

Market Position Statement

For care and support providers working in Ealing

2016 – 2017

Adult Care & Support

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Care and support information: www.careplace.org.uk

Provider information: <https://www.careplace.org.uk/Information/Ealingproviders>

Service and quality improvement guides: <http://www.careimprovementworks.org.uk/>



Living well in Ealing

Introduction

Our vision is that:

“In Ealing, adults with additional needs will lead healthy and independent lives supported by prevention and support offers that are well known, effective and delivered in partnership with care professionals, services users and service providers”

What is a market position statement?

Ealing’s Market Position Statement (MPS) sets out key national and local changes that will impact the health and social care market; and provides supply and demand information relevant to the provision of adult health and social care services in the borough. The MPS will be updated annually and is available to download at www.ealing.gov.uk

Who is the market position statement for?

Ealing’s MPS is targeted at the adult care and support market including voluntary and community services and commercial service providers. It is anticipated that the market will change significantly over the next few years as a result of ongoing national policy and population change, and the continued financial pressure faced by both statutory agencies. In this context commissioners recognise that care and support providers are an important source of intelligence as to the size, capacity and characteristics of the local market. Therefore we want to work with providers to utilise this knowledge and experience and to think creatively about future operating models and solutions that can best respond to the anticipated changes within marketplace. The MPS provides the opportunity for commissioners and providers to build a constructive and enabling relationship; and sets out our aim to support a flexible and sustainable market that delivers on quality and value for money. To assist with this aim, the MPS contains key information on demand, the configuration of care and development opportunities for the forthcoming year.

What we want service providers to do with the statement?

We want providers to use the MPS as a starting point for reviewing current delivery models to ensure that they are robust and adaptable to operate within the current climate and meet that can meet the growing requirement for health and social care integration (including in particular services that support hospital admission avoidance and / or prompt discharge). We also want providers to develop preventative solutions that assist with reducing demand for long-term support through ways of working that maximise independence and provide high quality outcomes. Providers are advised to make full use of CarePlace and to join our new Registered Manager’s Network or established Provider Forums to receive regular updates and find out first-hand about new opportunities within the local care and support arena.

Policy context

In recent years public policy has emphasised the importance of personalisation and choice; and set out the need for greater co-ordinated health and social care support for adults in need and carers.

It is envisaged that this drive will be underpinned locally in 2016-17 with the further embedding of Care Act duties into business as usual activity; targeted use of the Better Care Fund (BCF) to design shared service models and delivery; and the roll out of the new Sustainability and Transformation Plan (STP) to actively progress future health and social integration.

Care Act (2014)

The Care Act requires that local authorities (and their local health partners) focus on delivering the following:

- **Wellbeing**
Councils need to look at a person holistically and consider their care and support needs in the context of their skills, assets and ambitions.
- **Prevention**
Councils must aim to prevent, delay and reduce a person's need for long-term care and support, and consider the support needs of carers.
- **Information and advice**
Councils must offer effective and accessible information and advice services
- **Advocacy**
Councils must provide an independent advocate where it is determined that a person has 'substantial difficulty' in understanding, retaining information; or communicating their views, wishes or feelings; and where there is nobody else willing or appropriate to assist the person.
- **Support for carers**
Councils must provide or arrange services that support carers.
- **Market management oversight duties**
Councils must ensure that their commissioning activities focus on developing a sustainable care market that promotes quality services, including workforce development, and ensure services are appropriately resourced
- **Provider business failure**
Councils must have robust plans in place to manage the potential failure of regulated care and support providers operating in their local area
- **Integration and partnerships**
Local agencies must work in a joined-up way to eliminate disjointed care and support which can often result in a negative impact on a person's health and wellbeing.

