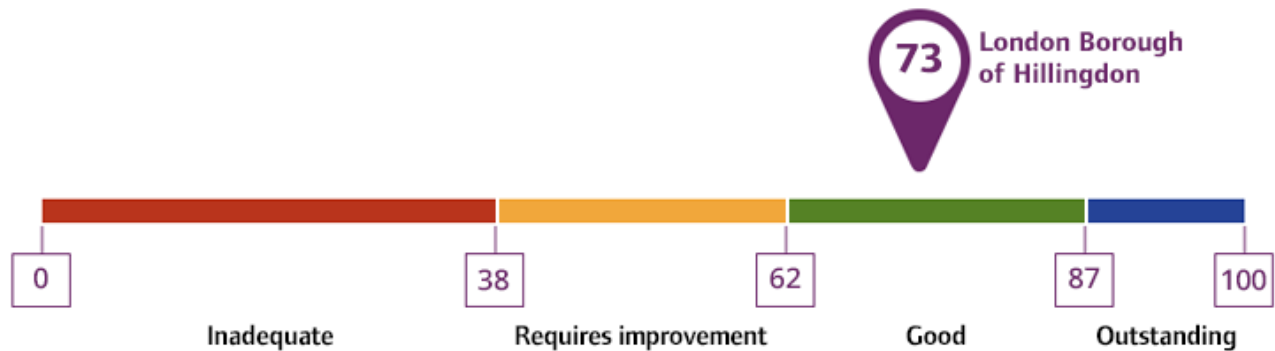


# Overall summary

## Local authority rating and score

London Borough of Hillingdon

Good



## Quality statement scores

Assessing needs

Score: 3

Supporting people to lead healthier lives

Score: 3

Equity in experience and outcomes

Score: 2

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## Care provision, integration and continuity

Score: 3

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## Partnerships and communities

Score: 3

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## Safe pathways, systems and transitions

Score: 3

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## Safeguarding

Score: 3

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## Governance, management and sustainability

Score: 3

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## Learning, improvement and innovation

Score: 3

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# Summary of people's experiences

Most people could access the local authority's care and support services easily. They could make contact through multiple channels, including online and self-assessment options. According to national data, the proportion of people in Hillingdon who were satisfied with care and support they received was slightly lower than the English average, Fewer people paid privately to buy more care and support than the England average.

Most people did not have to wait for their Care Act Assessment, although people who needed specialist assessments from the learning disability or mental health teams were more likely to. Most reviews were completed on time. Carers reported more mixed experiences of accessing assessment and of understanding what sort of assessment they had had. Most people could access helpful information about care and support easily, but some found the increased online offer challenging. Difficulties using online sources of information was a barrier to access for some people.

There were no waits for occupational therapy (OT) assessments for equipment and adaptations. 90% of assessments were booked within 2 weeks, and where necessary these could be conducted more quickly. The provision of equipment after assessments could however be delayed, particularly if it was out of stock. Strategic management and oversight of the Occupational therapy service and equipment provision, and an arm's length relationship with the outsourced providers however, did not provide sufficient assurance that people would receive an efficient and effective service. The process for accessing equipment varied according to whether a person was already known to social care.

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

Transitions for people with care and support needs who were moving from childhood to adulthood were supported by a preparing for adulthood team. We heard of both positive and negative experiences. Transitions between local authority areas, and from self-funding to funded care were also managed safely.

Most people we spoke with who had care needs had a choice and were satisfied with the care and support they received. A much higher proportion of carers than average were able to access respite and short breaks, in an emergency, for less than a day and for longer periods.

There were no notable delays for packages of care or placement after an assessment of need. Whilst 75% of people across all primary support reasons were placed in borough, those with complex needs who needed residential, nursing care or supported living were more likely than others to be placed outside the borough boundary.

National data in the Adult Social Care Outcomes Framework (ASCOF Dec 2023) showed that the uptake of direct payments as a means of receiving support was lower than average for older adults and carers, adults aged between 18-64 and overall, but action taken by the local authority had increased the rate of uptake by 22% in the last 12 months. There was a good support service for people using direct payments, and the local authority had considered and addressed the barriers for people wanting to use them.

The local authority worked closely with the voluntary, community and social enterprise sector (VCSE) sector to provide an early intervention and prevention offer to support wellbeing in Hillingdon such as job clubs, and wellbeing support for people with a mental health condition.

