London Borough of Ealing: local authority assessment

How we assess local authorities

Assessment published: 17 January 2025

About London Borough of Ealing

Demographics

The London Borough of Ealing covers approximately 21 square miles in Northwest London. It is made up of 7 distinct towns, from Northolt to Acton and bridges both inner and outer London. It is the third largest by population London Borough with 369,937 residents according to the 2021 Census.

The local authority area 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 high-income and some high-deprivation areas. There are 4 residential areas within the borough that are in the 10% most deprived in the country.

Although Ealing has a younger age profile compared to England and Wales, the wider trend shows the population is ageing. Between 2011 and 2021, there has been an increase of 22.8% in people aged 65 and over. Ealing has an increasingly ethnically diverse population. Black and minority ethnic groups make up 57% of the population, including 30% Asian or Asian British, 11% Black, Black British, Caribbean or African, 5% Mixed or Multiple Ethnicity, and 11% from Other ethnic backgrounds. 43% of the population is from a white ethnic group.

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

Financial facts

The Financial facts for the **London Borough of Ealing** are:

- The local authority estimated that in 2022/23, its total budget would be **£620,511,000**. Its actual spend for that year was **£680,479,000**, which was **£59,968,000 more** than estimated.
- The local authority estimated that it would spend **£88,580,000** of its total budget on adult social care in 2022/23 Its actual spend was **£98,931,000**, which is **£10,351,000 more** than estimated.
- In 2022/2023, **15%** of the budget was spent on adult social care.
- The local authority has raised the full adult social care precept for 2023/24, with a value of **2%**. Please note that the amount raised through ASC precept varies from local authority to local authority.
- Approximately **4570** people were accessing long-term adult social care support, and approximately **1130** people were accessing short-term adult social care support in 2022/23. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

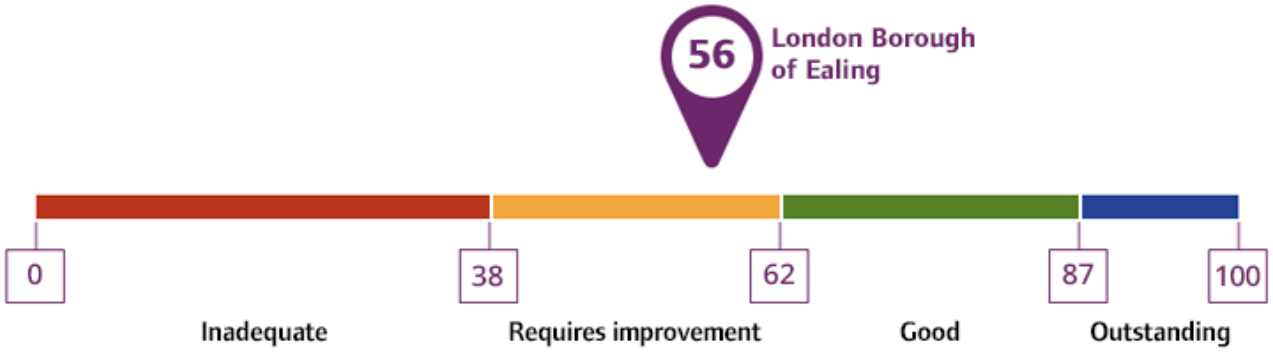
This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

Overall summary

Local authority rating and score

London Borough of Ealing

Requires improvement



Quality statement scores

Assessing needs

Score: 2

Supporting people to lead healthier lives

Score: 2

Equity in experience and outcomes
Score: 2

Care provision, integration and continuity
Score: 2

Partnerships and communities
Score: 3

Safe pathways, systems and transitions
Score: 2

Safeguarding
Score: 2

Governance, management and sustainability
Score: 2

Learning, improvement and innovation
Score: 3

Summary of people's experiences

People and their carers gave us mixed feedback of their experiences of local authority care and support services. Some people we spoke to said it was difficult to get in touch with the local authority. There were concerns about an overreliance on online information, and that the local authority's website was difficult to navigate. People were more positive about the services they received, including commissioned services to meet their needs and reablement.

People's experiences of accessing adult social care in Ealing was mixed. People were not always able to access information and advice, Care Act 2014 assessments, reviews and safeguarding support in a timely way. Some people described a positive assessment experience with knowledgeable and caring staff and that subsequent care, once in place, supported their preferences. Others told us there could be improvements in communication and the ways they were supported to access further services in the community.

People told us they waited for equipment and adaptations that supported them to remain independent at home. People were generally positive about their assessment and equipment once in place. Young people moving to adults' services and people coming out of hospital were generally positive about their support. Some carers told us that they did not receive the longer-term support they needed to be able to effectively meet their needs. Carers told us there was some support available to them in the area, but that support could be difficult to access.

People often had choice of care providers, especially when considering homecare provision. People told us they received care and support that considered their cultural, ethnic, and religious needs.

Some people told us about how the local authority was including in them in strategy and decision making which supported them to raise concerns and support solutions. People told us they felt positive about this change.

Summary of strengths, areas for development and next steps

There were waiting lists for assessments in the borough, including Care Act assessments, reviews, and assessments for equipment or adaptations. Leaders told us there was rising demand and complexity of needs in the borough. Senior staff and managers regularly reviewed waiting lists to reprioritise allocations of work and used additional measures and resources to reduce waiting lists. These actions were making some improvements to people's waiting times for assessments.

The local authority was clear about its responsibility to complete carers assessments. Staff understood the need to support carers. Carers could not always access services in their area that supported their wellbeing. Not all staff could articulate their role in identifying young carers who supported an adult with Care Act needs, though this was being addressed by the local authority in their developing Carers Strategy.

There were some effective partnership arrangements with external and internal partners in place in the borough, including for hospital discharge and transitions for young people. Most community and voluntary sector agencies we spoke to were pleased with the direction of travel in how the local authority was working with communities, including for example, the Community Connectors programme.

Where there were safeguarding concerns, immediate safety plans were in place. However, safeguarding enquiries were not always allocated promptly and there were waiting lists. When a safeguarding social worker was allocated, staff were knowledgeable, skilled and supportive. Some staff were concerned the safeguarding team received lots of contacts that were not related to safeguarding. This meant frontline staff could not be sure that all partners understood safeguarding or made safeguarding personal. Though some support was provided to partners at the time of our assessment, staff felt more support was needed for partners to understand safeguarding.

People in the local authority accessed a variety of care provision within and outside of the local authority area. Leaders told us they had identified gaps in services relating to specialist dementia provision, support for people expressing an emotional reaction or needs, complex nursing care, and supported living. The local authority had plans in place, including the introduction of new services to reduce these gaps.

There was a clear ambition to reduce inequality and improve people's outcomes through quality services, throughout management and governance processes. Leaders had identified that people were not always receiving services that improved their experiences and outcomes, and they had taken action to address this, such as through improved monitoring. This work was ongoing at the time of our assessment. Clear governance was in place which had been strengthened by the inclusion of community advocacy and pressure groups in scrutinising the local authority's work. People's voice in governance arrangements was being considered through the ongoing development of the existing co-production groups. The local authority recognised that there was limited data analysis in place that supported their understanding of themes, trends, and people's experiences. Leaders told us they were continuing to improve ways of gaining feedback from people, and how they used it to improve practice.

Governance and management arrangements were in place and these provided visibility and assurance on key priorities. There was line of sight on areas where people were not achieving good outcomes. Improvement actions were being developed or were in progress at the time of our assessment and we were given examples of where some of these had had a positive impact. The local authority used some of the information it had available to support strategic planning, however the local authority recognised more work was needed in developing its it in house performance and analytics function and had recently brought the resources inhouse from the corporate centre to support this.

People's experiences had begun to be represented on appropriate boards, such as the disability and long-term conditions board, by relevant partner organisations from the community. Work was underway to develop this approach.

Staff were proud of the work they did in the borough. Staff demonstrated a person-centred strength-based approach in assessing needs and developing care plans. They were knowledgeable about services in the community and could signpost people to services that would meet their needs. Staff we spoke with felt supported through supervision and reflective practice and by a visible and compassionate management and senior leadership team. Staff had opportunities to develop and complete training or required learning, though some staff indicated workload pressure did limit their ability to do this.

There was a positive culture of learning and innovation at the local authority. Staff felt able to share their ideas and concerns and they were listened to. The local authority had implemented assessment review and resource review panels to support improved practice and opportunities for learning. The local authority was trialling several examples of innovative technology and artificial intelligence to reduce the administrative burden on staff and increase the time they could spend with people.

Theme 1: How London Borough of Ealing 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

Ealing provided phone, email or online referral forms for people to access care and support services. The Advice and Referral Centre (ARC) reviewed all contacts to the service and passed these to appropriate teams. Some people told us they had not been able to get through to anyone on the phone lines and encountered blockages. They told us this could make them feel ignored, causing anxiety and frustration. The local authority had measures in place to scrutinise call handling rates and they were satisfied that waiting times and call abandon rates were within the local authority's tolerance for a service receiving 4,000 contacts per month, however they recognised the opportunity for further work to improve call handling and user experience. Leaders told us they were in the process of developing digital self-assessment and referral tools at the time of our assessment to improve call handling and user experience.

Staff across the local authority's care and support service understood a strength-based and person-centred approach. The Local Authority also extended strength-based training to providers at no cost. Staff gave us some examples of the ways in which assessments empowered people and their families to have greater control over their care and support and considered their cultural and community needs. Data provided from the Adult Social Care Survey October 2022/23 showed 55.1% people in the borough with care and support needs were satisfied with care and support, which is lower than the England average of 61.21%. As part of the assessment process the local authority shared data which suggested improvements in this area in the last 12 months, however this information had not been published at the time of our assessment. In addition, 66.5% people felt that they had control over their daily life, which was a negative variation compared to the England average of 77.21%. The local authority shared data during assessment which suggested improvements in this area in the last 12 months. People's experiences of care assessment and care planning was mixed. For example, a carer told us about their experience when their family member needed to move to a new provider, a plan was only put in place when the situation became an emergency, rather than when they originally notified the local authority. Another person told us the process went smoothly and Ealing had been responsive. The local authority had launched a Better Lives review panel to develop and increase its focus on strength-based practice. At the outset of the initiative, areas for improvement were noted in 60% of cases reviewed by the panel. The local authority had supported improvements in practice, and subsequent panel reviews showed significant improvements, with only 15% of further cases requiring improvement. This was a example of improvement work which was having a direct impact on people's experience and outcomes.

There were systems in place to promptly provide social care staff with information about the variety of organisations in the borough who could meet the needs of individuals as identified in their care plans. This supported people's choice and control. In some instances, where significant numbers of providers were able to meet the needs of people, for example, home care providers, this could be onerous and time consuming. Some staff felt it was difficult to genuinely support people to understand the choices available to them, especially when their first language was not English. This was easier for people supported by community teams but less so in preparation for hospital discharge, where some staff told us this process of choosing a provider caused delays and anxiety. The local authority told us they had recently reviewed their decision-making processes to address delays in selecting care providers.

National data suggested that many people's needs were met by their care plans: 61.70% of people who received care and support did not buy any additional care or support privately or pay more to 'top up' their care and support, which was statistically in line with the England average of 64.63% (Adult Social Care Survey, October 2023).

Local authority staff and partners recognised issues with bed availability in hospitals. This impacted on social care staff who sometimes had to repeat a person's assessment if there was a delay between this, and the person being admitted to hospital. This was a particular challenge for out of hours staff. Some staff described not receiving full information from partner organisations to support their assessments, resulting in delays and follow ups with referrers to be able to provide appropriate care. Staff told us they were able to escalate these concerns to managers, who met regularly with partners to work on solutions. Staff described working well with colleagues across the local authority, such as in assessing mental capacity and where multiple teams were involved in a person's care and support.

Staff were well trained and had access to appropriate training to complete assessments, including specialist assessments, however, some teams felt that finding time to do training was difficult. Staff told us that any continued professional development needed to maintain registrations was protected and supported by managers. Staff were supported by senior staff and managers who were easily accessible and through peer support arrangements to ask for advice. This was also applicable to agency staff and there was no difference in the level of support provided by or to staff who were permanent or temporary.

Timeliness of assessments, care planning and reviews

The local authority had waiting lists for Care Act assessments. In June 2024 over 300 people were on the waiting list for a Care Act assessment, with a median waiting time of 17 weeks. Waiting lists had been improving over the previous months. However, some staff told us they felt the service was unable to meet demand and that low staff numbers impacted on the speed at which people were able to get through to the borough to request support. Leaders were of the view that caseload sizes indicated reasonable allocations but acknowledged feedback from teams on the growing complexity of some cases.