Health and social care integration

Ealing's shared vision and planning for health and social care integration aims to focus on:

- Transforming the quality of care for young people and adults in need, carers and families
- Empowering people to gain, regain or maintain their independence and lead full lives as active participants in their community
- Shifting resources to where they will make the biggest positive impact

Building on the needs analysis within the Joint Strategic Needs Assessment (JSNA) and the Health & Wellbeing Strategy it has been deemed that the most beneficial starting point is the integration of care and support for older people. Consequently, health and social care commissioners are seeking to procure services that embed integrated models of practice and service delivery. It is envisaged that these coordinated systems will improve lifestyle, health and social outcomes in a seamless and timely manner, by ensuring:

- Better health outcomes for people, delivering improved quality of life and independence
- A reduction in the need to attend hospital by receiving care in community settings or own home
- If hospital admission becomes necessary, then lengths of stay will be shorter as we will ensure discharge is supported, with people going home as soon as their medical condition allows
- When at home, patients will receive appropriate support to feel safe and secure
- Early intervention and preventative care will help minimise deterioration of conditions, and help people remain healthy for longer and receive help as early as they feel is necessary
- People only need tell their story once - rather than have to repeat their history with every professional they come into contact with
- Advocacy services will be available for those people who need them
- People and carers will be coached on the management of chronic conditions, making them more confident and able to self-care, and to know when there is cause for concern and when there is not.

Sustainability and transformation plan

In December 2015, the NHS planning guidance 2016-17 to 2020-21 outlined a new approach to help ensure that health and care services are built around the needs of local populations. To do this, every health and care system in England was to produce a multi-year Sustainability and Transformation Plan (STP) showing how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View vision of better health, better patient care and improved NHS efficiency. The Northwest London STP was submitted in June, with a view to implementation starting in the autumn 2016.

Local strategic planning

Ealing's market position statement also complements a number of local and multi-agency plans, including:

- **Ealing Council's Corporate Plan** sets out the strategic direction and long term vision for the economic, social and environmental wellbeing of the borough.
https://www.ealing.gov.uk/info/201072/strategies_plans_and_policies
- **Ealing's Health and Wellbeing Strategy** identifies the areas the Council needs to work on together with the NHS to make Ealing a healthy and successful place. These are the things that cannot be achieved by the NHS, Social Care or Public Health working alone
https://www.ealing.gov.uk/info/201072/strategies_plans_and_policies
- **Ealing's Joint Strategic Needs Assessment (JSNA)** informs the development of Ealing's Health and Wellbeing Strategy in that it provides analyses of local population data to guide

future prioritisation and investment. The demographic evidence presents a picture of the changing population and profile of the borough, and forecasts future needs.

https://www.ealing.gov.uk/info/201072/strategies_plans_and_policies

- **Ealing Council's Contract Procedure Rules** are a set of clear rules for the purchase of works, goods and services for the Council which ensure that a transparent system of integrity and accountability exists in the procurement process which is beyond reproach or challenge. Accordingly, all council departments must adhere to Ealing's Contract Procedure Rules for the supply of goods and services to the Council; and in the carrying out of works for the Council. The Council is also subject to the EU law with regard to public procurement, which requires all contract procedures, of whatever value, to be open, fair and transparent.

https://www.ealing.gov.uk/info/201018/tenders_and_contracts

Commissioning standards

Ealing's MPS incorporates 12 standards that underpin effective commissioning and sets out what good commissioning looks like, which in turn frame Ealing's commissioning and procurement practice:

1. **Person-centred and focuses on outcomes**

Good commissioning is person-centred and focuses on what people say matters most to them. It empowers people to have choice and control in their lives and over their care and support.

2. **Promotes health and wellbeing for all**

Good commissioning promotes health and wellbeing, including physical, mental, emotional, social and economic wellbeing.

3. **Delivers social value**

Good commissioning provides value for the community not just the individual, commissioner or the provider.

4. **Co-produced with people and their communities**

Good commissioning starts with an understanding that the people using services, and their communities, are experts in their own lives and what good outcomes look like for them. Good commissioning creates meaningful opportunities for the leadership and engagement of people and communities in decisions that impact on the use of resources and shape of services locally.

5. **Promotes positive engagement with providers**

Good commissioning promotes positive engagement with all providers of care and support. This means market shaping and commissioning should be collective endeavours, with commissioners working alongside providers and people with care and support needs, carers, family members and the public to find shared and agreed solutions.

