

# Supporting people to live healthier lives

Score: 2

2 - Evidence shows some shortfalls

## What people expect

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

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

## The local authority commitment

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

## Key findings for this quality statement

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

The local authority worked with people, partners and the local community to make available a range of services, facilities, resources and other measures to promote independence, and to prevent, delay or reduce the need for care and support. The overall feedback told us people had access to some services in this area and the local authority showed commitment to continue to develop their work with supporting unpaid carers.

Some unpaid carers told us they missed the in-person support and community activities that were available before the pandemic, some had tried to find online support groups due to feeling isolated, indicating these events were important for their emotional well-being and social support. Similarly, some partners told us many unpaid carers found accessing services confusing and many were not aware of all the services available to them. National data reflected these findings with 81.40% of carers in Barnet finding information and advice helpful, which is lower than the England average of 85.22% (SACE, 2024). However, the same survey showed that 19.25% of carers were able to spend time doing things they value or enjoy in Barnet, which is comparable to the England average of 15.97% (SACE, 2024).

The local authority demonstrated a positive prevention agenda, for example people were supported to access information on volunteering or employment opportunities, as an alternative to accessing ongoing formal support services; one person told us their social worker had given them useful information about befriending services they could access. National data reflected this some positive outcomes in this area, with 63.60% of people who say help and support in Barnet helps them think and feel better about themselves, this is comparable to the England average of 62.48% (ASCS, 2024).

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Senior leaders told us they were using outcomes measures through their Prevention and Wellbeing team to further enhance people's independence. Following a funding increase, this team had expanded and was supporting people who may have care and support needs in the future, to live happy and healthy lives and to prevent, reduce or delay their future need for care and support. The Prevention and Wellbeing team supported strong partnership working with the voluntary and community sector (VCS), through joint forums and 'pop-up' events in the community. These were focused on improving local people's access to well-being information and advice.

The local authority recognised the need to build on its prevention offer. This was evident through the Prevention Champions initiative, where teams had a designated 'prevention champion,' who attended monthly meetings with other champions and community groups to improve practice, people's experiences and outcomes. For example, the advocacy service had been invited to address the concerns around long waiting times to access the service.

Practitioners in the local authority's Prevention and Wellbeing service demonstrated their commitment to delivering a strength-based service. Staff told us how they helped a person who initially presented as lonely and distressed. Staff were able to build a relationship with the person to find out what mattered to them using a strength-based approach; they introduced them to a local group and through their engagement with others, this had helped alleviate the person's loneliness and their wellbeing had improved, without the need for ongoing support from formal services.

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We heard how the local authority worked in collaboration with partners to deliver preventative services. For example, frontline staff told us about a group for women who had a learning disability, which was set up to provide a safe space to discuss themes around relationships, personal stories and sex education. The group was well attended and staff identified that further focus was needed around obtaining feedback, to continue creating a safe and preventive service. We heard of good collaborative practice when working with housing, for example, when supporting women experiencing domestic abuse to access safe housing. A partner organisation praised the local authority in supporting asian women, particularly around domestic violence and mental health needs.

The local authority demonstrated a commitment in supporting people to access employment opportunities, for example through their 'BOOST' employment and skills support service, which created job opportunities for disabled people and promoted recruitment within the local adult social care sector. Furthermore, the local authority had launched a new Carved employment scheme, working alongside partners, with one person having found a job. The local authority's innovative approach to recruiting for Carved employment roles had been praised by voluntary community sector partners and participants, including the candidates themselves. Similarly, the local authority worked with partners to deliver 'Bright Futures' employment programme, which provided tailored employment support to people with learning disabilities and autistic people. Partner organisations told us the main issues raised to them by people they support were related to employment and lack of social activities, however they told us the Bright Futures project funded by the local authority had been helpful. However, we were told by partner organisations that they were not always aware or informed about funding opportunities available to them to help them continue to support people.

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The council's Cabinet member for adult social care told us there was a strong focus on prevention work and referenced the Dementia Friendly Barnet Strategy and Carers Strategy as particularly good examples. They were positive about the strength of the relationships with local voluntary, charity and faith sector organisations and how the local authority involved them as key partners to deliver prevention activity. A particular strength was the work with the Jewish community in Barnet to understand and support their specific needs.

Frontline staff told us about the positive impact of having a specialist Dementia Support team based within the Prevention and Wellbeing team. For example, dementia specialists offered training and drop-in sessions for unpaid carers who supported people living with dementia. Staff highlighted a potential gap regarding people's ability to access services due to limited community transport, particularly for people who had mobility needs and limited support networks, and which potentially had an impact on their overall wellbeing and ability to maintain independence. National data showed that only 56.85% of people reported they spend their time doing things they value or enjoy in Barnet, which is lower than the England average of 69.09% (ASCS, 2024). Further work is needed to understand the reasons for this and any correlation with barriers in respect of public transport.

