risks for individual people were in place and they were acted on. Some providers told us that they did not hear the outcomes of Safeguarding Enquiries in a timely manner or in some cases at all, but the Safeguarding team was confident relevant agencies were informed of the outcomes of Safeguarding Enquiries when it was necessary to the ongoing safety of the person concerned.

Making safeguarding personal

The Healthwatch Service User Safeguarding Forum had reported prolonged waiting times in relation to Section 42 enquiries being processed. The local authority told us they dealt with most enquiries in a timely manner but there was a short waiting list for some safeguarding investigations, particularly those for people with learning disabilities. These were kept under review until there was capacity to allocate them to someone appropriately skilled in working with a person with learning disabilities to investigate them in a person-centred manner. As an interim measure to ensure people are kept safe, and their individual risks managed pending investigations, protection plans are put in place.

Another reported finding from the Service User Safeguarding Forum was some people did not understand safeguarding or have the information they needed to understand what being safe means to them, how to raise concerns when they don't feel safe, or if they have concerns about the safety of other people. The Safeguarding Adults Board's own performance indicators showed they were receiving a low number of referrals from Black Asian and Minority Ethnic (BME) communities relative to population. This has led to the board prioritising action to increase awareness of safeguarding amongst these communities. Staff told us they had developed user-friendly guides to promote safeguarding awareness for Black Asian and Minority Ethnic communities, which are distributed via the ongoing Gazebo initiative. The Gazebo was an information roadshow taken out into the community.

Staff also noted CarePlace, the online information source, offered 300 different languages to translate details of services on offer, so people could access information in their own language. The Interpretation service operated more online or via telephone, as opposed to in person, which could be a barrier for some people. All safeguarding forms were translated, and they had translators attend meetings as required.

People could participate in the safeguarding process as much as they chose to, and people could get support from an advocate if they wished to do so. Staff told us, the main advocacy organisation commissioned by Hounslow, did not always have capacity to provide advocates upon request, but this had been highlighted and addressed by spot commissioning as required.

We were told the specialist Safeguarding team had reduced in size, and this had added pressure to existing workloads, however, there was recognition gaps in the workforce presented a risk to the local authority's ability to deliver its S42 obligations. There was a detailed risk-based approach to managing the people for whom Safeguarding concerns/ referrals were made. There was management accountability, ownership, and oversight of the management of risk. Safeguarding was an organisational priority and the Service Manager for Safeguarding and DoLS was able to escalate concerns to Senior Leadership and be given proper consideration.

Hounslow told us it identified an above average number of adults at risk lacking capacity (47% against a London average of 31%), and a higher rate of those people received support provided by an advocate, family, or friend (43% against a London average of 8%). The Safeguarding Adults Collection (SAC) found that 87.5% of individuals lacking capacity were supported by an advocate, family member or friend. A recent Quality Assurance audit found the need for Mental Capacity Assessments to take place earlier in the Care Act assessment process to ensure that people had the support they needed to participate fully. The local authority had commissioned external audits of mental capacity assessment work they conducted, as a key element of safeguarding vulnerable people. The tool used was aligned to the Internal Audit Framework. This allowed for consistency in relation to judgement and understanding risk.

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

Hounslow had a clear leadership structure. There was clear and effective governance management, and accountability arrangements at all levels within the local authority. These provided visibility and assurance on the delivery of Care Act duties. There was a clear structure for the assessment and management of risk, quality, and sustainability of provision. The local authority used data to inform decision making and collected this on several key metrics. Hounslow made use of surveys, complaints, and feedback via individual engagement with officers, and told us they were working to improve the level of engagement and communication with people including for assurance of people's care and support experiences and outcomes.

There was a stable Senior Leadership team who held broad responsibilities across adult social care, Children's services, and health. Senior leaders were clear on the role of adult social care, and the importance of meeting statutory requirements. We were told keeping people safe, in the context of robust resource management, was the priority. They held the statutory Director of Adult Social Services (DASS) to account for delivery of this.

There were clear risk management and escalation arrangements. Risks were reflected in the Corporate Risk Register and considered in decisions across the wider council. This included escalation internally and externally to partner Governance boards, such as the Health and Wellbeing Board, as appropriate. The local authority's political and executive leaders were well informed about the potential risks facing Adult Social Care, such as workforce risks, and were taking action to resolve these through a range of mechanisms such as apprenticeships and international recruitment.

We were told the council Cabinet had robust oversight of Adult Social Care and an understanding of where it fit in relation to the Corporate Plan 'Ambitious for Hounslow'. Some of the objectives of the corporate plan, such as "Support our most vulnerable residents to live as independently as possible for as long as possible" were aligned with Care Act principles and the role of the Adult Social Care directorate.

We found a clear and increasing focus on performance culture in Adult Social Care at Hounslow. There were quality assurance and performance governance mechanisms in place, but senior leaders recognised that they weren't as effective as they wanted them to be. They told us that they wanted to take improvements made in Children's services and replicate them in Adult services. Some auditing was completed by external parties currently to add capacity and rigour. They told us they intended to bring all audits in house by September 2024. Safeguarding was a key priority and was monitored and reported appropriately within the directorate. There was a Practice Framework which clearly set out expectation of staff at all levels. The Practice Framework was aligned to the broader organisational values and culture. Periodic audits provided objective challenge and presented a further level of governance and accountability.

The local authority had a clear awareness and focus on tackling inequality. They had undertaken a learning and partnership approach to developing their Strategy 'A Fairer, More Equal Hounslow'.