6. **Promotes equality**

Good commissioning promotes equality of opportunity and is focused on reducing inequalities in health and wellbeing between different people and communities.

7. **Well-led by local authorities**

Good commissioning is well led within Local Authorities through the leadership, values and behaviour of elected members, senior leaders and commissioners of services, underpinned by principles of co-production, personalisation, integration and the promotion of health and wellbeing.

8. **Demonstrates a whole system approach**

Good commissioning convenes and leads a whole system approach to ensure the best use of all resources in a local area through joint approaches between the public, voluntary and private sectors to improve outcomes.

9. Uses evidence about what works

Good commissioning uses evidence about what works; using a wide range of information to promote quality outcomes for people and communities, and to support innovation.

10. Ensures diversity, sustainability and quality of the market

Good commissioning ensures a vibrant diverse and sustainable market to deliver positive outcomes for citizens and communities.

11. Provides value for money

Good commissioning provides value for money through identifying solutions that ensure a good balance of quality and cost to make the best use of resources and achieve the most positive outcomes for people and their communities.

12. Develops commissioning and provider workforce

Good commissioning requires competent and effective commissioners and facilitates the development of an effective, sufficient, trained and motivated social care workforce. It is concerned with sustainability, including the financial stability of providers and the coordination of health and care workforce planning.

Market shaping and oversight

Market development

Commissioners will actively support market development in 2016-17 by:

- Working with providers to offer high-quality services supported by a highly-skilled workforce
- Ensuring that commissioning practices comply with the Social Value and Equality Acts
- Working with providers to build a sustainable local market for care and support
- Encouraging a diversity of providers with different types of service solutions
- Having due regard to the sufficiency of provision, in terms of capacity and capability
- Planning for anticipated needs for people requiring support regardless of how they are funded
- Understanding the market and developing greater knowledge of provider businesses
- Signposting to and facilitating supplier events to support local providers

Quality assurance

The provision of high quality care and support is ever more important, particularly at a time when the financial pressures on public services are increasing. Our primary focus is to work in collaboration with care and support providers to restate a shared commitment to quality and to translate this into practice that makes a real difference to people's lives. We will actively ensure that, through our commissioning arrangements, high quality services are delivered to all users. Consequently, quality will be a central feature of our manager and provider forums. To underpin our commitment to quality the Council in partnership with Ealing CCG and the Care Quality Commission established a Joint Quality Assurance Group in 2015 to share market intelligence and better co-ordinate a joint agency response to quality matters as they arise. In parallel to this and in partnership with Skills for Care, we have established a new Ealing Registered Managers Network in 2016, which is focused on improving the quality of care and supports services and workforce development.

We also ensure that self-funders buying their own care and support have the same assurances on quality as we do. Consequently, our Placements and Brokerage Teams will assist self funders in navigating the care market if asked to do so. Information for providers can be found at:

<https://www.careplace.org.uk/Information/Ealingproviders>

Training and workforce development (adult social care)

Ealing Council is fully committed to providing professional development opportunities for social care staff from our partner agencies in the private, voluntary and independent sectors. There are currently over 100 external organisations registered with our online training system. These include care homes, care agencies, voluntary groups and carer organisations. Our criteria for registration is that organisations must be either based in the borough or, if based outside the borough, have a contract to provide care and support services on the Council's behalf. The training courses offered, from April 2016, will cover the core requirements set out in the Skills for Care – Care Certificate Framework. Achieving the care certificate should ensure that care and support staff working in the

care market have the required values, competencies and skills to provide high quality compassionate care.