The Prevention and Wellbeing team had focused on getting to know the diversity within the community. This knowledge had been used to promote and develop new culturally and sensitive services for the broad range of people living in the borough. For example, families of Somalian descent in the Colindale area were supported to set up a mental health support group specific to that community group.

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We also heard how the local authority's support in the development of the Barnet Wellbeing Hub followed the 'social prescribing' model. Social prescribing model connects people to activities, groups, and services in their community to meet the practical, social and emotional needs that affect their health and wellbeing. The hub supported partners to reach out to communities who would not necessarily ask for support relating to their wellbeing needs. For example, refugees and asylum seekers had been supported at the wellbeing hubs with information and advice. In recognition for delivering an innovative approach, in 2024 Barnet was awarded 'Borough of Sanctuary Award' for welcoming people seeking sanctuary and providing people a place to stay. This demonstrated the local authority's approach to collaborating with partners to improve people's health and wellbeing.

## Provision and impact of intermediate care and reablement services

The local authority collaborated with partners to deliver intermediate care and reablement services. The reablement service was provided to people to prevent deterioration in their well-being and to avoid unnecessary admission to hospital, and to people who were being discharged from hospital to regain their independence.

There was a standard six-week reablement window for people on discharge from hospital, but this was flexible depending on the person's needs, progress and availability of physiotherapy and other therapeutic assessments. Care technologies were used to support people to manage their own care needs, for example medication management tools. Staff told us this helped to promote people's independence as part of their reablement goals. National data supported this evidence as 76.37% of people who have received short term support in Barnet, no longer require support, which is comparable to the England average of 77.55% (Adult Social Care Outcomes Framework, 2023, ASCOF).

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Frontline staff working with the hospital integrated discharge team, which included reablement services reported a strong focus on prevention and hospital admission avoidance. They demonstrated clear connections between all staff involved in discharge and reablement pathways where there were good formal transfer arrangements to different teams; this included clear assessment processes to understand and meet people's needs. This was supported in our discussions with health partners, who told us the integrated approach led to positive outcomes for people as they were able to return home in a timely way and supported to remain independent and in their own homes. We were told about a particularly positive outcome for a person with a hearing impairment who was provided with suitable equipment, which had enabled them to live independently at home.

National data showed positive outcomes from the reablement/ rehabilitation offer, with 4.60% of people over 65 receiving reablement/rehabilitation services after discharge from hospital in Barnet, which is higher than the England average of 2.91% (ASCOF, 2023). Also, 92.96% of people over 65 in Barnet are still at home 91 days after discharge from hospital into reablement and rehabilitation, which is higher than the England average of 83.70% (SALT, 2024).

There was a clear focus on strength-based, individualised hospital discharge assessments in reablement services. Staff worked with health professionals to reduce over-prescription of support for people to maintain and increase their independence following discharge, with appropriate clinical and social care input. Frontline staff told us they provided a proportionate service to meet the persons needs and were confident in challenging healthcare professionals where there was suggestion to over prescribe services. Staff also told us they had good access to specialist teams to support specific reablement needs, for example access to neurology, which supported timely discharge and appropriate goal setting for people. Frontline staff worked with care homes and supported living establishments to provide staff training and workshops around the ongoing assessment of a person's progress towards reablement.

## Access to equipment and home adaptations

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People could access equipment and minor home adaptations to maintain their independence and continue living in their own homes. For example, a person told us the hospital staff and supported living staff worked effectively together, to provide them with grab rails in their home quickly, which had reduced the risk of them falling. This evidenced the local authority's approach to assess and provide equipment promptly to enhance people's safety, and a collaborative approach to working with people and partners to promote independence, and to prevent, delay and reduce the need for care and support.

Frontline staff explained an efficient process, eligibility and means tests relating to Disabled Facilities Grants (DFG). Feedback was provided promptly from the teams managing the DFGs, often on the same day, through letters and follow-up discussions.

The local authority had invested in trusted assessor training, whereby frontline staff had the skills to assess and provide low level equipment. This approach enabled people to access equipment in a timely way, without the need for a specialist Occupational Therapist assessment; this supported them to maintain their independence and continue living in their own homes. Where staff had identified the need for specialist equipment, they were able to contact the Occupational Therapy (OT) team for specialist advice and support.

Frontline staff told us they worked in a collaborative and holistic way, for example conducting joint OT and social worker assessment visits.