At the initial point of contact, the local authority was able to provide advice and signpost people to support in the community. The local authority told us people on the waiting list had received an initial triage and interim support was provided when necessary. However, some partner agencies told us delays between the initial point of contact and social worker allocation meant some people's needs got worse while they were waiting for assessment and suitable support to be provided. Partners told us they sometimes found it difficult to gain further information from the local authority about people's care needs, to enable them to support people effectively in the interim. Staff told us Care Act assessments were generally completed within 28 days once a social worker was allocated. Senior staff and managers told us they regularly reviewed their waiting list and reprioritised the list based on risk. A duty system was in place to implement support immediately where there was significant risk through provision of an interim package of care.

Additional staffing resource had been made available in 'surges' to reduce waiting lists for assessment, alongside enhanced screening processes and urgent risk fast tracking. Some people told us they received timely assessment following discharge from hospital or following a period of illness in line with their needs. Teams themselves, managers, and senior managers had oversight of the waiting lists, though not all staff were aware of the criteria managers used to risk rate the waiting lists.

The local authority had over 550 reviews that had not been completed within 12 months at the time of our assessment. 45.22% of long-term support clients in Ealing were reviewed (planned or unplanned) which was statistically in line with the England average of 57.14% (Short and Long Term Support, December 2023). People waited around 23 weeks for reviews. Some staff told us that they were concerned the backlog of reviews had meant the local authority had potentially missed opportunities to step in to offer additional support in a timely way, rather than waiting for a crisis. Care providers described waiting for unplanned reviews when these were requested on behalf of people, limited communication whilst waiting and people's health and care needs changed in the intervening period.

A new review team had been implemented at the time of our assessment. It was not long established but intended to reduce waiting times for reviews. The local authority told us that their number of overdue reviews had reduced from 44% to 27% in the last 12 months following the implementation of their improvement actions.

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

The local authority completed carer's assessments in house and commissioned a dedicated carers service to provide additional support and advice for informal carers. Some partner agencies told us they could easily identify and refer carers for carers assessments without any barriers. One partner agency told us carers were not fully aware of what a carers assessment was and had limited confidence that the assessment would support their needs. Some carers told us their assessment had not been reviewed in a long time. People described waiting four to five months before receiving an assessment and felt this did not support their wellbeing in their caring role. This aligned with national data, which indicated that 28.18% of carers were satisfied with social services, which was less than the England average of 36.83% (Survey of Adult Carers in England, June 2024). Leaders told us there was a higher figure in the 2023/24 survey, but this had not been published at the time of our assessment. The local authority told us from the information they had available at the time of our assessment that most of their carer's assessments were allocated for completion within a month, however, data was not available that indicated how trends were reviewed over time.

We received mixed feedback about the support available once an assessment was carried out. Some organisations representing carers advised that the support provided was good. Some carers described limited ongoing support that accounted for their needs, for example a carer told us they struggled to review long documentation from the local authority or to understand where to get support as their first language was not English. For other carers, it was not clear what further support they could access or receive to support their ongoing well-being. People told us that they felt their assessment did not result in solutions that were well thought through or had limited practical support to put into practice. This is reflected in national survey data which showed that 58.78% of carers in Ealing experienced financial difficulties because of caring, which was significantly higher than the England average of 46.55% (Survey of Adult Carers in England, June 2024). 5.67% of carers accessed support to keep them in employment which was better than the England average of 2.79% (Survey of Adult Carers in England, June 2024). Additionally, 33.02% of carers were not in paid employment because of caring in Ealing, this was tending towards a negative variation compared to the England average of 26.7% (Survey of Adult Carers in England, June 2024).

The local authority commissioned services from community organisations to support carers. This included information and advice, peer support, and informal meetings such as coffee mornings. Some staff described attending monthly meetings at the Acton carers hub and were able to directly answer questions from carers who attended. National data indicated that 24.31% of carers reported they were accessing a support group or someone to talk to in confidence, which was lower in comparison to the England average of 32.98% (Survey of Adult Carers in England, June 2024). A grant funded service provided carers' respite in people's homes. Some partner agencies felt that not all local authority care and support teams were aware of carers services in the area or that these were not effectively advertised through the council's website.

The local authority had recognised that some communities in the area had different cultural expectations about a caring role which affected their ability to effectively identify and assess carers' needs. For example, some people did not recognise themselves as carers. The local authority told us this theme had been recognised in their refreshed carers strategy.

The local authority told us carers' needs were usually considered as part of a Care Act assessment. They noted that whilst carers were offered a separate assessment from the person they cared for, in their experience, most carers declined this. At the time of our assessment, the local authority's recording process did not allow for joint assessments of the cared for person and their carer. Social workers felt this was a barrier to completing carers assessments.

Children's social care staff completed young carers assessments. Not all staff who supported adults were clear on their role in identifying young people who were carrying out a caring role. One partner agency said that there had been a lack of expected referrals from adult social care for young carers. Some work had been undertaken with adult social care services to help identify hidden young carers. Local authority commissioners recognised that referral pathways for young carers needed to improve and a whole family approach needed to be promoted further. They intended to include this in their carer's strategy, which was being reviewed with carers at the time of our assessment. The local authority was also in the process of launching their redesigned partnership boards, including one for carers, which would support the progression of identified solutions.

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

The local authority's contact lines and website supported people with non-eligible care and support needs to access services that could support them. This included human rights-based assessments and some support for people with no recourse to public funds. Social care colleagues across the service had a good knowledge of services in the community and could effectively signpost people to those services as needed. Staff were able to link to a good network of organisations in the community that could support people. This included out of hours services.

Eligibility decisions for care and support

The local authority was developing an information pack for people about what to expect from adult social care. This included information on the eligibility criteria in line with the Care and Support (Eligibility Criteria) Regulations 2015. This same wording was not used on the local authority's website. The eligibility criteria on the local authority's website did not reference the first eligibility condition that the adult's needs arise from, or are related to, a physical or mental impairment or illness. As a result, this could have caused confusion for people about eligibility. The local authority was in the process of updating their website at the time of our assessment.

Some staff told us appeals regarding eligibility frequently came from hospital staff due to a misunderstanding about who was eligible for reablement services. To address this, the local authority had held meetings with hospital staff to clarify eligibility criteria and to support partnership understanding.

The principal social worker had regular team meetings with managers regarding eligibility decisions to support consistency and clarity. There had been no complaints or appeals made over the year before our assessment about eligibility for care and support.

Financial assessment and charging policy for care and support

The local authority received 68 complaints about the financial assessment process between February 2023 and January 2024. More than half were upheld or partially upheld. Themes included incorrect charges and disputes, incorrect assessments, delays in assessments, and missed or cancelled homecare visits. The local authority had made significant progress in reducing the waiting list for people waiting for a financial assessment and responding to the issues outlined in the complaints they received about financial assessments. Financial assessments used to take a year to get a result but because of these improvements there was no waiting list at the time of our assessment. Most financial assessments were completed within the local authority's 28-day time scale. The financial assessment team demonstrated a clear understanding of people's personal situations and there were measures in place to support people who needed support to complete assessment forms.

The local authority had a community benefits team to support people to fill out assessment forms in their homes. This improved people's experience of the financial assessment and supported them to maximise access to welfare benefits. Some frontline staff told us that the financial assessment process was a barrier to some people seeking support as they were not always willing to disclose their financial situation. The local authority had mechanisms in place to arrange repayment plans to spread costs in a way people could afford.

Provision of independent advocacy

The local authority commissioned statutory independent advocacy services from a partner organisation. This covered all aspects of advocacy services. An advocate can help a person express their needs and wishes and weigh up and make decisions about the options available to them. They can help them find services, make sure correct procedures are followed and challenge decisions made by local authorities and other organisations. It was not clear from the council’s website which organisation provided statutory advocacy services though the local authority told us they had included more information about this in a newly published social care brochure.

Staff told us the advocacy organisation responded quickly to requests for advocacy. There were no waiting lists for all aspects of statutory advocacy at the time of our assessment. Arrangements were in place so that staff were able to use out of borough advocacy services to ensure speedy pick up of referrals if needed. Most staff groups felt it was easy to access an advocate as needed.

While there were no waiting lists for statutory advocacy, very few Care Act assessment advocacy requests were received by the commissioned partner agency. The local authority was working to raise the understanding of advocacy within care and support services so that people were always referred for the appropriate support to effectively contribute to their Care Act assessment. Work was also being done to improve recording of where appropriate informal advocates, such as family and friends, were used. Most of the advocacy work was as Relevant Person's Representatives supporting the Deprivation of Liberty Safeguards (DoLS) processes. The prevalence of these requests took up the service's capacity. Work was ongoing to support frontline teams to understand the role of a Care Act assessment advocate and to refer appropriately.

The referral process for advocacy had recently improved which had improved the response times and reduced administrative burden. Staff told us that there had been an improvement recently in the local authority's ability to review trends in referrals, but this had not been in place previously. The local authority had not been able to recognise that there were gaps in the use of the advocacy service. This understanding of service user's and trends was improving at the time of our assessment. However, the partner advocacy service was concerned they would not have the capacity to manage any increases in referrals stemming from increased awareness of their role. The partner organisation was working with commissioners on securing additional funding.

The local authority did not commission non-statutory advocacy. Commissioners told us they relied on voluntary and community services and friends and family to provide advocacy in non-statutory situations. Information about advocacy services in the community outside of statutory provision was available on Care Place, the local authority's directory of community services.

Supporting people to lead 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

Ealing commissioned a range of community and voluntary sector organisations to prevent, reduce, or delay the need for care and support. Most people we spoke to had a positive experience of services that could be described as preventing, reducing or delaying need. People spoke highly of day centre provision for people with a learning disability, and that services were accessible and well run. People with a learning disability had access to services that supported them to improve their health and well-being. The local authority told us the preventative work they had done to support people with learning disabilities, for example, had reduced crisis and resulted in fewer people admitted to in-patient settings. They worked with partners to consistently manage the dynamic support register in the area, which is a list of people with learning disabilities and/or who are autistic who need support because they are at risk of going into hospital if they don't get the right care and treatment in the community.

Carers had access to support in the community. People described coffee mornings that were attended by local authority staff to share information about available support and often advertised and tailored to the needs of specific communities. However, some carers told us that groups in their area had been stopped, and this was challenging as they were not able to travel to others. This affected people's ability to engage in support in the community.

The local authority worked with partners in the Integrated Care System and through the Borough-based Partnership to deliver targeted support for the most deprived 20% of the Ealing population. A jointly funded, and local authority administered, grant programme was in place under themes of community connections, information and advice, mental health, respite, domestic violence advocacy, and infrastructure support. This included a variety of activities across key health and wellbeing challenges in the local authority area. Staff across the local authority provided examples of a variety of community-based support that could prevent, reduce and delay needs for care and support.

A Community Champions programme had been implemented in Ealing. Community Champions were volunteers who lived or worked in the borough and wanted to make a difference to the health and wellbeing of people in their community. Community Champions shared reliable health and wellbeing information with friends and family and their community of social networks. The programme provided an opportunity for people to access trusted information about support and health services. Community Champions were able to signpost people to support and provide feedback to the local authority on what was working well and what improvements were needed. The local authority was reviewing the Community Champions project to understand and evaluate impact.

Services in the local authority often worked well together to provide preventative support. This included housing and social care services working together to deliver a floating support service for people living in two of the borough's housing schemes. Staff also told us about the handypersons scheme, which helped people discharged from hospital and to improve people's safety in their homes, such as rearranging furniture to reduce mobility related risk, or changing light bulbs. These approaches supported people to live safely in their own homes.

At the time of our assessment, the local authority was developing a falls prevention project. This was in response to analysis which highlighted concerns regarding the prevalence of falls in the borough. A local toolkit was in development to assess fall risk. Partner agencies involved were positive about this work.

Integrated neighbourhood teams had been set up to integrate services across primary, secondary, community, and social care in line with NHS priorities. This work was at an early stage. Leadership teams were working to develop the infrastructure and pathways to support place-based care. These teams included community services, social care, primary care, acute hospital trusts, and voluntary and community sector organisations.

Provision and impact of intermediate care and reablement services

People had positive experiences of reablement following a stay in hospital. People told us they were supported by people who knew what they were doing and that the amount of care they received had been reduced following improvement in their well-being and increased independence. National data supported this: 90.48% of people aged 65 and over were still at home 91 days after discharge from hospital, which was better than the England average of 82.18% (Short and Long Term Support, December 2023). The local authority provided us with data that showed improvements over the past 12 months however, this data was not yet published. Staff across the local authority and in partner agencies felt the reablement and bridging service was improving hospital discharge, despite some ongoing challenges.

National data indicated that 1.13% of people aged 65 and over received reablement or rehabilitation services following discharge from hospital, which is lower than the England average of 2.91% (Adult Social Care Outcomes Framework, December 2023). Staff in the local authority and partners told us that they were looking to expand their reablement and bridging service approach, so more people benefited. Staff told us they were concerned about resources and capacity and already felt stretched. They felt managers were aware of their concerns and had been supportive. The local authority was working with health partners to address ongoing resource challenges within the reablement and bridging services.