As well as 'classroom' based training we also provide access to a range of online assessment tools, allowing managers to assess knowledge and awareness within their workforce and supporting them in tailoring individual staff training plans accordingly. We also offer the option to complete Adult Social Care courses on e-Learn the Council's eLearning website. The social care courses currently offered are as follows:

- Autism Awareness
- Boundaries and Good Practice in Social Care
- Challenging Behaviour
- CIS Assessment Workshops
- Client Based Risk Assessment
- Introduction to Dementia
- Introduction to the Mental Capacity Act
- Learning Disability Awareness
- Level 2 Award in Duty of Care
- Level 2 Award in Effective Communication
- Level 2 Award in Equality, Diversity and Inclusion
- Level 2 Award in Food Safety, Nutrition and Hydration
- Level 2 Award in Handling and Recording Information
- Level 2 Award in Health, Safety and Fire
- Level 2 Award in Infection Control and Prevention
- Level 2 Award in Person Centred Care and Support
- Level 2 Award in Pressure Care Management
- Level 2 Award in Promoting Dignity in Care
- Level 2 Award in Role of the Care Worker and Personal Development
- Medication for Domiciliary Agencies
- Mental Health Awareness (for Non Mental Health Staff)
- Reminiscence
- Safeguarding Adults: Basic Awareness 1
- Safeguarding Adults: Basic Awareness 2
- Safeguarding Adults: Provider Managers Roles and Responsibilities*
- Working with Clients Who Lack Capacity

**courses targeted at managers*

All council training courses are currently offered free of charge. However, Ealing Council is consulting with local care providers on the introduction of charging for courses in 2016-17 to ensure a sustainable training offer can be maintained in the future.

The social care training programme can be accessed by contacting the Social Care Training & Development Team at Ealing Council at trainingsocialcare@ealing.gov.uk or 020 8825 8780. Providers can also make use of a number of national online workforce tools to assist them in developing their workforce e.g. Skills for Care currently offer the following online support tools:

- Skills for Care – Workforce Capacity Planning Tool
<http://www.skillsforcare.org.uk/Standards/Care-Act/Workforce-capacity-planning/Workforce-capacity-planning-model/Workforce-capacity-planning-model.aspx>
- Skills for Care – Workforce Readiness Tool
<https://www.snapsurveys.com/wh/surveylogin.asp?k=141137934094>

The 'Grey Matter Group' provides an online assessment and competencies system that evidences the achievement of standards for health and social care providers, underpinning the delivery of quality care and support. Providers can access the online tool at: www.CIS-Assessment.co.uk - this available to care and support providers based in Ealing, or have a contract with the Council.

Business development and support

Ealing Council, through its Commercial & Procurement Unit, and in partnership with Economic Regeneration will periodically run local business support events and supplier clinics – the focus of which will be to support improved business resilience and sustainability. Events will be advertised on the Council's website www.ealing.gov.uk

The Council also offers business continuity advice i.e. if your premises were affected by a disruption like a fire, flood, IT failure or power loss, how would your business cope? Business continuity is about understanding and managing risks to the everyday running of an organisation. It helps you to prepare for disruption by planning different ways of working so that you can continue to deliver your key services and get back up and running as quickly as possible. You can access business continuity advice via the Council's website at:

https://www.ealing.gov.uk/info/201214/business_continuity

Sub-regional market management (West London Alliance)

The West London Alliance (WLA) continues to be an effective sub-regional hub for the exchange of good practice and market intelligence, and plays an important role in implementing cross-borough procurement arrangements. Through membership of the WLA, Ealing's commissioners have:

- Ensured local commissioning intentions are consistent with wider regional intentions
- Supported the development of a shared sub-regional market approach
- Engaged in sub-regional procurement projects with neighbouring authorities

As a consequence of this approach, supply frameworks are in place for domiciliary care services and housing related support. The WLA has established a new care home and supported living collaborative (consisting of 8 local authorities) and have designed and advertised a new Dynamic Purchasing System (DPS) in May 2016. The DPS will commence by the 1st September 2016 for an initial term of 4 years.

The WLA's online platform – CarePlace – will be used to provide Ealing's core online information and advice offer and resource directory hub. CarePlace will also host an E-brokerage module that will initially be used by Ealing's Adults Placements Team to securely source placements from June 2016 onwards.