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Advice, information and support was provided to keep people safe if they were waiting for equipment. Non-urgent referrals were assessed based on level of risk with a maximum of a 2-day waiting time. At the time of submission 330 people were waiting for a non-urgent OT assessment. The median waiting time was 37 days. The maximum waiting was 236 days. The median waiting time for an OT assessment over the past 12 months was 16 days and maximum 236 days. The local authority had been working to improve waiting times for OT assessments with additional recruitment, which included a specialist learning disability OT. This investment in staffing had resulted in a drop in average OT assessment waiting times by almost 50% between January and June 2024.

The local authority had commissioned a new equipment provider in April 2023. However, due to challenges from the previous provider there was a delay and backlog in fulfilling equipment orders. An improvement plan had been implemented which was overseen by the Care Quality team.

## Provision of accessible information and advice

People could not always easily access information and advice on their rights under the Care Act and ways to meet their care and support needs. A person told us they had a social worker previously who was very responsive but after they no longer supported them, they were unsure who to contact in adult social care. Equally, another person told us they were unsure who to telephone at the local authority, which department to speak to about their concerns, though the person knew how to make contact with other departments in the local authority.

This is reflected in national data which showed that only 62.20% of people in Barnet who use services finding it easy to find information about support, lower than the England average of 67.12% (ASCS, 2024). Also, 51.46% of carers in Barnet found it easy to access information and advice, which is also lower than the England average of 59.06% (SACE, 2024).

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A recurring theme was the lack of guidance provided to unpaid carers. For example, one unpaid carer expressed frustration at not knowing how long it would take to arrange for a paid carer for the person they supported, and they felt extremely let down due to the absence of guidance. Some unpaid carers were not aware of the services available, for example details for the contracted carers partner. The local authority had identified the quality of information and advice available to people was an area which needed development and improvement.

As part of the actions to improve the information and advice offer, and the prevention agenda, in 2023/24 the local authority worked in collaboration with local Voluntary Community Sector (VCS) organisations, where 51 new community initiatives and drop-in sessions for Barnet residents were established for people to access information and advice. The local authority also managed an information forum for over 40 VCS groups, which showed a commitment to improving experiences for people through a collaborative approach. Furthermore, the local authority invested in a Financial Resilience Transformation Programme, which was launched in January 2024, which had supported people who were experiencing financial challenges, through leaflets and information, which were posted on social media, bus shelters, and particularly targeted to those areas of low financial resilience.

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The local authority had acknowledged the accessibility benefits of producing 'easy read' leaflets and had plans to work on a 'Living well with Dementia' information leaflet, which was due to be coproduced with people and partners. Another area of improvement the local authority had focused on was around sharing of information with people who faced digital exclusion. Digital exclusion is when people are not capable of using or benefitting from using the internet. For example, the local authority's proactive co-production group called People's Voice had supported the local authority with making their website content simpler, easier and faster for people to use. Furthermore, the local authority had used the findings from their Age Friendly Barnet Survey Baseline Report, to develop a strategy and action plan. Working with a commissioned partner, the work looked at seven key areas that could impact the way that people age, from ageism and intergenerational inclusion to transport, housing, employment and volunteering opportunities, to make Barnet an age-friendly borough.

Frontline staff also told us they had updated and refreshed the content for the local authority brochure to ensure it was accessible and informative for everyone. This showed the local authority's efforts to make information accessible and available to all people in the area when and how they needed it, irrespective of their needs and communication methods.

## Direct payments

The local authority was committed to using direct payments to improve people's choice and control about how their care and support needs were met. However, feedback we received from people and unpaid carers identified some gaps. We consistently heard people were unaware of direct payments and other available support options, showing people were not fully informed about the resources they could access. Even when unpaid carers were aware of available options, such as direct payments, they often found the process difficult to manage.

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Overall, the uptake of direct payments was equitable across the local population. National data supported this particularly for older people, with 18.26% of people aged 65 and over accessing long-term support receiving direct payments in Barnet. This is higher than the England average of 14.8%. Additionally, 28.33% were receiving direct payments compared to the England average of 26.22% (ASCOF, 2023).

Frontline staff shared some positive examples where they had promoted direct payments. For example, a member of staff provided an unpaid carer with a direct payment, where they were able to purchase a two weekly respite service, which met their assessed need as well as the person they were supporting. Furthermore, staff told us the direct payment team was highly efficient and responsive in handling benefits checks together with direct payments, and referrals for direct payments were processed quickly with no delays.

Frontline staff told us there was recent commissioning of a new direct payment support service with specific emphasis on providing a payroll service and to increase the availability of personal assistants. This was in response to the recognition that most people used their direct payment to purchase from home care providers, rather than from a personal assistant. This initiative demonstrated the local authority had taken steps to understand and remove barriers for people using direct payments and to enhance the direct payment offer.