Where people required a residential or nursing bed following hospital discharge, the local authority told us they were not always able to provide sufficient choice to people due to the lack of capacity in the market that could respond to the speed at which discharges needed to be completed. Work was underway with stakeholders such as existing providers to reconfigure accommodation to meet identified gaps and provide support through the care home in-reach liaison service.

Access to equipment and home adaptations

The local authority was part of the London Community Equipment Consortium which consisted of 21 London Boroughs. This aimed to provide a joined up and consistent approach to accessing equipment for people across these local authorities. The provider of the contract changed in April 2023 and performance management information was limited at the time of our assessment.

The local authority told us the majority of equipment orders were delivered on time and first time. This ranged from 100% to 70% depending on the service type, installation type and equipment type, with the average being 92%. Some staff shared examples where the provider had attempted to make equipment deliveries unsuccessfully when people had not been at home and ready to receive equipment. At the time of our assessment, the local authority was working with partners and providers to resolve data issues affecting the reporting of outstanding orders for equipment going back to the start of the contract. This was caused by events out of the local authority's control.. Work was ongoing to ensure data was an accurate representation of the latest position, as orders were recognised to be out of date. There was a significant effort from commissioning staff to work with the equipment provider to improve performance locally.

As a result of national and regional issues affecting equipment supply, some staff and partner agencies told us the fluctuating supply of equipment could take days or weeks to resolve whilst some staff told us that they were routinely able to order basic equipment for next day delivery. Some new stock, such as height adjustable shower chairs and adjustable portable ramps, had been made available through the contract and these improved the options to better meet people's needs.

There was a waiting list for occupational therapy assessments. Over 700 people were awaiting an occupational therapy assessment at the time of our assessment, and some people waited 20 weeks. This impacted on people's experiences and outcomes. Staff gave us an example of requesting an update on a referral for equipment for a very elderly individual and being told the person had only been referred in the month prior and the equipment had not been provided due to the service's current timescales. There did not appear to be a sense of urgency in this case.

Although waiting lists were reviewed, some staff told us they were aware of people and their families calling in crisis following delays in the provision of equipment. Partner agencies told us they often had to chase the local authority regarding provision of aids and adaptations. The local authority recognised mobilisation and supply chain issues beyond their control had affected the equipment service across London during recent months. Work was being done with other London boroughs who shared the same equipment provider to improve this. Leaders told us they felt the performance was now more stable and consistent. The local authority also told us they now had stores in place for equipment to reduce delays

Staff told us they reviewed the waiting list every 1 to 2 months for functional assessment by an occupational therapist. Senior staff considered the urgency of someone's need, the impact on their ability to carry out essential daily tasks, available support systems and the potential for improvement through the occupational therapy intervention when determining allocation. Staff in the occupational therapy team shared waiting times with people at the point of referral to support their choice to get equipment for themselves if they were able, but this was not always possible.

The local authority described measures in place to address the waiting list. A trusted assessor programme was in place, where social care colleagues in the Access and Referral Centre (ARC) and in locality teams could assess and provide low level pieces of equipment to promote independence. An external agency had been commissioned to support the service to complete assessments and reduce the waiting list. This included adaptation requests such as stairlifts or level access showers, assessment following elective surgery, or simple seating transfer assessments. These were overseen by the occupational therapy manager to ensure clinical standards were maintained. Additionally, a fast-track process with the repairs and adaptations team for major adaptations, such as stair lifts, had reduced the occupational therapy waiting list.

People said it was difficult to get housing adaptations such as accessible bathrooms or kitchens. People said that there were long waits, and the service had been unresponsive, or no timelines had been given. The local authority told us the process for the Disabled Facilities Grant had been improved following a complaint. The team's surveyors were all trusted assessors, and the team had their own occupational therapist. There was a waiting list of approximately 3 months for the DFG service at the time of our assessment, due to a recent increase in referrals made to the team which we were told had almost doubled in the last couple of months. We were told that prior to that, there had been no waiting time for DFG services. There was additional DFG funding and the team was in the process of recruiting additional staff to help address the increased demand. The local authority identified significant challenges in the area linked to hospital discharges, volume, and complexity of need at point of referral that affected the waiting list for occupational therapy assessment in the borough. The local authority was prioritising work to reduce the amount of time people waited for an assessment and provision of equipment.

Provision of accessible information and advice

The Advice and Referral Centre (ARC) provided a phone-based service for first contact. People could also get in touch with the local authority via email or using referral forms. The local authority told us they were developing digital self-assessment tools at the time of our assessment, which would provide more options to contact the local authority.

The staff in ARC were able to signpost people to various services including community services and social prescribers. People and organisations reflected that there were difficulties getting through to the local authority on the phone. Some people told us that they had funded their own care due to the delays in hearing back from the local authority following their contact. Others told us they were happy with the advice they were given but they had not always received the support they needed to put this advice into practice. There was an expectation that practical support would be provided in the community but some people we spoke to felt that community organisations were also stretched. The Adult Social Care Survey dated October 2023 stated 60.34% of people in the borough who use services found it easy to find information about support, this was tending towards a negative variation compared to the England average of 66.26%. This was similar for carers: 46.67% of carers in the borough found it easy to access information and advice, which was lower than the England average of 59.06% (Adult Social Care Survey, October 2023*).* The local authority provided data which showed improvements had been made in the last 12 months however, this data had not been published at the time of assessment.

Organisations reflected that Local Authority information was increasingly moving online. There were some concerns that digital information was not accessible for everyone in the borough. Some people who used services told us that the local authority's website was difficult to navigate, and that it was hard to find information in a way which was understandable. Community representatives told us that people who found it difficult to read English were overwhelmed. The local authority had been working with community organisations to address digital exclusion. This included providing information around digital skills, holding face to face tutorials on how to book appointments online in GP surgeries, and a recycling programme for council equipment in the community. The local authority was developing a paper guide to adult social care for people who used services and other members of the public at the time of our assessment.

Not all families were involved with adult social care so young carers in those families didn't always know what support was available to meet their needs. The local authority had commissioned a Young Carers Service. There have been improvements in how young carers were consulted with, for example through face-to-face meetings, rather than surveys, which better met their needs.

The local authority was at an early stage in exploring locality hubs in line with the 'seven towns' vision for the borough. There had been some pilots of community hubs based in libraries to discuss issues such as housing benefits and employment. One positive example of the Green Lane office, which acted as a hub, was shared, however this was not advertised broadly, meaning few people had access to the information provided there.

Direct payments

The uptake of direct payments in Ealing was lower than the England average across all age groups and carers. 11.43% of people in the borough received direct payments which was significantly lower than the England average of 26.22% (Adult Social Care Outcomes Framework, December 2023). 19.79% of people aged 18 to 64 who accessed long term support received a direct payment, which was lower than the England average of 38.06% (Adult Social Care Outcomes Framework, December 2023). 5.53% of people aged 65 and over who accessed long term support received a direct payment, which was significantly lower than the England average of 14.80% (Adult Social Care Outcomes Framework, December 2023). 62.41% of carers received direct payments, which was lower than the England average of 76.8% (Adult Social Care Outcomes Framework, December 2023). The local authority provided data that showed improvements had been made over the past 12 months however, this data was not yet published.

We received mixed feedback from the people we spoke to about direct payments. Some people told us they appreciated how they had been able to use direct payments flexibly to support their needs. Some people told us they found the process complicated and stressful, or that the direct payment didn't cover the needs they had communicated to the local authority. Others told us direct payments weren't discussed as an option when setting up their care package.

The local authority had a dedicated in-house direct payment support service that supported adults, children, and carers. This team completed all direct payment support plans and reviews, monitored spend and recovered surplus funds. Staff told us that the time taken to set up a direct payment depended on how quickly a personal assistant could be in place. The direct payments team advised people that it took around four to six weeks to set up a direct payment and interim local authority-arranged services could be put in place in the meantime to support individuals.

Some staff told us the amount of documentation required for direct payment and employing personal assistants was high and they felt this could be a barrier to their use. The Local Authority had recognised this and provided dedicated support for people, providing advice on direct payments. While the local authority did have a register of eligible personal care support staff, they felt people who were interested in direct payments often had a clear idea of who they wanted to employ. The local authority used a mixed direct payment in some circumstances where people received some services in part through local authority managed provision and others through a direct payment.

Staff across the local authority had a good understanding of direct payments. Training was provided and direct payments were a regular feature on team meetings. Staff could provide examples of where direct payments had worked well, for example in transitions from children's services to adult services.

The local authority felt that some people were making a choice not to take up direct payments or to stop using them because local authority arranged support met their needs. This included access to a diverse and responsive market of care provision, especially for home care. The local authority also felt that culturally competent care could be delivered effectively through council arranged services.

The local authority was ambitious about direct payments. They aimed to make direct payments the preferred model of service provision. There was a clear organisational focus on direct payments across all levels. They commissioned an external review of direct payment take up and recommendations had been made. The local authority was considering the implementation of those recommendations at the time of our assessment. The local authority was keen to link its approach to improving the take up of direct payments to the community strengthening activity around the 'seven towns' of the borough.

Equity in experience and outcomes

Score: 2

2 – Evidence shows some shortfalls

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

The local authority understood its local population and demographics. Its Joint Strategic Needs Assessment (JSNA) chapters were updated through a prioritisation process. Chapters were prioritised based on the impact on health inequalities or population health in Ealing, whether the topic was a partnership priority, and whether the chapter would produce a useful recommendation to effect change. Recent updates to the JSNA chapters focused on mental health, substance misuse, autism, learning disabilities, healthy neighbourhoods, and Race Equality Commission recommendations and census data update on ethnicity population characteristics. Some partners were worried that inequality would continue to rise and that services were not sufficient to meet the needs of communities. While some JSNA chapters had not been updated in recent years, those that had been updated provided a broad focus to understanding people's experiences and recognised the area partnership’s identified key health and wellbeing priorities.

There had been an organisational focus on proactively engaging people and groups through the 'your voice, your town' work. The local authority was committed to creating a 'communities that lead' model. The local authority recognised that the 'seven towns' of the borough had very different experiences, inequalities, health, life expectancy, work opportunities, and housing. The implementation of the Community Champions role allowed the local authority to understand and address the specific risks and issues experienced by communities to support continued improvement in health and well-being in the borough. Some partner organisations told us that they wanted to see a broader, strategic debate and a more proactive approach at a community level regarding growing deprivation that was specific to their local communities. This could be reflected in the area's 'seven towns' approach.

The local authority had regard to its Public Sector Equality Duty (Equality Act 2010) and was working to improve the relationship it had with communities in the borough. There was a strategic focus on tackling inequality. The local authority's Race Equality Commission was set up in 2021 and an Equality, Diversity, and Inclusion action plan and corporate workforce plan were developed in response. The local authority was making some progress on implementing actions. Staff networks were involved in senior manager recruitment through panels or consultation and in developing the social care equalities action plan. This supported the diversity of the management team to better represent the communities of Ealing.

Local authority staff involved in carrying out Care Act duties had a good understanding of cultural diversity within the area and how to engage appropriately with local communities. Staff told us ways in which the organisation supported their understanding and practice development related to people's identity and experience. This included 'huddles' focussed on the experience of people and carers who were lesbian, gay, bisexual, transgender and queer (LGBTQ+) in palliative care. Carers had reflected to partner organisations that provider services such as care homes asked prospective residents about their cultural needs. Staff felt people were able access culturally competent care.

Partner organisations recognised a challenge in supporting local Traveller communities. Some partner organisations recognised they had few conversations about or limited representation from older Travellers. This may have limited the ability of care and support services to meet the needs of this community. There was a more general reflection by partner organisations that some areas of the borough had high levels of transient populations, which posed challenges for delivering services to them. The JSNAs supported the local authority's understanding of the area's Traveller communities and supported ongoing conversations with local people regarding the 'seven towns' approach and future service design.

Inclusion and accessibility arrangements

Interpreter services were available, easy to access, and responsive. Staff described being able to reliably access interpreters if needed over the phone. Staff described a collegiate culture of working together to use their language skills to support colleagues and people who needed support. The local authority was proud of the diversity of its staff group and developed practice guidance with their staff networks to support bilingual staff. Staff described working with partner organisations to support translation and communication.

Translation of documents was not always routine. The direct payments booklet, for example, was not available in multiple languages. Some staff told us that Care Act assessments and care plans were not translated. While technological tools were now available to enable people to translate information independently, they felt that some people were not confident using them, and this created a barrier and anxiety.

The local authority had some measures in place for people who required support to complete forms, for example home visits to assist with completing forms for financial assessments. Staff told us there were delays in home visits to support people in this way. A person told us this had caused them anxiety as they were worried about delaying the return of their forms. The local authority told us digital options were being explored, and the council had increased investment into supporting people with their finances and benefits.

