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 and resources to promote independence and to prevent, delay or reduce future needs for care and support. National data from the Adult Social Care Survey (ASCS) for 2023/24 showed 64.68% of people said their support helped them think and feel better about themselves, which was not statistically different from the England average (62.48%).

The local authority had led a number of initiatives as part of the system wide prevention activity to support people to maintain their independence and to stay healthy. These included focus on promoting healthy lifestyles, reducing frailty and support for people with drug and alcohol dependency. There were specialist resources for people with a learning disability and autistic people, such as a positive behaviour support team who worked with people to improve independence and reduce well-being risks, and other initiatives to improve accessibility of information and services, and to reduce health inequalities.

However, the LA recognised that they needed to improve the ways people navigated their systems and services, how they evidenced the impact of preventative services within Adult Social Care and supported people to live healthier lives, and the need for a more coherent strategy to support their preventative work.

There were established systems in place that people and staff could use, as well as work underway to improve this as part of the local authority's strategy. There was a detailed directory known as 'Your Circle' which signposted people to services in the community which would help to promote people's independence. People and partners told us there were sometimes gaps in this, which the local authority had identified and were addressing through their strategy.

The local authority gathered feedback on people's experiences of community services, such as those that supported people with their mental health, substance misuse or information and advice. People's feedback was positive about the impact these services had on improving their lives.

Unpaid carers gave mostly positive feedback on the support available to them in the community through the commissioned carers hub, but most of the unpaid carers we spoke with told us they felt unable to continue with hobbies or interests. However we also heard positive feedback about the information, advice, support groups and networks available to unpaid carers through the carers hub. National data from the Adult Carer Survey (ACS) said 89.53% of unpaid carers said they found information and advice helpful, which was a positive statistical variation from the England average (85.22%)

The 'Make the Difference' strengths-based approach and framework included a focus on strengths-based interventions at an early stage to increase people's independence and prevent and delay future need. We saw examples of where this was working well, such as the provision of information and advice, signposting to community commissioned services or the use of minor adaptations and equipment. There were also enablement teams who did outcome-focused work with people before an assessment to enhance their independence in areas such as managing their home environment and working with them to enhance their lives, such as enabling them to become more independent and confident using transport and participating in their communities.

The enablement teams worked with people to improve their independence. We heard how they connected people to community services, such as voluntary organisations, commissioned services and special interest groups to meet their needs. We heard an example of the enablement team supporting a person to move independently into their own home. We also heard positive feedback from staff about the impact the enablement teams had on people and their ability to delay and prevent future need, such as through helping people to learn bus routes or to develop their cooking skills. People and partners said that in some districts, community access could be an issue, because of a lack of transport links and the local authority had worked with district partners to overcome this through sourcing additional transport provision in those areas.

Partnership working was used to achieve shared priorities around prevention. The local authority worked jointly with partners on areas of shared focus within prevention, such as a joint five-year frailty strategy which focused on people's safety at home or avoiding hospital admission through the use of technology and equipment.

Staff told us about work they did with occupational therapists (OTs) to delay and prevent future needs from developing. The local authority commissioned Gloucestershire Health & Care NHS Foundation Trust (GHC) to carry out OT functions. The feedback about work with OT was mixed; some staff told us about positive examples of working jointly with OTs in a holistic way to increase people's independence with minor equipment or adaptations at home to prevent the need for more intrusive and restrictive interventions. Where teams were co-located, with local authority staff working alongside GHC OTs, we heard this worked well. However, we also heard that at times this could be disjointed, and that social work staff would not always know an OT had been involved until they visited a person and noticed equipment in their home.

The ‘Make the Difference’ framework outlined the local authority’s vision of a strengths-based approach to interventions that start from initial contact, including the use of minor adaptations and equipment to delay and prevent needs from developing. Inconsistent joint work between social work staff and OTs at GHC showed there was missed opportunity to fully achieve this ambition, because the model describes close communication between social work and OT staff to co-ordinate their interventions. Staff said these interventions were not always coordinated which created a barrier to the local authority fully implementing their ‘Make the Difference’ approach in the way it was intended when it came to delaying need from developing. The local authority had employed 4 OTs to support the locality teams and had appointed to a principal occupational therapist role to improve strategic oversight of OT to address the issues we were told about.

Provision and impact of intermediate care and reablement services

Reablement achieved good outcomes for people, but we heard there were gaps in capacity which the local authority was trying to overcome. The local authority commissioned GHC to deliver reablement services across the county, as part of an integrated reablement model funded through the Better Care Fund (BCF). We heard positive feedback about reablement that supported people to reach their baseline level of independence before looking at long term care. Short and Long-Term Support (SALTS) data for 2023/24 showed 91.18% of people were still at home 91 days after discharge from hospital with reablement. This was a positive statistical variation from the England average 83.7%).

There was not always sufficient capacity in the local authority's reablement offer to meet people's needs. The local authority told us how demand often outstripped capacity for reablement across the county. This meant they had commissioned alternatives to the GHC offer from the wider provider market and meant access to reablement was sometimes limited, which was reflected in staff feedback and national data. Adult Social Care Outcomes Framework (ASCOF) data for 2022/23 showed that 1.97% of people aged over 65 received reablement services after discharge from hospital. This was a tending towards a negative statistical variation from the England average (2.91)%.

The local authority had a reablement strategy and had identified an anticipated increase in demand because of the aging population in the county. The local authority was using new initiatives such as their hyper-localised commissioning model to improve access to homecare with a reablement focus. Hyper-localised commissioning is a model where a provider is commissioned to provide bulk hours of care within a small, defined local area, it is designed to overcome shortages in capacity that can be experienced in rural areas or areas where there is limited provision. Local authority and health data showed this work and other improvements had led to a gradual increase in people receiving reablement at the point of hospital discharge between November 2023 and October 2024.