Preventative services provided by the local authority and partners had a positive impact on well-being outcomes for people who might have care and support needs. Carers were very satisfied with the commissioned carers support organisation. Most carers felt safe, but the proportion was lower than the national average.

Where concerns were raised about people who may have experienced abuse or neglect, these were responded to without delay. Investigations might take longer for people who required advocacy to support them through this process. There were no waits for Deprivation of Liberty Safeguards (DoLS) applications for people in residential care waiting for assessment, and whilst there was a considerable wait for community based DoLS applications, the local authority had identified a team to progress these to be ready for the court process.

People in Hillingdon were given opportunities to be involved in developing strategies, and the way care and support were provided by the local authority. People were listened to, and their ideas shaped services.

# Summary of strengths, areas for development and next steps

The London Borough of Hillingdon worked very closely with system partners across the area and had a clear focus on working together with others to achieve the best outcomes for people who lived there.

The local authority was committed to early intervention and prevention and there was a strategic and operational focus on reducing, delaying, and preventing needs for long-term care and support, which was effective. The formal strategy and commitment to this was documented in the Health and Wellbeing Strategy, to which the local authority was a signatory. This is also reflected in the Adult Social Care Plan 2024-27 and the Better Care Fund plan.

The local authority had a centralised contact point for all referrals, either from individuals or other professionals. Assessment teams were based either on specialism, such as a team of people with learning disabilities and autistic people, or mental health needs, or on locality.

The local authority was committed to tackling inequalities and was involved in a range of initiatives and action. At the time of our assessment, there was no data to demonstrate the impact of these efforts. There were still some areas where inequalities of access to information, support to participate or local provision were experienced by some people due to their specific care and support needs, or their ability to use online resources.

The local authority had a significant number of residential and nursing care home beds, but demand for these also came from people who paid for their own care, the NHS and other local authorities. This meant a relatively high proportion of placements, especially for people with complex needs had to be made outside the borough. There was limited availability of local supported living for people with learning disabilities, particularly for people requiring specialist provision, which contributed to out of area placements. The local authority has plans for some additional registered care capacity.

The local authority used data and engaged with the local community to understand its care and support needs. This included understanding of the diverse needs of different groups of people. They recognised they needed to do further work in this area, but had taken significant steps, particularly to ensure services for the LGBTQIA+ community were accessible and appropriate to meet their needs in a person-centred way.

The local authority had a robust commissioning team which actively engaged with providers to ensure a range of high-quality, diverse provisions were available to meet the community's needs. They worked with partners to ensure commissioning and contracting decisions were based on up to date, accurate information about performance. The local authority had a strong risk management framework for commissioning and care provision.

The London Borough of Hillingdon were valued by system partners for the way they worked together to achieve good results for people. Partners recognised the local authority worked hard at this. Integration and working together supported safe transitions for people between health and social care. The team working with young adults in transition had strong links with other teams, to ensure they planned at the appropriate time, in a person-centred way to prevent crises and ensure safe transitions.

The local authority had a clear understanding of the safeguarding risks and issues in the area. They worked with partners in respect of safeguarding to reduce risks and to prevent abuse and neglect from occurring. Specific issues included the increase of hoarding and the risk of suicides, for which protocols and strategies were in place. Audits had shown however that learning from SAR's was not embedded in policy and practice.

The local authority had strong, visible leadership team with clear roles, responsibilities and accountabilities. Structures were in place to oversee governance, risk management, and accountability arrangements at all levels. These provided some visibility and assurance on delivery of Care Act duties. Some areas however lacked strategic oversight which resulted in inequitable outcomes for some people. Where shortfalls had been identified, for example in relation to occupational therapy assessment and the provision of equipment, performance data dashboards were being built to improve the line of sight on delivery.

The local authority did not currently have consistent data about performance over the last 12 months and this had been acknowledged by them as an area for development. A new approach to data, whilst still being implemented, was addressing this gap and further data collection and analysis was planned to improve governance and oversight.

Staff at Hillingdon were very proud to work there and felt valued and supported. The senior leadership team were visible, engaged and compassionate. The local authority sought feedback and coproduction with people who used services. Whilst this was an ongoing development, they were committed to co-production as a way of planning and working.