British Sign Language was available through the main provider and through an additional service to ensure capacity. Staff described tools they used with people using their mobile phones to magnify or read documents aloud. An easy read format was available for some documents, including the adult social care newsletter, surveys, and the learning disabilities strategy.

Some hubs were available to support face to face queries, but staff where not always clear which hubs were up and running at the time of our assessment, or how they could use them to support people with queries about adult social care. Partners were keen to increase face to face access to services to account for literacy and language barriers. Direct payments staff and people found staff attendance at day centres and coffee mornings had directly improved their access to information and the uptake of direct payments. Paper copies of some information was available in libraries and at GP surgeries. Staff were hopeful that the 'seven towns' community model design would support greater direct accessibility to frontline staff in the local area. The local authority evidenced a strong strategic commitment to improving community connections across the 7 towns in its current delivery plan though it was not yet possible to determine the impact.The local authority's website had some accessibility features. The website could be translated automatically into the 11 most spoken languages in the borough. Website visitors were encouraged to use browser features to translate into other languages. Information was included on the local authority's website where accessibility standards were not met. This included features such as ensuring images and documents were accessible to screen reading technology. This was last tested in August 2020. The local authority told us they were in the process of developing the council website to meet accessibility standards at the time of our assessment.

The Care Place was an online directory of services that supported people to search for community services that would meet their needs. Care Place used in built translation features for over 100 languages. Additional features such as easy changes to font size or coloured backgrounds were available.

While some work in the borough was ongoing to reduce digital exclusion, some people told us that information online was difficult to access. Some co-production work had started to tackle this, though actions were still in development at the time of our assessment.

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

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

Care provision, integration and continuity

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is 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

The local authority worked with local people and stakeholders and used available data to understand the care and support needs of people and communities. Priority information within the Joint Strategic Needs Assessment (JSNA) was updated to support organisations to work together to understand local needs for care and support. While updates that were completed gave a good understanding of care and support needs in the community, more specific concerns and changing demographics could have been used to better support an understanding of local needs. For example, several groups of staff and partner organisations recognised gaps in dementia service provision, and the dementia JSNA chapter was last updated in 2015. Updated analysis, based on the changed health and social care landscape following the COVID-19 pandemic could support continued improvements where more recent data was available.

The local authority made their JSNA data available on Ealing Data. This was an online tool that provided reports and graphs which anyone could review to understand the health and wellbeing needs of the borough. Information was not always displayed in an easy-to-understand way, such as infographics, which may have contributed to a communication gap between communities and services. This had been recognised by the local authority and improvements were being made in how information was presented to local communities. For example, providing strategic information about Mental Health in a poster and easy read format and through increased opportunities for engagement and consultation.

The local authority felt the integration of public health within the adult social care structure was positive. This supported the strategic understanding of local care and support needs, including work with the voluntary and community sector, and in direct pieces of work such as suicide prevention with the co-production group. Additionally, the local authority had recently been successful in securing National Institute of Health Research funding which included work with the Somali community as peer researchers. This work was expected to support the way local people were able to inform and influence services.

The local authority described examples in which they had reviewed information about who accessed services but went on to stop using those services, such as talking therapies for mental health. They used this information and worked with the voluntary and community sector to develop services to better meet people's needs. There was mixed feedback about how people and community organisations felt the local authority used people's experiences to understand local needs for care and support. Many carers had been part of consultation to develop the local authority's carers' strategy, but some organisations did not feel carers had been well consulted about other services, such as respite. Some people told us the local authority was open to hearing directly from people who used services. The local authority was refreshing its co-production boards at the time of our assessment and people who were involved felt positive about the opportunities they had to be involved in service design and challenge.

The local authority and partners recognised specific area challenges in the borough, including the impact of having several acute and community-based hospitals in the area on care services. Senior leaders recognised that NHS funding played an important role in the delivery and sustainability of care services and the quality of people's experiences, such as timely hospital discharge, in the local authority and across Northwest London. The local authority was working in partnership with the Integrated Care System to maximise available funding and to support continued integration and delivery of services to better meet the needs of the population.

These considerations informed the local authority's market sustainability planning. The local authority demonstrated a good understanding of the factors that influenced their market, including rising complexity of people's care and support needs. The local authority's approach included bringing strands of their vision together to deliver broader objectives. For example, the local authority wanted to support more people to use direct payments: developing the local economy to support community investment and micro businesses would help to deliver this. This would, in turn, fund local businesses and continuing to strengthen the diversity of their market.

The local authority maintained strong working relationships with commissioning teams across Northwest London to share intelligence about local care providers and sought to take a consistent approach to market management. This included attendance at cross-borough quality assurance meetings. This supported a cohesive, quality market of care across the sub-region to improve services for people.

Market shaping and commissioning to meet local needs

People in the area did not always have a choice in their daily lives. National data showed that 57.05% of people who used services felt they had choice over their daily lives, which was significantly lower than the England average of 69.81% (Adult Social Care Survey, October 2023). The local authority provided choice to people in many areas of service provision and market shaping was underway to improve capacity and quality in specific areas that lacked sufficiency, for example, complex care home beds.

The local authority was also aiming to improve choice through their dynamic purchasing system, which provided prompt information for people about the providers that could meet needs identified in care plans. The local authority told us that people had the most choice of home care provider, followed by supported living provision. People who required extra care, long-term residential or long-term nursing care had more limited choice of provision. When commissioning a service on a person's behalf, some staff felt there was a commitment to offering choice, rather than using the cheapest provider. Some staff described hospital discharge delays due to family choice regarding placement, rather than a lack of care service capacity to meet their needs.

Commissioning strategies were linked to the refreshed JSNA chapters and combined with information gathered through engagement, consultation, and coproduction. This included, for example, the development of the new carer's strategy, the learning disability commissioning strategy, and the autism strategic action plan. The learning disability strategy, for example, included significant co-production with Ealing Power Group, which was a group of people with learning disabilities who advocated for their community, in conjunction with other community and voluntary sector providers.

The local authority's market sustainability plan was produced in March 2023. The last published market position statement was in 2019-2020. The local authority had refreshed the Market Position statement for 2024/2025 and this was in draft form at the time of our assessment.

There was reflection from staff and some partners that complex needs, such as dementia, and people who were communicating a need or an emotional reaction were not well supported by the market, this was also identified in the local authority's published market sustainability plan. Providers told us the requirement in their contracts to accept referrals sometimes created pressures for them to provide levels of support that they felt were not always appropriate for their services. They told us it could sometimes be difficult to get agreement to provide one-to-one care for people when they felt it was needed, pending a formal review of their care needs. However, in care homes and supported living settings, the local authority had recognised the increasing prevalence of funding one to one support, citing c£3m additional spend on this in care homes, and £4m in external supported living services. This was a priority area for the councils commissioning and market management team to address. Additionally, some staff felt that while there was a good supply of supported living provision across Northwest London, there were gaps in specialist housing provision for people with mental health needs and autistic people who didn't also have a learning disability. The local authority's market sustainability plan recognised some gaps and outlined joint working with NHS partners alongside training, increased nursing provision, and wraparound support and guidance to meet these identified issues. The local authority was working with the Integrated Care Board to develop specialist services to support people following hospital discharge and to meet gaps in dementia specific care.

Some partners told us there were capacity challenges in respite provision and that they felt this the provision had decreased in the borough over the past few years. Staff felt there was a gap in respite provision that met the needs of younger adults, aged 18-25 years old. Some partners were concerned about sharing information about their respite offers as they did not feel they had the capacity to meet demand. The local authority had recognised the need for increasing respite options. They had recently commissioned new services for younger people and were focused on increasing respite at home options.

The Survey of Adult Carers in England stated 20.69% of carers in the borough accessed support or services allowing them to take a break from caring for more than 24 hours. This was slightly lower that the England average of 15.99%. 21.23% of carers in the borough accessed support or services that allowed them to take a break from caring from 1 to 24 hours, this was slightly above the England average of 20.08%. 12.5% of carers were able to access support or services that allowed them to take a break from caring at short notice or in an emergency which statistically in line with the England average of 12.08% (Survey of Adult Carers in England, June 2024).

Some people and organisations we spoke to said that there seemed to be less services available for carers outside of respite, such as carers support groups. Specifically, the needs of carers who supported people with high needs and complexity, and those with dementia, were not met. Some services were available in the community that were not arranged or funded by the local authority. Some staff described looking to improve their links with the voluntary and community sector to help fill gaps in commissioned services.

The local authority was ambitious regarding its reablement offer, aiming to ensure it was an approach available to all. The bridging and reablement service provided directly by the local authority was well regarded and seen to be having a positive impact on hospital discharge. National data indicated that 89.13% of people who received short term support no longer needed support, which was better than the England average of 77.55% (Adult Social Care Survey, October 2023). However, this was a limited resource. When the in-house service reached capacity, reablement support was commissioned externally. Staff told us the service struggled to find care providers that were skilled at reablement, and some staff told us this meant support did not fully promote independence and was difficult to reduce after the reablement period ended. Leaders identified further work was needed to improve capacity and the quality of reablement provided by external providers and plans were in place to improve this.

Ensuring sufficient capacity in local services to meet demand

At the time of our assessment, the local authority did not have the analysis systems in place to outline the number of times people had to wait for their service to begin due to lack of capacity, or the average length of time people had to wait. People who required long term residential nursing care occasionally had to wait for support. There was over-supply of homecare in the borough, and people who required a supported living service generally had sufficient choice about their service or provider. The local authority tracked bed availability in care homes and available hours in home care services to monitor capacity and target referral requests more efficiently.

The local authority described their care market as buoyant, especially in relation to home care. 90 providers of home care were actively engaged in local authority placements, all of whom the local authority told us were rated good or outstanding at the time of our assessment. Brokerage and placement services were able to use spot purchasing to secure additional home care capacity if needed. The local authority used block purchased beds across the borough to support speedy hospital discharge where needed, recognising this was a complex partnership environment.

The local authority was clear their priority was to find care placements for people within the borough and, following this, within Northwest London so they could remain as close to home as possible. The local authority told us that 82% of their total residential placements for people with a learning disability in January 2024 were out of borough. A third of these out of borough placements were within surrounding boroughs, which meant 45% of people were placed in the area or in the surrounding boroughs. The same information told us that 38% of the total residential placements for people aged 65 and over were out of borough. Approximately half of those were in surrounding boroughs, which meant 82% of people were placed in the area or in the surrounding borough. Partner agencies told us that there was not a lot of dementia friendly or specialist provision in the borough. The local authority was taking action to address these gaps. Some staff told us that people with complex needs sometimes had to be placed out of borough, but usually not too far away. They felt this policy supported people's quality of life and ensured minimal distance from family.

Some staff in frontline services and within commissioning felt there had been a shortage of supported living services. Staff told us about recent recruitment in supported living sites to help improve the position. The local authority assessed their supply of supported living had capacity and most people had choice about their service or provider.

Many of the partner organisations we spoke to felt that the local authority understood their commissioned services well. They reported that regular information was requested about provider's performance and capacity.

Local authority commissioners worked with the commissioned advocacy provider to understand referrals, capacity and support the provision's development to best meet need.

Ensuring quality of local services

Most of the people we spoke to were positive about the quality of services in the borough. People described how the local authority responded well to their concerns and set up new arrangements for existing care. Where specific requirements could not be met, the local authority worked to provide alternative appropriate solutions in line with the individuals wishes and concerns, such as where male only carers were requested but could not be guaranteed. Some people we spoke to described having choice about agencies to use to provide their care. There were occasional issues regarding inconsistency of care workers. Recent local authority monitoring found that 92% of people surveyed were satisfied with their care provision in 2023 to 2024 (over 200 people surveyed). This was higher for people in care homes.

Based on Care Quality Commission information in August 2024, 53.85% of homecare provision, 57.89% of nursing homes, 64% of residential provision and 50% of supported living provision was good or outstanding. The local authority used only good or outstanding home care provision for local authority arranged care. They monitored CQC quality ratings monthly and had recently noted an improved rating profile. They worked with the Commissioning Alliance to establish an accreditation scheme for supported living providers in Northwest London as part of a drive to assure quality.

Ealing hosted the largest number of care home beds in Northwest London of over 1500 in February 2024. Local authorities are responsible for managing the quality of the care provision in their area. Where there are out of area placements, both placing and hosting local authorities are responsible for ensuring the quality of provision to meet the needs of the individual using it. Significant numbers of the care home beds in the borough were used by people who were not originally Ealing residents and were funded by other local authorities. The local authority's complex context regarding who used services within the borough created additional challenges regarding the management of quality commissioned services. Ealing was in the process of testing an out of area quality check for any placements they made outside of the borough to assure themselves of the quality of out of borough provision. They worked closely with other local authority commissioning and quality teams and partners to support their work to manage the quality of provision in borough. As part of the sub regional collaboration through the Commissioning Alliance, a sub-regional adults' quality workstream group had been established to share quality intelligence across the 8-boroughs.