The political makeup of the council reduced the likelihood of challenge at scrutiny as the opposition were a significant minority, but papers were presented and discussed. The political and executive leadership had positive, constructive relationships and confidence in the officers responsible for delivery of Care Act duties. They felt able to challenge or raise issues if they felt it was necessary.

The Principal Social Worker (PSW) is a statutory role under the Care Act 2014. The Principal Social Worker at Hounslow was a member of the Departmental Leadership team rather than the Senior Leadership Team. They had the opportunity to contribute to shaping practice, developing innovation, and meeting the strategic challenges of Health and Social Care in Hounslow through participation in and contribution to key programmes of work which were led by the Executive Director (Statutory DASS). They also led on the Annual Social Work Healthcheck and reported to the DASS on the impact of the Quality Assurance Framework which they had developed and implemented in adult social care. They had what was described as an "open access route' to the Executive Director (DASS) and we were told that diarised meetings were being reestablished in 2024.

Strategic planning

The local authority routinely used data effectively in relation to the population it served to understand risks, performance, inequalities, and outcomes. It used this data to inform its Strategy for Adult Social Care, allocation of resources, and more broadly for the "Ambitious for Hounslow" Corporate Strategy.

The local authority had developed a Delivery Plan and Improvement Plans for Adult Social Care based on improving outcomes for people. These were both focused on implementing actions, but as these plans were in the early stages, it was too early to demonstrate any outcomes, against the planned objectives.

Information security

Hounslow were able to demonstrate they had robust arrangements to maintain the security, availability, integrity and confidentiality of data, records, and data management systems within the local authority. Where the authority worked in multi-agency settings, arrangements were in place to govern and manage safe information sharing to support safe, and seamless care.

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

Most staff we spoke with emphasised the opportunities for learning and development. There was a particular focus on supporting experienced unqualified staff in social work and Occupational Therapy teams, to gain professional qualifications. There was an inclusive and positive culture of continuous learning and improvement, limited only by workers ability to manage workload and find time. Local authority staff had ongoing access to learning and support so Care Act duties could be delivered safely and effectively.

The Senior Leadership focused on improving practice and told us they wanted to increase opportunities for reflection on practice and consideration of the theoretical models being used to inform decision making. The Principal Social Worker led on the Annual Social Work Healthcheck, on work with the Social Care Institute for Excellence which focused on Practice with Impact, and on the creation of the Practice framework. They were also responsible for delivery of the Training and Development plan agreed with the Director of Adult Social Care and the Executive Director (Statutory DASS).

Senior leaders told us they would adopt a Reflective Practice Model called Schwarz Rounds so that staff could have peer group discussions outside of their own teams. The local authority worked collaboratively with people and partners to actively promote and support innovative and new ways of working to improve people's social care experiences and outcomes.

The local authority shared learning, best practice and innovation with peers and system partners to influence and improve how care and support is provided. For example, mental health commissioners had shared their innovative commissioning practice of providing accommodation and support to people with complex needs, with neighbouring London boroughs, as it had reduced acute hospital bed usage. They were hoping to encourage a cohesive mental health approach across the Integrated Care Board and were being used as an example for how it can be done.

We were also told about efforts to use a more collaborative and joined up approach to work around frailty, through use of joint commissioning and shared resources delivered under the Integrated Care Partnership Board.

Co-production was acknowledged to be at an early stage in the local authority's work. There was consultation but they were seeking to transform the way they co-produced with people. This was described as a 'Radical Overhaul of Consultation and Engagement'. In their recently developed Improvement Plan (November 2023) they had actions set to develop and carry out a co-production plan, setting out how co-production will be progressed across the themes of working with people, providing support, ensuring safety and leadership.

The local authority had actively sought peer review and developed an Improvement Plan in response to its findings. Hounslow actively participated in Peer Review and sector-led improvement activity. Hounslow engaged with partners in London ADASS for professional network support/best practice and tackling inequality in London workforce for Adult Social Care. The local authority had the ability to draw on external support to improve when necessary.

Learning from feedback

The local authority learned from people's feedback about their experiences of care and support, and feedback from staff and partners. This feedback informed strategy, improvement activity and decision making at all levels. A partner told us having collaboration enabled engagement in various projects, such as 'health in the park', which informed discussions on what to prioritise. Internally, the Adult Social Care Quality Assurance Process report provided insight into areas for improvement such as better recording of steps taken during an assessment and of what people considered important for their wellbeing. The council responded to feedback from the 'Our Voice Our Say' group which noted the inaccessibility of local authority forms, by commissioning them to address this communication barrier using easy read documents.

There were processes to ensure learning was gained from when things go wrong, and from examples of good practice. Leaders encouraged reflection and collective problem-solving and 7-minute briefings were circulated after Safeguarding Adult Reviews. Hounslow had 5 investigations by the Local Government Social Care Ombudsman (LGSCO) in 2022/23 and had a slightly higher uphold rate at 80% than other comparable local authorities. This meant that the Ombudsman agreed with the complainant in 4 out of the 5 cases and in 2 cases the authority was slow to respond but did so without any further action from the Ombudsman. 26 complaints were sent directly to the authority in 2023 about adult services. A senior leader told us they looked at reviews of all complaints and authorised responses to all LGSCO complaints, to see what they need to learn. This could lead to practice development or service improvement which could reduce the likelihood of future complaints. They told us there was always more to be done. Some staff we spoke with talked of a 'no blame' culture, where learning, and collective problem solving was normal practice.