Contingency planning for provider failure

Councils have a temporary duty to meet need where a provider is unable to continue to operate due to a business failure. The duty applies to all people receiving care from CQC regulated care providers operating in the borough, whether or not the council organises or pays for that care.

In most cases where a business fails, administrators will be appointed and services will continue to operate until the service has safely closed in a planned way or a new buyer is found – in these ‘planned’ events the duty would not be triggered. However, where there is or has been an imminent failure then the Council has a duty to act. The Care Act outlines that local authorities must meet a service user’s temporary care needs for as long as it considers it necessary to do so (with the duty also extending to self-funders).

The Council can charge for the services it arranges and where it is permissible for it to so. However, NHS funded Continuing Healthcare placements or packages of care will remain the responsibility of the commissioning NHS CCG. In direct response to the Care Act duties Ealing established:

- A ‘Business Failure Continuity Plan’ in partnership with the Civil Protection Service
- Incident response teams to respond to individual provider failure events – the teams will also include NHS colleagues where a failure involves NHS funded placements
- Business intelligence sharing arrangements in partnership with the Care Quality Commission
- Systems for maintaining provider information including vacancy and capacity information.

In addition to these local arrangements, the Care Quality Commission (CQC) has a duty to assess and monitor the financial health of all “hard to replace” providers, and share this intelligence with commissioning authorities. Providers falling under these oversight procedures are those organisations that match the following criteria:

Residential and nursing home providers who offer:

- 2,000 plus placements anywhere in England
- 1,000 - 2,000 placements in 16 or more local authority areas
- 1,000 - 2,000 placements and where capacity in at least 3 local authority areas is more than 10 per cent of the total capacity in each area

Domiciliary care agencies who offer:

- 30,000 hours plus of care in a week anywhere in England
- 2,000 plus people with care in a week anywhere in England
- 800 plus people with care in a week anywhere in England and the number of hours of care divided by the number of people cared for must be more than 30. For example, if 900 people receive care in a week then more than 27,000 hours of care must be provided in that week for the criteria to be satisfied.

Partnership working and co-operation

Ealing’s commissioners continuously develop improved links with other public agencies as part of the duty to co-operate. Commissioners will in particular:

- Establish opportunities for greater integration between Adult Social Care, Children's Services, the NHS and Public Health
- Proactively co-operate with local and regional partners in discharging our commissioning functions
- Work with neighbouring boroughs and CCGs on both cross-authority planning and individual care and support matters.

What we achieved 2015-16

Ealing commissioners successfully:

- Introduced a new 'light touch' procurement approach within adult social care
- Established an Information & Advice Network to support and co-ordinate the way information and advice is planned for and delivered in the borough.
- Established new grant funded voluntary and community services that commenced October 2015, delivering a diverse range of health, adult social care and carer support services; including supporting more talking treatments for people with mental health needs
- Established a Joint Quality Assurance Group between the Council, Ealing CCG and the Care Quality Commission (CQC) to better share business intelligence and improve the quality of care and support in the borough
- Published a Business Failure Continuity Plan in partnership with the Borough's Emergency Planning Team
- Co-ordinated the promotion of direct payments for health and social care via the Ealing Direct Payments Network
- Implemented new delivery models to support the self-care of long-term health conditions, contributing to a reduction in non-elective hospital admissions with people more in control of their health
- Provided new investment to reduce delays in patient discharges from hospital and reduce the risk of re-admission
- Improved information and support for carers and increased the provision of non-care support, additional home-based services and residential respite care
- Supported a new pathway for ex-offenders (in partnership with the National Offenders Management Service) placed in Ealing's Bail Hostel and Approved Premises
- Consolidated dementia care services at the Michael Flanders Centre offering up to 100 places a day to service users who have a dementia diagnosis
- Strengthened integration via Better Care Fund and Section 75 agreements formalising the Commissioning of Health and Wellbeing, Social Care and Education Services.
- Established the 'Homeward Ealing' service providing intensive support to patients who are at risk of admission to hospital or following discharge for a period of rehabilitation at home. The service is commissioned by the CCG and the Council and run by a partnership led by West London Mental Health Trust (WLMHT).