The local authority had some success in supporting some providers to improve their CQC ratings from 'requires improvement' to 'good' in conjunction with the local Healthwatch. This work improved the service for over 30% of the care home beds procured by the local authority. Partners and providers felt that there was a clear focus and drive for quality in care. Providers described the way the local authority worked with them to make continual improvements, such in working together to implement improved processes regarding bed bugs in care homes. Others described the recent local care home summit that improved the training offer for providers and shared issues identified, such as dementia, dental hygiene, capacity and engagement with families. Staff in the local authority described monitoring complaints, safeguarding concerns, and operational concerns, and implementing effective actions, including linking with partners to tackle specific risks and providing training, to improve quality. Appropriate teams worked with providers to develop support plans.

There were some examples provided of creative provision, for example in a day opportunities theatre group for people with a learning disability was a good example of support that met people's needs and helped achieve their outcomes. However, gaps were still identified regarding supported employment opportunities and other imaginative day service offers. Other day services were described by some carers as having a kind but old-fashioned culture. The local authority told us there was inconsistent contractual quality monitoring of day centre provision at the time of our assessment. This had been addressed through their new commissioning framework, and improved monitoring was being introduced in April 2025.

There was a recognised issue with dementia care in the borough. We heard there wasn't much specialised dementia provision in the area, and there was a particular challenge about the quality of dementia care, with quality not as high as other care provider groups. Work to improve the provision of dementia care in the borough was ongoing with the opening of new residential dementia provision, the introduction of the CHILLs service and bespoke care home and dementia specific training, supported through the Social Care Academy. The local authority and partners planned to continue work in this area.

The local authority described strong provider quality controls. A dashboard of ratings information, both current and historic, alongside concerns and suspensions of contracts, was shared with key partners including CQC, Healthwatch and health partners to support joint working and a borough-wide understanding of quality. Processes for responding to quality concerns included clear escalation to the area's risk review panel, which agreed actions regarding improvement and decided when to stop working with a provider if they did not improve. The Director of Adult Social Services (DASS) told us had happened twice in the last 12-18 months. There were 15 open provider concerns the local authority was monitoring in March 2024 around the time of our assessment. The local authority told us there had been 7 service suspensions in the 12 months prior to our assessment. Reasons for suspensions included staffing levels and training, safeguarding concerns, and medication and care management errors.

Ensuring local services are sustainable

The local authority's market sustainability plan covered the current sustainability of care homes focussed on people aged over 65 and the home care market for anyone over 18, the impact of future market changes, and plans for addressing sustainability issues. The local authority outlined how they worked in partnership with providers, sub regional commissioning agencies, other Northwest London boroughs and health partners on matters of market sustainability, quality, and best value pricing.

Providers felt they were able to develop good relationships with commissioners and the local authority's commissioning approach supported their sustainability. The local authority worked with providers to develop contingency plans and future processes to reduce service disruption, for example in sharing early details of potential closure to support continuity planning. According to CQC information, 6 providers left the market in the area between July 2023 and August 2024. Where reasons were known, this was due to declining quality of the service, and a reduction in CQC rating.

Some providers felt that some companies received a disproportionate amount of the care packages in the borough. The local authority's dynamic purchasing system and subsequent processes aimed to counter this, ensuring that social workers provided people with information about all successful bids from providers to enable them to choose which one they wanted to use. Staff generally felt this worked well in supporting choice in the community but was time-consuming in a hospital discharge environment. The local authority had reflected they needed to make changes to ensure people received a timely and supportive service and choice, as well as delivering fairness for providers. They had adjusted their process in response.

The local authority had worked with providers around fair costing and subsequently implemented a real living wage for care workers delivering local authority arranged care in the borough, which supported appropriate working conditions for staff. Providers told us this had had a positive impact on their ability to recruit and retain staff. 9.86% of all adult social care roles in the sector in the borough were vacant, statistically in line with the England average of 9.74% (Adult Social Care Workforce Estimates, October 2023). The turnover rate for adult social care employees in all roles within the borough was significantly better at 0.13 compared to the England average of 0.29 (Adult Social Care Workforce Estimates, October 2023). This linked with the overall focus for the local authority in supporting economic regeneration through good jobs. Leaders were aware of the challenges posed in hosting the largest number of care home beds in Northwest London. This limited the effect of their locally funded initiatives, such as the real living wage, as this was not common in all arrangements funded by other local authorities in the area.

Ealing made their free training offer available to colleagues in the private, voluntary, and independent sectors through the social care academy via joint funding with the Integrated Care Partnership. Attendance at courses had increased significantly and was recognised as improving outcomes for people supported by the sector. The local authority also aimed to support more staff in the sector to complete the care certificate. 51.57% of adult social care staff in the area had either started, partially completed or fully completed the care certificate, which was statistically in line with the England average a 49.67% (Adult Social Care Workforce Estimates, October 2023). The social care workforce strategy focussed on the local authority's internal workforce but did include training and support activity identified for the wider sector as part of a continued commitment to improve the quality and sustainability of provision in the borough.

The local authority's adult services workforce strategy had a clear focus on mitigating risks and challenges related to recruitment and retention of social workers and social care assistants. There was limited clear activity within the strategy focused on the skills of the commissioning workforce, however, leaders told us the local authority had delivered bespoke training for commissioning staff in the last 2 years. The local authority also linked care providers into the NHS overseas recruitment offer.

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 borough-based partnership was a joint board between NHS partners in the area and the local authority. The group provided challenge and coordination of shared local and national objectives. This included the joint funding of 4-year community grants supporting community connections, information and advice, mental health, respite, domestic violence advocacy, and infrastructure support. There was a clear understanding within the partnership that health and social care needed to be considered together within prevention to deliver the best outcomes for people.

Integrated neighbourhood teams were at an early stage had been set up to integrate services across community services, social care, primary care, acute hospital trusts, and voluntary and community sector organisations. Partners felt there was still more to do to get the right people from social care around the table to make these teams effective at a neighbourhood level. Leaders were also keen to see and build further improved strategic relationships with the Integrated Care System as it continued to develop.

There were several ways the partnership enabled speedier and safer hospital discharge and supported the avoidance of admissions. The local authority's new bridging service, developed with the hospital trust and Integrated Care Board, provided a 5-day service for people being discharged from hospital where risks were low and longer-term need was still being assessed. The local authority's 6-week reablement service supported people to increase their independence and reduce need for ongoing services. The care home in-reach liaison service, also in partnership with health services, worked with local care homes to support them to manage complexities where there was a risk of hospital admission, or where there was delayed transfer of care back to care homes. Both the bridging and care home in-reach liaison services were recent service offers at the time of our assessment.

The local authority was keen to develop and invest in an enhanced relationship with communities and community organisations within the borough through the 'your town, your voice' approach and in developing a joint vision for the 'seven towns'. The local authority was clear it would take time to fully understand the relationship people wanted with the local authority and to forge a true partnership. This aligned with work being done following the National Institute of Health Research funding that had recently been secured by the local authority. Leaders related how a community organisation leader had fed back that this work had significantly improved their expectations and view of the way the local authority was approaching partnership work.

The local authority's internal partnerships with children's services, particularly supporting transitions, worked well. Staff across children's and adults social work teams recognised and delivered a whole family ethos in their work.

Some staff felt that partnerships with housing services needed development, for example in working more collaboratively to find housing solutions for people with care needs. There were also good examples of how housing services completed joint visits with community organisations when needed to support with addressing complex needs. There were examples of good integrated working across housing and care commissioning, such as floating support services. The local authority and partners recognised rising numbers of people who were homeless within the borough and the impact this had on adult social care services. Housing shortages were recognised as a challenging factor and staff described a real difficulty in seeking permanent housing. The local authority in the Borough-based Partnership included targeted outreach work to support a reduction in homelessness and the Council Plan 2022-2026 indicated how care and support needs were considered within the local authority's housing considerations.

Some staff felt that engagement with the police could improve, though recognised that this mirrored the experiences of other local authorities across London. The relationship between frontline services and the police had changed since the implementation of the Right Care, Right Person agreement. Right Care, Right Person is an approach designed to ensure that people of all ages, who have health and/or social care needs, are responded to by the right person, with the right skills, training, and experience to best meet their needs. Staff recognised the importance and appropriateness of this approach and were still responding to the change this necessitated on service delivery. This included having access to named police support and avenues to raise concerns with partners.

Arrangements to support effective partnership working

Section 75 agreements and delegated commissioning arrangements were in place with the Integrated Care Board. A section 75 arrangement is an agreement between local authorities and NHS bodies which can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other partners.

Section 75 agreements had been used to support integrated working in some service areas. Where health and social care had subsequently reduced or stopped those formal funding arrangements, such as the section 75 agreement in learning disability and mental health services, strategic relationships with health had remained strong. In this instance, the Section 75 agreement had been replaced by a memorandum of understanding that outlined roles, responsibilities, and governance for the collocated teams. However, at an operational level, some staff described a blurred line now that the social care and health teams were no longer collocated and hybrid working. They felt they had less contact with health colleagues and that things took longer. Other staff felt they still had access to health information in a timely manner when needed and maintained positive relationships in the new ways of working.

The Better Care Fund was overseen through the Ealing Borough-based Partnership. This included representatives from across the Integrated Care Board, local authority, NHS trusts including mental health and community partners, and NHS primary care. The fund was focused on tackling population health and inequalities, developing integrated neighbourhood teams, and supporting identified challenges related to older people and complex needs. Challenges in implementing activities were well assessed. Some partners felt the resource allocation from the local authority did not always align with service demands, which resulted in pressure on staff and service provision, for example in the reablement and bridging service. The ICB had agreed to additional investment to the local authority to expand the bridging service and support social work oversight of the mental health step down pathway as a way to address growing discharge related pressures.

The out of hours emergency duty team had access to a range of agencies to support effective handover, including the police, health services, the crisis team, and hospitals, depending on the needs of individuals. There were arrangements that supported safe working with the police or fire service for joint visits if needed. The emergency duty team was able to work with the crisis assessment and treatment mental health teams over weekends and sometimes undertook joint visits. The out of hours team manager linked with urgent care partners to raise any issues regarding partnership working, which included a police liaison officer and clear escalation points if needed.

There was strong collaboration across the mental health teams, with staff being able to sit in on Mental Health Integrated Network Teams (MINT) assessments supporting a holistic approach to supporting patients in the community and hospital settings. However, some staff told us that there were funding decision challenges for people discharged from psychiatric hospitals across boroughs and partners. Some staff told us that patients were rarely discharged from this process and there was often push back when this was challenged. We heard examples where an individual had been waiting over two years to be removed from this process. Local authority leaders were clear that NHS funding arrangements in outer London impacted on their ability to effectively deliver services to meet the needs of people in the borough. They were working with the north-west London Integrated Care Board to address areas of step-down provision and unclear commissioning responsibilities.

The Advice and Referral Centre (ARC) described good working relationships with services in the community. They were able to access police information and support regarding risk. ARC staff had clear links to social prescribers to receive and share information to help people in the community. Partner organisations felt there were clear arrangements in place for referrals from and to the local authority's services, such as regarding carer's assessments and signposting to other services.

The occupational therapy team felt their role was misunderstood both internally and across partnerships. In some instances, they described 'scatter gun' referrals from partners across services to access support. One person described being left with no information about how to get support to use a walker when raising this with their GP and being unclear who was able to help. Different information systems sometimes meant that occupational therapists could not see when health teams were involved. Other instances were described, for example, where partner involvement had only come to light when staff from different organisations had started to work with the same person.

The Commissioning Alliance was a group of eight local authorities, facilitated by the West London Alliance and chaired by the Director of Adult Social Services (DASS) in Ealing. The group had a shared approach to quality and commissioning, working closely on several market management projects, including price and inflation management. This included a joint quality group to share market intelligence and jointly review quality issues. The group worked with Integrated Care Board commissioning teams regarding market sustainability and capacity. The local authority was enhancing its procurement processes to improve outcomes for people. For example, they were implementing a shared electronic procurement system to contract nursing and residential placements, and accommodation for people with a learning disability or mental health needs and a sub-regional dynamic purchasing system was being procured.

Providers told us they felt positively about having a named contact in the local authority, which facilitated relationship building and feedback. Others told us links to senior leaders were good, and innovation was seamless within the local authority's approach. Some community partners and provider organisations felt communication from the local authority needed to improve, for example, some organisations said that offered opportunities to attend team meetings to share their service had not been taken up; and some felt that they spent a lot of time chasing services for responses, which affected people's experiences of care and support. Some partner organisations told us some people with a dual diagnosis were not supported by good information sharing which meant they spent a lot of time going backwards and forwards between services and people had to tell their story multiple times.

Impact of partnership working

Staff shared several examples of where partnership working arrangements supported better outcomes for people who used services. This included working with partners including police, the fire service, hospital and crisis support, private and social landlords, physiotherapy and community services. Transitions staff, for example, described their partnership working with health and proactive, early referral processes as generating high success rates for health funding which resulted in a better experience of support for people.