Access to equipment and home adaptations

The local authority was aware of some shortfalls in the process for installing minor adaptations and community equipment in people's homes. The feedback we heard about equipment and adaptations was mixed. Staff described a process for ordering minor adaptations and community equipment that was difficult to navigate, with different providers commissioned for weekdays or weekends, with different expectations about delivery times. This meant staff sometimes had to work outside of agreed processes to obtain minor adaptations or community equipment if it was needed on a Friday when the provider would change the following day.

Staff and leaders told us they had been raising concerns about ordering community equipment since 2015, but that the commissioning contracts had continued to be renewed. Local authority data for March 2024 showed the average waiting times for delivery were over their service level agreement expectations, with the average delivery time of high priority equipment being 2.6 days, with the maximum time for minor equipment that month taking 10 days. However, the data did show a gradual reduction in waiting times over the 12-month period. The local authority told us about proactive work they had undertaken to improve access to minor adaptations and community equipment, such as an additional provider for weekends to respond to urgent need for equipment.

People sometimes waited for OT assessments. OT functions were delegated to GHC and the local authority told us the average number of days people waited for OT assessment was 63.5 days, with the longest wait having been 19 months. Data to monitor the performance of the OT contract was limited and was another area the local authority was working to improve as part of their data strategy. After the assessment we saw evidence to show OT waiting times had reduced further, with average wait times down to an average of 4.4 weeks by October 2024.

There were long-standing systems and processes in place, such as the Countywide Sensory team who delivered equipment to people with a hearing impairment. In hospital discharge, we heard about good joint working between social work and OT staff who worked alongside each other in integrated functions. Staff said equipment was ordered and installed alongside social care interventions to support discharge home from hospital.

Provision of accessible information and advice

People could not always access information and advice in a format that was suited to their needs. National data from the Adult Social Care Survey for 2023/24 said 74.6% of people who used services found it easy to find information about support, which was a positive statistical variation from the England average (67.12)%. There were areas of good practice, such as a commissioned dementia advisory service to support people living with dementia to access information and advice. There were also approaches to engagement and grant funding the local authority used to develop and provide information and advice to people and communities. However, we found some inconsistencies in the local authority's information and advice offer when it came to the accessibility of information.

People and community partners told us about examples where people with visual impairments who required large print did not receive information about their assessments and care plan in a format that they could read. In another example a person was registered blind but continued to receive letters from the local authority, despite having told them they were unable to read them. Staff told us important information about setting up a direct payment was not available in an easy read format, which meant some people may not have been aware of their rights and responsibilities when it came to direct payments.

The local authority website could be translated into a wide range of languages, but there was not a similar offer for people who required information in a paper format. This meant people who did not speak English but were not confident using the website could be disadvantaged. Staff described good access to translator services through the local authority arranged contract.

We heard feedback from unpaid carers that they thought they were not entitled to support because of having assets or income above the threshold at which they would be expected to fund their own care, despite the local authority's fairer contributions policy stating unpaid carers' services were exempt from charging. Replacement care to provide a break to an unpaid carer is usually not deemed to be a carers service because it is provision delivered to the person they care for, but direct support to the unpaid carer, such as through a carers direct payment, would be a carers service. Therefore these unpaid carers could be entitled to carers support they were not receiving and had not been fully informed of their rights to assessment and support.

Unpaid carers also told us they would often only find out they may be entitled to support from other sources, such as voluntary organisations, rather than from the local authority themselves. The local authority's last carers survey for 2021 to 2022 showed unpaid carers often felt tired, depressed and stressed with 69.47% of carers saying they suffered from disturbed sleep. This showed there were opportunities to better support unpaid carers to understand their rights through information and advice. The local authority told us they provided information and advice to unpaid carers through leaflets and through their commissioned carers service. They also had carer's champions within frontline teams to ensure staff were informed on this. However, the feedback we received showed these measures did not always ensure unpaid carers were aware of the support available to them.

The local authority told us how their own survey data showed there had been a reduction in people who said they found it easy to find information and advice, with satisfaction reducing from 79.5% to 71.9% in the last two surveys. The feedback we received showed work the local authority was doing in this area had not yet had its' desired impact, around both accessibility and ease of access to information and advice.

Direct payments

People said they had found direct payments useful, and we saw examples of these being used to enable people to plan their care in a personalised way. We heard about direct payments being used to encourage people to become more independent or have better choice over their life, including moving to live independently when they had previously been in residential care. National data from the Adult Social Care Outcomes Framework (ASCOF) for 2022/23 showed 11.71% of service users received a direct payment, which was a significant negative statistical variation from the England average (26.22%).

The local authority employed a direct payment specialist in each locality team, and we heard from staff there was no delay to setting direct payments up. The local authority monitored direct payment uptake which showed a consistent number of people took on a direct payment each month. The majority of people cancelling a direct payment did so because they no longer required it because of their circumstances, such as moving into residential care.

Partners described how the local authority had encouraged the use of personal assistants but that some people had been put off by the need to find and source care or activities, which was difficult in some parts of the county. Partners also said people often fed back that the hourly rate was not sufficient to find a personal assistant, which deterred people from using direct payments. The local authority had identified this as an area to improve and had plans to shape the market to improve the options available to people who may wish to purchase their own care through a direct payment. For example, a 'Community Catalysts' project had commenced at the time of our assessment which aimed to build smaller-scale care options for people as an alternative to larger homecare providers. This was designed to support people who may wish to purchase and self-direct their own support through a direct payment.

© Care Quality Commission