Supporting people to live healthier lives

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

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

The local authority commitment

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

Key findings for this quality statement

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

The local authority demonstrated areas of proactive work with people, partners and the wider community to provide a range of services and resources. These services were designed to promote independence and prevent, reduce or delay the need for care and support. There were evident gaps in some areas of provision, demonstrating the need for a consistent approach across specific areas.

The Derby and Derbyshire Integrated Care Strategy 2023 outlined the co-ordinated approach the local authority, NHS, Healthwatch, and voluntary and community sector organisations would take to ensure they improved system level health and care challenges. This multi-disciplinary approach had been embedded into the methodology of both the local authority's locality teams and local area coordinators who were working collaboratively with health and the community. The contact centre, Derby Direct had good links with the Voluntary sector, and regularly signposted people to community provisions including local area coordinators.

Staff told us that future work was needed to create a stronger preventative approach around hospital discharge as there was very little provision within reablement to prevent or reduce peoples future care needs, as the focus had been on hospital discharge, rather than the type of provision available in the community once people were discharged. The national data reflected the need for more focus on a preventative approach. The number of people who had received short term care who no longer required support was lower than the England average, 63.98% compared to 77.6% respectively (Adult Social Care Survey 2021/2022). Recent data provided by the local authority shows an improvement in the percentage of people who received short term care who no longer required support.

The Mental Health Trust also acknowledged that more work was needed and had planned to increase the availability of services in the local area to prevent hospital admission and/or crisis. These plans were still at a strategic level and had not been implemented at the time of assessment.

We heard from staff that the council were aware of the needs of the community, using insight to shape strategies, plans and service and delivery. However, some staff told us that there was a gap in analysis which would support the local authority to ensure an agenda was developed to work with the community to ensure the right service provision was in place.

Partners feedback stated that the local authority had now made unpaid carers a high priority on their agenda and had provided an example of a recent forum for carers which was led by a member of cabinet within the local authority for adult social care.

National data shows that 73.91% of carers found information and advice helpful which is slightly lower than the England average of 77% (Survey of Adult Carers in England 2021/ 2022 SACE). Carers told us there had been a lack of support identified for them, illustrating those preventative measures such as respite care was often full, this meant that many carers felt that a lack of timely support affected their mental health.

There were some good examples of positive preventative support in the community such as the work of local area coordinators and community connectors who were trained to take peoples blood pressure in the local community to spot hypertension and prevent/ delay need for future services. The local area coordination programme had also been a successful addition to the preventative agenda, supporting a programme of positive intervention with vulnerable people that required support in the community.

A recent wellbeing event which included health, the voluntary sector and the local authority was reported by partners as a positive example of developing strong partnership working which allowed partners to share feedback on the needs of the community.

Provision and impact of intermediate care and reablement services

The local authority worked with partners to deliver intermediate care and reablement services that enabled people to regain and maintain independence. National data showed that 3.66% of people 65+ received reablement/rehabilitation services after discharge from hospital. This is in line with the England average of 3%. 83.64% of people 65+ were still at home 91 days after discharge from the hospital into reablement/rehab this is slightly above the England average of 82% (ASCOF).

The identified pathways for reablement were clearly defined, however as noted above there were issues with capacity. Staff spoke of their focus on keeping people as independent as possible, providing the best support, including utilising OT and physio in the community if it means they can get them home rather than to long term care or a step-down bed.

Perth House is managed jointly by the local authority and health to provide temporary beds under Pathway 2 of the local authorities Discharge to Assess process. These beds provided a range of requirements, including mild nursing and occupational therapy assessments. Staff highlighted the challenges around the facility being at capacity a high percentage of the time, this was particularly impacting on people with more complex needs and disabilities as there was an increasing dependence on support from private providers. The shortage in readily available reablement services for prevention and avoidance had been recognised by senior staff who highlighted plans for this to be managed as part of the successful completion and integration of the section 75 agreement.

People's experiences of hospital discharge and the support received was positive, specifically highlighting the support from social workers and frequent communication which helped them with their care needs.

Access to equipment and home adaptations

There was good access to equipment and minor home adaptations to help people maintain their independence and continue living in their own homes. There were 846 referrals to the equipment service between 1 April 2023 and 14 February 2024. 12.1 % of equipment was install within 15 days for low risk, 8.1% of equipment for medium risk cases was installed within 7 days. 6.9% of high-risk cases received equipment within 48 hours.

The local authority had successfully provided additional services which have had a positive impact on managing people's needs, examples of this include the handyman service funded through the Better Care Fund, which had no waiting list and was directed towards falls prevention, assisting with hospital discharge and minor items of domestic repairs and preventative maintenance. The Healthy Housing focused on the health aspects of the resident repairs and had completed approximately 800 cases per year. Both examples used Better Care funding and had demonstrated a positive impact on the hospital discharge and maintaining people's independence to continue living in their own homes.

Provision of accessible information and advice

There was information and advice available on the council website for people on their rights under the Care Act 2014. This specified ways for people to meet their care and support needs. This included information for unpaid carers, advocacy, assessments, and information for people who fund or arrange their own care and support. Information on the website was only accessible to people who had a computer which created a digital barrier to access. National data showed that 60.78% of people who use services said that they find it easy to find information about support which is slightly below the England average of 63%. (Adult Social Care Survey 2021/22 ASCS). The number of carers who found it easy to access information and advice was 44.64% which is below the England average of 57.83% (SACE 2021/22). The local authority shared data with us to indicate that since these surveys were carried out there is an improving trend in their data in this area, particularly in relation to carers accessing information.

Partners expressed concerns in relation to the local authorities over reliance on the internet specifically highlighting the use of online surveys used to collect digital feedback. It was felt that accessible information was not always being made available which could impact specific groups in the community.

Staff recognised that information wasn't always readily accessible for people of different languages, including printed and translation services. It was also recognised that more accessible information was also needed for the deaf community, this was an area which they were currently working to improve. Staff told us about their strong links with the deaf team, which had supported them to understand the needs of the deaf community.

Direct payments

The local authority had a good uptake of direct payments, national data reflects the total amount of service users who receive direct payments is 39.16% in comparison to the national average of 26.73%, 100 % of carers who had needs assessed as eligible for support, received direct payments (ASCOF). Direct payments were being used to improve people's control about how their care and support needs were met. There was ongoing access to information, advice and support to use direct payments, including support for people to employ their own personal assistants. Direct payments were managed and set up by the individuals following the assessment process which was undertaken by a social worker. Commissioning was focused on promoting services funded by individuals through direct payments. 48% of services were sourced by individuals through Direct Payments compared to 52% being through local authority contracted services.

Partners expressed concerns around the use of direct payments and prepayment cards, stating if people were eligible for personal budgets, they were often told that it was the only option to purchase services. Partners felt commissioners were often unable to advise people of alternative options to prepayment cards. It was also felt that there were inconsistencies around the direct payment usage as information shared explained that some families have direct payment accounts building up excessive amounts, for services that are unavailable or non-existent with no support to identify suitable services to meet their needs. We had feedback that there was little support, follow up or review on peoples needs or monitoring to ensure direct payments were being used effectively to improve outcomes.

Carers told us that they used personal budgets as they did not feel comfortable with finding carers themselves, and another carer fed back that they were worried that direct payments would be reduced April 2024. The local authority has confirmed that Direct Payments are uplifted each year, and this will continue for 2024/2025.