Staff and leaders were proud that their approach to reablement and bridging had a positive effect on hospital discharge. Regular meetings took place to support discharge and placement allocations. There were concerns about available resource to continue the expansion of this effective work to ensure this was equitable across the borough. The monitoring of Better Care Fund activity indicated that most implemented actions were on track to achieve their targets, which included avoidable admissions, reduced falls, and increased discharge to the person's normal place of residence.

Leaders told us there was a well-established governance framework for strategic and operational working with partners. Hospital discharge data and Better Care Fund performance indicators were routinely monitored, and seasonal summit provided for reflective assessment of areas that were working well and areas for further joint working.

Working with voluntary and charity sector groups

The local authority was clear they relied on strengthening the community and voluntary sector to effectively deliver their connected communities, better lives vision. Their annual grant funding process had developed into a 4-year grant to reduce administrative burden and support sustainability. The local authority was committed to investing in the sector as a partnership through mental health and wider NHS services.

Some voluntary and community sector organisations felt the local authority worked well with them and recognised their role in the adult social care system in the borough. Staff across the organisation described their knowledge of the voluntary and charity sector in the borough and ways in which they worked effectively to provide support, including interpreters, advocacy, and carer's services. The local authority told us they recognised and valued the way in which the voluntary and community sector was able to support people's equity of experience and outcomes.

Some organisations felt the lack of inflationary uplift over recent years was affecting their ability to remain sustainable and retain staff. Some organisations felt this decision meant the voluntary and community sector would struggle to keep going over the coming years. For some organisations, they felt the local authority had been transparent with their tendering process and there were good and improving relationships with senior leaders, commissioners, and engagement staff. Others were unclear about funding decisions and questioned how impact of decisions had been considered, which suggested inconsistent communication. The local authority advised that an uplift has been built into the most recent grants process, and an appeals process for funding decisions was in place.

The local authority was refreshing its approach to co-production at the time of our assessment and supporting the ongoing development of more partnership boards. Some community organisations were not fully clear where they sat within this structure. Some partner organisations described limited strategic opportunities to engage with the local authority following the decommissioning of the local strategic partnership arrangements. They were unsure whether current arrangements had capacity to meet this need which affected relationships with local authority staff. Some described a feeling on long-standing neglect in terms of sufficient consultation and engagement. There were, however, encouraging ways in which local advocacy and community groups had been able to engage in the local authority's scrutiny processes and this appeared to be improving.

Theme 3: How London Borough of Ealing 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: 2

2 - Evidence shows some shortfalls

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

The local authority understood the risks to people across their care journeys and recognised the impact lengthy waiting lists for services had on people. Staff felt services were tightly resourced, and there were a lot of referrals and not enough staff to get through them. For internal adult social care services, waiting lists were regularly reviewed and reprioritised to manage risk. Waiting lists contributed to confusion and administrative burden for other organisations, who felt unclear about progress or allocation.

A voluntary sector provider told us that they felt that local services were disjointed and that they often supported people beyond their befriending remit because there was no one else to provide support for them. They told us that in particular, people found mental health services difficult to engage with and there was insufficient aftercare post discharge leaving people vulnerable to further crisis. Further work is needed by the local authority to understand this.

The hospital discharge team worked well in partnership with health colleagues to ensure people were discharged promptly. The discharge team staff worked onsite at local hospitals twice a week to support joint working and information sharing. There were regular commissioning and strategic meetings to share information about challenges and risks related to hospital discharge. However, some care providers felt there was not always good communication between wards and the local authority hospital team when care packages were starting back up in relation to a person's discharge. The number of out of borough placements in Ealing from hospitals within the borough may have made communication with provision challenging. Conversely, some providers felt communication was prompt regarding care package suspensions on admittance to hospital.

There was a good understanding among professionals in the borough about young people's transitions to adult services and the transitions processes. Staff told us that partner agencies referred young people to them where they may not already be known to the local authority's children's services. Good communication between partners, including health services, allowed for timely and effective planning and access to funding that best met young people's needs. Where there were funding disputes, the local authority continued to provide funding and services until the dispute was resolved, ensuring young people were not left without services.

The out of hours emergency duty team in Ealing was a shared function with the London Borough of Hounslow and supported children and adults. All permanent local authority staff were Approved Mental Health Practitioners (AMHPs) ensuring people's mental health concerns were well supported within the provision. The team was supplemented by staff with 'as and when' contracts to support service continuity. Where people presented to the local authority during out of office hours from other boroughs, staff had good relationships with most borough teams to manage the contact and support requirements. There was an overarching expectation to share information between local authority out of hours teams. Staff were clear on actions to be completed following transfer between daytime teams into out of hours services, ensuring that people's care and support was not disrupted.

Partners told us about the local authority's efforts to reduce demand for hospital admissions and support bed capacity or availability in hospitals, including spot purchasing and temporary beds in care homes to alleviate pressure, specifically for mental health patients. Some staff told us that they felt the lack of bed availability in hospital was impacting on people's safety. For example, staff described being dispirited by having to work with families to understand and accept hospital admission following mental health assessments, only to have to reassess people at a later stage due to lack of a hospital bed. Commissioning of mental health beds is a NHS responsibility and thisgap in NHS services affected the local authority's ability to effectively support Care Act principles about wellbeing, safety, and the implementation of appropriate community care to meet needs.

Information sharing protocols supported safe, secure and timely sharing of personal information in ways that protected people's rights and privacy. Children's and adults' social care staff had access to the same shared system, supporting effective transition and safety for out of hours contacts. Where appropriate, staff had access to mental health systems, including the out of hours team, which was beneficial, while supporting people's privacy.

Safety during transitions

Staff described daily and weekly allocation approaches to supporting hospital discharge in locality teams. There were arrangements in place to support transition from hospital, such as care home beds and the bridging service, that supported the "Discharge to Assess" model, allowing for further understanding of people's long term care needs after leaving hospital. Bridging and reablement teams worked effectively in partnership with the NHS' rapid response and home first teams to support people throughout hospital and community transitions. There were recognised workforce pressures on this team from both staff and partners, exacerbated by increased demand.

Where there were concerns about people's needs who wanted to leave hospital but had not been medically discharged, staff described robust safety management and consideration of mental capacity. Care packages could be put in place to support people if needed. There were options available over the weekend to support safe hospital discharge.

The local authority told us they attended discharged escalation meetings facilitated by health partners to review situational and trend delays at the local hospitals.

The local authority and partners recognised rising homelessness in the borough. This affected hospital discharge when people did not have a home to be discharged to. Staff told us that delays in sourcing housing further affected discharges. Partners described a housing link worker and 'home and settle' services that were in place to mitigate these challenges. Further work was underway with housing and health partners to clarify and improve safe discharge pathways for this cohort of people.

Supporting safe hospital discharge was a priority for the equipment contract provider. However, there was mixed feedback from some staff whether delays in the provision of equipment and alarms had disrupted discharges and meant they were potentially unsafe. Staff told us it was sometimes easier to access higher cost items than much lower cost items which were not on the approved list of equipment. This resulted in longer wait times for relatively minor equipment that would reduce need and ensure people were able to return home quickly and safely. The local authority advised that contingency measures were in in place to support discharge-dependent equipment, including the introduction of local stores during recent months of instability in the supply chain servicing a pan London equipment contract servicing a pan London equipment contract. Local authority commissioners considered that the majority of equipment issues were resolved and had been due to transition between equipment providers and a nationwide data breach impacting the providers reporting systems.

There was an occupational therapist available at hospital to support and facilitate safe discharge following an in-hospital assessment. Additional support was arranged through the voluntary and community sector, for example using a local voluntary organisation to fit key safes and other minor adaptations to enable safe discharges. One individual we spoke to described the hospital discharge process positively. They had been able to get timely access to equipment and their care package changed quickly in response to their changing needs, leaving them safe and supported.

There were clear processes for supporting young people at whatever stage the local authority became aware of the need for transition support. The local authority supported most young people to prepare for transition to adults' services from aged 14, in line with recommended best practice. Through relevant partnership engagement and panel decision making, the service aimed to support young people and their families to understand the services available to them from the earliest stage. Commissioning staff were involved in supporting provision to meet the needs of young people as they were going through the transitions process and to plan for future provision. The transitions team worked to raise awareness of the transition process across education and other relevant services to reduce numbers of young people not known to children's team. Transitions staff described working with families and providers at an early stage to understand available provision and how it differed from children's focused provision, including respite provision. There were clear touch points throughout the process that supported progression, including with community teams.

There was mixed feedback from people who experienced young people's transitions services. Some felt that this had not been smooth, and though they felt they were respected and listened to, communication needed to improve as they didn't feel they got enough information. Local authority staff told us of the way their processes had improved to communicate with people at key points within the transitions process. Others felt happy about the process and were pleased that adults' and children's social workers were clearly working together. Some staff felt more services for young adults, such as 18-25 wards or respite services, would improve young people's experience of safety and wellbeing during transitions. This concern was being addressed by the local authority with the recent commissioning of additional respite services for young people.

Not all staff in adult services were clear on their role in identifying young carers. Where young people were carers, it was not clear how local authority services supported their transition to adult carer services. A partner organisation told us young carers were worried by the transition to adult services.

Pre-placement checks took place for all people whose service was commissioned from outside of the borough. This included an understanding of the quality of the service (via CQC rating) and risk assessments. There were good working relationships between safeguarding and out of hours teams and other boroughs to share information regarding incidents related to people outside of the borough. We were told there were further arrangements in place to assure the safety and wellbeing of people placed out of borough, for example the local authority had established safeguarding 'provider concerns protocols' with other local authorities for responding to safety concerns in care services outside of their area. They had developed a quality check form with host authorities to help address this. They also worked within the London ADASS Network for communicating provider suspensions due to safeguarding or provider concerns.

Contingency planning

Staff were not clear how they would respond if equipment broke down in someone's home outside of core hours. Staff reflected that this hadn't been an issue previously, and it was not clear what protocol was in place. Staff told us they expected safety plans to have been completed for all equipment in people's homes, however it had not been tested. Staff indicated that they would usually put in additional care, including possible hospital readmission or care home bed use, if significant. Leaders told us they were assured that all equipment is labelled with what to do if the equipment breaks, including the equipment providers emergency number and that issues would be escalated to social workers if contingency arrangements were required.

The local authority had contingency plans in place to mitigate care providers' business failure, which were periodically tested through scenario planning in conjunction with the corporate emergency management team. The policy included clear roles, responsibilities and actions for staff through a bespoke risk incident response team. This was effectively used in 2023 as part of a planned care home closure, supporting the provision of alternative placements for 17 people funded by the local authority. The local authority's policy and contracts required providers to have robust and reviewed business continuity plans. We were told these were checked by the local authority as part of their contracts and compliance monitoring.

The local authority relied on agency workers to support with staff shortages. We were told this was particularly high in the reablement and transitions teams. The local authority's workforce strategy in 2022 estimated that one third of their adult services workforce was agency, this had increased over recent years. A quarter of agency staff had been in Ealing for over 2 years, which did provide some stability. The local authority was clear that all staff, regardless of their employment status, had access to the same training, role expectations, and support. There remained, however, a risk that local authority services would not be sustainable at potentially short notice if agency staff were to leave. Agency staff had been clear that they could not make the move to permanent roles due to the expected drop in pay. A recent benchmarking exercise had improved the pay offer for manager roles, which resulted in all roles being filled by permanent staff. The local authority had developed and recruited to more non-registered social care assistant roles to give stronger contracted balance to the workforce. Further actions were being developed at the time of our assessment.

Leaders told us that continuity plans relating to incidents affecting delivery of Care Act functions were in place, and that business impact assessments for core and critical services were being refreshed at the time of our assessment.

Safeguarding

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Safeguarding systems, processes and practices

National data indicated that there were challenges in how safe people felt in the borough and work was needed to improve this. 64.33% of people who used services felt safe, which was lower than the England average of 69.69% (Safeguarding Adults Collection, September 2023). Leaders told us that recent resident wide surveys echoed this trend in general concerns about safety, especially at night.

74.85% of people who use services said that those services had made them feel safe and secure, which was significantly lower than the England average of 87.12% England (Safeguarding Adults Collection, September 2023). Leaders told us there was a higher figure in the 2023/24 survey but this had not been published at the time of our assessment.

70.27% of carers felt safe, which was significantly lower than the England average of 80.93% (Survey of Adult Carers in England, June 2024).

The local authority's Advice and Referral Centre (ARC) received all safeguarding enquiries. Contacts were initially triaged to identify level of risk and if there was a need for an immediate safety plan. Where these contacts related to individuals who were already allocated to a locality social worker, these staff investigated any concerns and completed any 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.

