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.