Where a contact related to an individual who did not have an allocated social worker, the local authority's safeguarding team investigated any concerns and completed a section 42 enquiry if relevant. The safeguarding team had a duty role to review all contacts made to the service to ensure that they were appropriate, start the process of gathering relevant information and identify any priority and immediate actions. Some staff told us they felt there had sometimes been considerable delays between receipt of the contact in ARC and them being passed on to the safeguarding team. The local authority told us that, on average between August 2023 and July 2024, ARC passed safeguarding concerns on to relevant teams within 24 hours, which was better than the 48-hour timescale outlined in their process. Staff in ARC used a clear risk assessment tool to support consistent decision making. The local authority had changed their processes to move safeguarding screening from the ARC to the safeguarding team, which had reduced delays. The risk rating considerations the local authority provided were clear, though it was less clear how aware staff outside of the ARC - for example social work teams - were of the tool or that it was used consistently. We were told by leaders this was not a concern as the tool was most applicable to the ARC, who were the initial receivers of concerns where immediate actions are required.

Once a safeguarding contact was assessed to have met the threshold for a section 42 safeguarding enquiry, these moved to an 'awaiting worker allocation' list. This was monitored daily, but systems were not in place at the time of our assessment to review and analyse the timeliness of this process and any trends over time. The local authority told us the practice of case noting risk assessments and risk discussions was being developed into a reporting system scheduled for roll out in the autumn as part of the established programme for enhancing analytics.

All section 42 enquiries were allocated to a social worker. Ealing worked within the Pan London Multi-agency safeguarding policy and procedures which sets out the pathways that all agencies followed in Ealing. As part of the section 42 enquiry, the social worker liaised with other organisations as required. Some staff felt that information from partner agencies relating to safeguarding enquiries was not always clear; this had been noted through the Safeguarding Adults Board. For example, specific questions regarding an individual's medical risk had received generic responses from another agency that had delayed progress with enquiries. While some partners described having good partnership working on safeguarding investigations, some staff told us that there was more to do to ensure there was a whole partnership approach and understanding that safeguarding was everyone's business.

Staff who completed safeguarding work were well trained and knowledgeable. Staff in the local authority completed mandatory safeguarding training. Training was also available through the Care Academy to professionals within the sector. 49.58% of staff in the sector in Ealing had completed Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) training, which was better than the England average of 37.48% (Adult Social Care Workforce Estimates, October 2023). 55.40% of sector staff in the borough had completed safeguarding adults training, which was statistically in line with the England average of 48.81% (Adult Social Care Workforce Estimates, October 2023). Where teams had different needs, such as the out of hours team, staff had been able to commission safeguarding adults training specifically for these teams.

Responding to local safeguarding risks and issues

Partners and staff in the area told us that there were rising issues with self-neglect, including hoarding, domestic abuse, and sexual and financial exploitation. There had been a recent rise in suicides in the Polish community. Some actions have been taken regarding these issues, for example, the development of a multi-agency self-neglect toolkit to promote best practice for operational staff. The staff we spoke to were knowledgeable about the emerging risks and demonstrated a nuanced understanding of the ways they would support people in these circumstances.

The local authority ran a 'high-risk' panel which acted as a multi-agency forum to support and advise staff involved in complex cases which helped ensure best practice in supporting people and manage risks in the community. This was seen by partners as effective at supporting people's safety. There were good partnership relationships that linked to the strategic level through the Safeguarding Adults Board.

Partners also described the advent of the head of service for safeguarding in the local authority as a positive move. They told us this had resulted in better communication and focus on safety for people following concerns being raised, but where the section 42 safeguarding enquiry threshold had not been met. This included, for example, an increasing focus on preventative safeguarding work by raising awareness of concerns such as cuckooing. This followed an increase in local cases. Cuckooing is a practice where people take over a person's home and use the property to facilitate exploitation resulting in them losing control of their property. Partners told us there was a wider discussion needed across Northwest London, including in Ealing, about safeguarding referrals made by the police for people who needed care and support which were not always at the appropriate safeguarding level.

There were 3 Safeguarding Adults Reviews (SARs) in the area in the 2 years preceding our assessment. Key themes included inappropriate staffing levels, lack of use of protective equipment, gaps in recorded information (including safeguarding), lack of oversight of staff and care plans, incomplete health information for people with a learning disability, and self-neglect. Some improvement actions had been implemented, for example, improvements were made in local authority staff supervision in response to SARs which had highlighted staff needed more support to manage complex and difficult situations. Leaders reflected that how learning from children's safeguarding, domestic homicide reviews, and SARs came together was challenging.

Learning from SARs was shared through staff through 'lunch and learn' sessions, seven-minute briefings, and through information published online through the local authority's website. Staff in local authority services described how managers cascaded learning from SARs through team 'huddles'. The multi-agency self-neglect toolkit included learning from SARs to support the reduction of future risks and to drive best practice.

Where the local authority identified areas for improvement outside of the SAR process, action was taken. For example, the local authority told us they had responded to a pattern of safeguarding issues in a commissioned service which had contributed to a decision to decommission the service.

Responding to concerns and undertaking Section 42 enquiries

Some staff felt there was a limited understanding of what constituted a safeguarding concern from partners in the borough, including within local authority services. Staff described safeguarding contacts being made about housing issues, such as mould or bed bugs with no additional concerns regarding abuse or neglect. Safeguarding staff were clear they reviewed all contacts made to their service but contacts that did not relate to safeguarding created additional work and delays.

Over the last few years, the number of safeguarding contacts with the local authority has been increasing. In 2019, the local authority received 890 safeguarding contacts, and 340 of these went on to become section 42 safeguarding enquiries (Safeguarding Adults Collection, September 2023). This was a conversion rate of 38%. In 2022, the local authority received 1925 safeguarding contacts, and 425 of these went on to become section 42 safeguarding enquiries (Safeguarding Adults Collection, September 2023). This was a conversion rate of 22%. The local authority told us the conversion rate for 2023/2024 was also 22% which was the same as the previous year. This meant that in 2019, a higher proportion of the safeguarding contacts made to the local authority met the threshold for a section 42 safeguarding enquiry than in 2022, using comparable data. The local authority told us that staff met monthly with partners regarding inappropriate referrals and that details of these referrals were highlighted to the Safeguarding Adults Board through the 'effectiveness' subgroup. The local authority told us they were not concerned about their concerns to enquiries conversion rate as this was in line with their assurance role where there is perceived risk.

Some staff told us that some partners were unrealistic about the timescales for completion of section 42 enquiries. The local authority's timescale for the completion of a section 42 safeguarding enquiry was 28 days, but some partners expected conclusions the same day. This could be a confusion about the role of the enquiry compared to an immediate safety plan. The local authority had recently appointed a dedicated head of service for safeguarding which expected to be able to understand and challenge any quality concerns and interrogate trends.

The local authority retained the lead role for all section 42 safeguarding enquiries through allocated social workers. Staff engaged partnership colleagues as needed to support the completion of section 42 enquiries. Partners felt this ensured ownership of concerns within provider services, which were well overseen by commissioning colleagues. Health partners told us that they were asked to complete initial enquiries, which would be reviewed by the local authority safeguarding team. Partners felt this was effectively scrutinised, further information was sought, and appropriate strategy meetings were arranged.

Some providers felt they did not always find it easy to get in touch with teams regarding safeguarding concerns and their progress. They described an example of an individual who wanted to return home, but there were concerns about the individual's safety at home. The provider was unable to get information about the progress of the concern and was unclear who could support them within the local authority. Providers felt they were not always told about the outcome of enquiries and often had to chase this. Some providers felt processes had improved in Ealing, particularly in the way providers had been included in developing solutions and learning, rather than feeling blamed.

The local authority told us in June 2024 that there were 42 section 42 safeguarding enquiries that were awaiting allocation to a social worker, once immediate risk issues had been addressed. People waited 7 weeks from the point of contact for an allocated social worker. This had reduced from 80 in March 2024 and an 8 week wait. Some staff felt that staff shortages had affected people's waiting times. The safeguarding team was a relatively small team covering a large area and a high level of work. Although staff felt the pressure of having a lot to do in a timely way, they felt senior managers were aware and direct line managers were very supportive, aiming to keep caseloads at a consistent level.

Service timescales, in line with the Pan London Multi-agency safeguarding policy and procedures, were 28 days to complete section 42 safeguarding enquiries. Some complex cases could take longer than 28 days to completion, such as hoarding and criminal activities which rely on police investigation or court proceedings. The local authority told us, in the year to date 67.15% of section 42s were completed in 28 days which was an increase from 43.96% in the full year 23/24. 22/23 the number was 51.84%.

The local authority told us there was no Deprivation of Liberty Safeguards (DoLS) waiting list with all requests screened and allocated on the same day to the appropriate professionals. Requests for authorisation extensions were screened and signed off the same day. This was monitored daily, but analysis systems were not in place at the time of our assessment to review information and trends over time. The local authority told us that there were 2061 referrals for DoLS over the last year, made up of 684 referrals and 1377 reviews. The DoLS team received inappropriate referrals, such as people who were intoxicated at hospital and where no capacity assessment had been completed or where DoLS were requested for delayed hospital discharge as people waited for their care package to start. The DoLS team were working with local hospitals to support understanding and monitor cases.

The local authority had recognised they had a lot of data relating to safeguarding activity, but they did not have the tools to analyse the information to understand key themes and trends. This was noted by partners. Without the trend and analysis information, partners found it difficult to understand the context about changes in relation to safeguarding reporting in the community. There had been a noted increase in the number of safeguarding contacts in the recent months prior to our assessment according to partners, but the limited analysis meant it was difficult to have an insight as to why this may have been happening.

The local authority had recently appointed a head of service role to oversee safeguarding and maintain the lead for quality assurance. The interface between this role and the Principal Social Worker (PSW) and how they supported coordinated learning across the service was being developed at the time of our assessment.

Safeguarding information systems supported oversight of the quality assessments, which included reflection on how an individual had engaged in the process. All enquiries were reviewed, and quality checked by a manager, ensuring all identified risks had appropriate protection plans in place, before being closed. Staff described access to team manager reflective sessions around SARs, regular team huddles supporting case discussions, and monthly safeguarding surgeries to share learning and good practice.

Making safeguarding personal

All safeguarding enquiries included specific points and guidance on Making Safeguarding Personal that had to be met. This included clearly evidencing how staff had contacted the individual, gathered their views, identified the outcome they wanted and whether they felt heard. Questionnaires were sent to individuals about Making Safeguarding Personal. The feedback from these was passed to managers and discussed with their teams. The team measured whether outcomes had been met for the individual. Local authority data indicated that 97.5 % of people surveyed had outcomes fully or partially met, though it was not clear when this survey was completed or what period it related to. At times, the professional and individual or family disagreed but the safeguarding team worked with the family to support them to understand the concerns and develop plans with them. Staff reflected that effectively supporting people's diversity of experience in safeguarding took time and involved lots of work.

Some staff couldn't be sure that all partners understood Making Safeguarding Personal. The safeguarding team took the lead in ensuring partner agencies addressed safeguarding enquiries in a timely way and accepted the duty of care for people.

Frontline staff felt they were able to access advocacy support for people in a timely way and work jointly with them if needed throughout the safeguarding and DoLS processes. National data indicated that 72.73% of individuals who lacked capacity were supported by advocate, family or friend, which was lower than the England average of 83.12% (Safeguarding Adults Collection, September 2023). Leaders told us that the figure had improved in the 2023/24 survey, but this had not been published at the time of the assessment. Additionally, the local authority had identified an error in their reporting of this information, that they had only included people with a formal advocate, not an informal advocate. Including informal advocates, the local authority told us that the figure improved to 93%. Further work was underway to improve the accuracy of recording family/friend support to provide a more accurate baseline for future performance monitoring.

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: 2

2 - Evidence shows some shortfalls

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

The local authority's delivery plans were in progress, reported on, and updated regularly. This included risks to the delivery of Care Act duties, quality, and sustainability. Where appropriate and relevant, this included partner organisations for example, the Ealing Borough-based Partnership. Relevant governance and management arrangements were in place to provide visibility and assurance on key priorities such as the cost of care, contract assurance, and care provider risks. The local authority was aware of areas where people were not achieving good outcomes and was in the process of implementing actions to resolve this. Many of these were in development or progress at the time of our assessment and the impact was not yet evident in all areas. However, improvements had been seen some areas, for example, there were reductions in waiting times for assessment and increased focus on strength based practice as evidenced by the Better Lives Review Panel. People's experiences had begun to be represented on appropriate boards, such as the disability and long-term conditions board, by relevant partner organisations from the community. Some partner agencies described several boards but told us that actions arising from them were sometimes limited, and that there were a lot of layers within the local authority that needed more joined-up working to be effective. Some partners felt that the local authority had improved the way it listened, engaged, and supported people to feel like valued partners. Advocacy and local pressure groups had been co-opted to the Health and Adult Social Services Scrutiny Panel (HASSP). At the time of our assessment the local authority was relaunching their partnership boards, which supported people with lived experience of services to be directly involved in setting strategy and direction. This had been an open review of the previous board structure, and people we spoke to were supportive of the changes and opportunity to engage with and develop services. Some staff told us the ongoing governance of the partnership boards was still under development at the time of our assessment.

The local authority's Principal Social Worker (PSW) role had recently been increased to a full-time position and now reported directly to the Director of Adult Social Services (DASS). This increased the voice of practice within the senior leadership environment and increased the availability of the PSW to frontline teams. The PSW role included quality assurance of practice, in conjunction with the newly created role of safeguarding head of service. It was not always clear to staff how any practice findings collated through the PSW, for example through the Better Lives Review Panels, were analysed or aggregated from individual worker feedback to service level risk identification and improvement. Development was ongoing at the time of our assessment on how these roles worked together to support quality practices across the service.

Quality assurance processes included clear roles, responsibilities, and accountabilities for all levels of the local authority's services. Quality assurance used a variety of information including feedback from people who used services and partners, case file audit, and observation. This information informed strategic risk registers which were reviewed and owned by the senior management team. Analysis of data across some service areas was lacking which meant that oversight in those areas was more limited.

Leaders told us there was a well-developed dataset to monitor activity spend and overall performance. Additionally, a new suite of PowerBi dashboards had been developed to provide more granular data on caseload management and data quality and were being reviewed monthly by service lead to provide oversight, transparency, and performance improvements. This included allocation trends, waiting time trends, and thematic safeguarding trends.

The management team within local authority's adults' services was generally well regarded by partners and staff. There was a clear focus on developing a culture of openness and collaboration with staff. The strategic leadership structure of the local authority had changed, meaning that the DASS now reported directly into the Chief Executive of the local authority. This was felt by staff to provide clearer oversight to the service. Senior leadership changes were focused on reducing siloed working, with some progress having been made as reflected by some partner organisations.

Staff told us that the DASS was visible across frontline teams, operational management, and partnerships. Staff felt listened to and understood when concerns were raised with management and that action would be taken. Staff told us that line managers focused on consistency and oversight when dealing with the pressures and high demands of the service.

Political leaders showed a clear understanding of the way services worked and any key challenges. They were clear on their role to both support and challenge officer leadership. The lead member responsible for adult services had recently changed and a comprehensive induction programme was in place to support their role. The administration wanted the organisation to be ambitious for residents, with a clear vision and mission focus. The Health and Adult Social Services Scrutiny Panel received reports on operational and financial performance to be able to provide political challenge. In proportion to the political landscape within the local authority area, this was primarily made up and chaired by councillors from the leading political party. The shadow lead member responsible for adult services from the opposition was the vice-chair of the panel. The chair had coopted the local Healthwatch, community representatives and pressure groups to the meeting to support effective scrutiny. Continuing to improve people's voice within scrutiny arrangements was a priority of the panel.

There was oversight of some key performance indicators to the administration, for example, in reporting through HASSP and cabinet. Action plans were available to review progress against assessed risks. Leaders told us this tended to be topic focussed. They recognised that they needed more data and information that allowed for scrutiny of emerging issues over time. The local authority was developing a data dashboard in response at the time of our assessment. Opposition councillors told us they felt able to raise concerns.

Strategic planning

The local authority used some of the information it had available to support strategic planning though there were significant gaps in the analysis of accessible data and information to do this effectively. They had recognised that further analysis of the information they recorded was needed to be able to effectively support improved outcomes for local people as the analysis of trends over time was limited. Additional capacity had been allocated to support this approach and the implementation of some analysis tools had seen improvements. The local authority recognised there was more work to be done in developing its it in house performance and analytics function and had recently brought the resources inhouse from the corporate centre to support this.

Relevant care and support service risks were regularly updated and reviewed. Key priority areas had been identified regarding risks, performance, inequalities, and outcomes and allocated resources to support developments. For example, this included the allocation of 'surge' resources to support the reduction in waiting lists. This had some impact. While OT waiting list remained high at the time of our assessment, the development of the trusted assessor role and use of and external provider had helped to reduce people's waiting times. Where there were performance issues against key priorities, such as direct payments, corporate funding had been assigned to support the implementation plan for improvements to the direct payments offer with a focus on reporting progress.

The local authority used information gathered from people in the community, in conjunction with broader activity, such as the area's Race Equality Commission, to develop and refine their strategic planning for service delivery in the future in line with the 'seven towns' approach. This was in early stages at the time of our assessment but represented the ethos of the new relationship the local authority was looking to have with its communities.

Information security

The local authority had arrangements to maintain the security, availability, integrity and confidentiality of data, records and data management systems. Staff received training on systems that was followed up on for completion. Staff described additional training to support the improvement of their case note recording to better support quality records. Managers had clear roles within information systems to provide appropriate approvals.

Both children's and adults' social services used the same information system, which supported joint working. Staff described being able to suggest improvements for the recording system that better supported practice, and that these were effectively managed and implemented where relevant. There were recognised challenges for adult social care systems in accessing and utilising information in a way that worked for them. This function had been held corporately and was devolving to the service at the time of our assessment.

Some teams reported additional access to information systems, such as those of mental health services. This was managed based on the requirements of different roles, ensuring that only appropriate and approved staff had access to personal information. While this access was recognised as helpful, systems were not integrated, which resulted in duplicated recording for some staff. There were appropriate information sharing arrangements across relevant London boroughs that supported the mental health teams in their roles. However, sharing information about individuals who were from other local authorities not signed up to this arrangement was more challenging.

Privacy notices in line with the General Data Protection Regulations (GDPR) were available on the local authority's website for each of the services within social care and health. General principles were summarised on the website in plain language to support people to understand them. People were informed of their information rights. Contractual arrangements supported information security. Where the local authority was trialing the use of artificial intelligence to support the service's Care Act duties, information security and appropriate legal frameworks were considered and effectively complied with. People involved in the trial of this approach were able to remove their consent to continue and to have the relevant information removed.

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

There was an inclusive and positive culture of continuous learning and improvement. Staff received appropriate training and support to be able to carry out assessments in line with their job roles. There was a robust training offer available to all staff regardless of tenure, including through the Social Care Academy. Staff in provider organisations were able to access the training resource. Staff were supported to complete required continuing professional development in line with their roles. Some staff described limited capacity to commit to training considering the pressure of workload and team size.

The Principal Social Worker (PSW) had a lead role in working with the Social Care Academy in developing appropriate resources. This included for example, the recognition that existing online training was not working for everyone, so borough-specific webinars were in development at the time of our assessment. The PSW had regular reflective sessions with managers and had recognised a need for more training about complex legal work, following a rise of cases in the borough.

Staff had access to reflective practice and case discussions and regular supervision from managers. A variety of tools were available, including huddles, team meetings, and monthly practice forums to keep staff and managers up to date on practice and provide support. The supervision policy and guidance had recently been reviewed, and management training was in place to support effective case discussion and supervision. Social care staff could directly reach out to the PSW for practice support as needed. Some staff felt teams' roles and the pathways between teams needed to be clearer, as there had been disagreements between teams, and they would welcome more opportunities to have these discussions.

Some staff described clear progression pathways that supported their career aspirations, including as practice educators and managers. Apprenticeship schemes were in place to support unregistered social care staff to attain social work accreditation. Social work students and those in their Assessed and Supported Year in Employment (ASYE) were supported by the service. Staff described feeling that the local authority invested in their development. OT student placements had previously been supported, but this was not in place at the time of our assessment.

Better Lives Review Panels had been implemented in Ealing. These were opportunities following decision making, so as not to cause delays to care, to review assessments to ensure best practice and as an opportunity for learning. This included checks that assessments were strength-based, considered carers, community resources, and ethnic, cultural and religious needs had been considered as these had been areas of practice that had previously been overlooked. Staff we spoke to who attended were positive about the improvements this had made to their individual practice. There was work ongoing at the time of our assessment to develop the mechanism to share general learning points for practice and link this with the training offer where relevant. The local authority was tracking and reporting whether people's outcomes were achieved through this process, which was good practice in that the local authority was able to monitor the impact of their practice on people's experiences.

The local authority implemented tools, such as the resource allocation panel, which aimed to support consideration of appropriateness and cost effectiveness of care planning. This did not decide on funding but offered opportunities for reflection and learning, supporting the organisation across all staffing levels to take ownership of challenges in the area, with a view to better managing this in the future.

The local authority was refreshing their partnership boards at the time of our assessment to better support co-production with the community. The local authority had a participation contract in place with a community sector organisation to support people who used services in co-production activity. Co-production work had been effective in the borough, for example in co-designing proposed standards for learning disability day services and in the development of the suicide prevention action plan.

Members of the partnership boards told us that they felt they'd been able to raise issues that were important to their community, such as pre-diagnostic support for autistic people. Some staff agreed with partnership group participants that they should be recompensed considering the importance of the boards. Some people told us this was not consistent, and they felt undervalued, and that it was not clear if there was a local resolution. People told us they where not always clear how decisions were made and that sometimes this happened outside their boards in ways that was not explained or that they could be involved in. Most people we spoke to were very proud and excited by the co-production work they were involved in and felt supported to do so in a way that worked for them.

People's voices were heard regularly at scrutiny panels and the corporate priority regarding the 'your voice, your town' programme indicated clear commitment to co-production and a community driven approach. Some partners described improvements in meaningful consultations taking place with communities and slow,but progressing reductions in siloed working. Community and voluntary sector organisations told us they did not always feel they were included in opportunities for co-production. Some partner organisations were keen to see appropriate resource allocated to co-production to ensure there was enough time and capacity to do it meaningfully.

The local authority had increased direct communication with people using services through the introduction of a quarterly newsletter. The local authority has increased resources to its telephone-based contact centre, introduced daily MARAC systems and improved reporting and benchmarking on call handling.

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The local authority was trialing the use of artificial intelligence to support aspects of the daily activity of the service, including carrying out Care Act assessments. They were working collaboratively with a provider to trial the approach within the reablement and bridging service with a small group of staff. The service took a measured approach to testing and development but had noticed significant benefits in reduced administration time. Sufficient checks were in place to ensure the accuracy of the model. The service's trial of predictive analytics to support triage in some services was being reconsidered and redeveloped, for example, as the confidence in the model was limited and required improvement. The local authority was keen to realise the benefits of technology in their work, and further development was ongoing. The trial was still in its infancy; therefore, the local authority had not yet gained feedback from people who used services to analyse how this service had improved outcomes for them. Staff who had used the technology were positive but there were some anxieties in other parts of the service about its use which would need to be considered.

The local authority also took part in Local Government Association (LGA) peer reviews to invite challenge. Staff had access to Research in Practice, an online resource that supports evidence-informed practice with children and families, young people and adults. The service connected to local universities to support ongoing reflective practice and knowledge of theory, while maintaining practice skills. Staff engaged with other local authorities to develop practice based on their learning, for example in relation to direct payments or independent living skills in transitions. An independent review had been completed regarding direct payments to invite learning and recommendations.

Learning from feedback

The local authority was open to feedback from staff about what was working and what needed to improve. Staff felt managers and senior leaders were open, visible, and responsive.

The local authority had a good response to complaints. Between February 2023 and January 2024, the local authority told us they received 70 complaints about the service, with the highest number of complaints about delays in assessment and review and decision making. 58% of the received complaints were upheld. Actions had been implemented, such as additional capacity in the OT team through an external agency. The local authority told us not all teams recorded compliments well and they were working to resolve this at the time of our assessment. Feedback was captured on assessments and reviews on information systems, but staff were not clear how the PSW or the performance clinics used this feedback indicating that further work was needed to complete the improvement loop. Some teams told us they directly used information they gathered to inform the development and operation of their service, such as the bridging and reablement service.

Some people who accessed care and support did not always feel listened to or that information was shared with them about how to make a complaint. Some felt that their concerns had been either been dismissed by staff or that there was no oversight of concerns that they had not raised as formal complaints. The local authority's website promoted the use of an online form, which required an account, to make and track complaints. The published policy online was primarily written for the service and was not easily accessible for people who used services. This could have discouraged people from making complaints.

Between February 2023 and January 2024, the local authority told us they received 68 complaints about their financial assessment service, with themes around incorrect charging, delays in financial assessments and missed or cancelled homecare. The local authority had significantly improved people's waiting time for financial assessment following this feedback.

National data from the Local Government and Social Care Ombudsman (LGSCO) in July 2024 indicated that the local authority had a lower than average uphold rate of 50% than for other local authorities of its type (80.12%). Responses to the LGSCO were timely and compliant.

Leaders told us the local authority had increased direct communication with users through the introduction of a quarterly newsletter. They also increased resources to their telephone-based contact centre and improved reporting and benchmarking on call handling. They introduced monitoring of user satisfaction with care assessments and reviews, and we were told this had shown above 75% satisfaction rate since March 2024.