- Introduced an Integrated Model of Care Programme delivering integrated health and social care to people over 75 years old with one or more long term condition, and in turn reducing the impact on admissions to hospital, residential care and delayed transfer of care.
- Supported new 'housing related support' priorities for the Council and CCG through investment from the Better Care Fund (BCF) to assist in the speedier discharge of patients from hospital and reduce the risk of their re-admission. These services will work initially with older people and people with complex care and support needs to achieve and maintain independence, self-sufficiency and recovery; that will reduce demand and emergency use of the NHS.
- Established a Dynamic Purchasing System (DPS) for Advocacy Services in Ealing incorporating Children's, Care Act, IMCA, DOLs, IMHA and Domestic Violence Advocacy. Service providers and independent advocates can join the DPS at any time during its 3 year term.

Key messages for the care and support market 2016-17

Ealing commissioners will:

- Embed 'outcome-based' commissioning in all future procurement projects
- Maximise use of housing related support to underpin prompt hospital discharge and admission avoidance, and assist residents to maintain their independence
- Publish an Information & Advice Strategy for the borough and begin the process of configuring information and advice resources to ensure they meet Care Act and NHS England requirements
- Procure Care Act and IMCA / DOLs provision (via the new DPS) in late 2016 to replace existing arrangements which end in March 2017
- In partnership with 8 other WLA Boroughs establish a Dynamic Purchasing System (DPS) for Care Home & Supported Living Placements that will commence 1st September 2016. Service providers are encouraged to join the DPS at any time during the next 4-years
- Introduce new price bands for older age care home placements and new placement fee pricing templates for mental health and disability services.
- Establish a Dynamic Purchasing System (DPS) for Standard Personal Care & Home Support Services *and* Intermediate Care Reablement for Ealing in late 2016. Again new care agencies will be encouraged to join the DPS at any time during its 4-year term
- Establish a new Registered Managers Network (in partnership with Skills for Care) that will focus on improving quality and workforce development, it will be open to Ealing-based registered and non-registered managers alike
- We know that alternate solutions such as equipment and telecare can have a significant impact in enabling people to live independently. Consequently, from May 2016 Ealing Careline will provide a consolidated telecare and alarm monitoring response service for NHS and Adult Social Care customers
- Work with providers to develop effective and responsive 7 day services, including evening and weekend assessment and admission arrangements
- Through the North West London Transforming Care Partnership (TCP) aim to address co-ordinated care across the health and social care pathways for people with a learning disability and / or autism (and for people with challenging needs)
- Fund transformation and prevention provision for health and adult social care that will include among other themes - falls prevention; support for carers; and transitional support for young people entering into adult services.

Older Age Adults

Population profile

The over-65 population in Ealing grew by 1,800 between 2012 and 2015. The greatest rise was in the 90 and over age group with an increase of 23%. By 2020 it is estimated that the size of the over 65 age group will increase by 17%. Population projections for the next 15 years from the ONS show that Ealing's population aged over 65 will grow by 48% from 39,300 to 58,000. The greatest percentage rise is in the 90 and over age group with a predicted increase of 121% or 2,300 persons.

There are currently 13,000 older people in Ealing who cannot manage at least one self-care activity; this figure is predicted to rise to 14,750 (19.4%) by 2020. Ealing has a diverse population, with 38% of the older population made up of BME communities. There are an estimated 2,747 older people with dementia in Ealing. The number is predicted to rise to 4,350 by 2030. National prevalence data also predicts that there are in the region of 70 people with working age dementia in Ealing, however data from local support services would suggest that the actual number is considerably higher. Sensory impairment disproportionately affects older people. In March 2014, 490 people over 65 were registered as blind and 265 people registered as partially sighted. There were also 90 people over 65 registered as deaf and 435 people registered as hard of hearing. This will be a growing issue in the future.

Current demand and supply profile

In 2015-16 there were 4,870 people over the age of 65 receiving adult social care support.

Support at home

In 2015-16, care agencies provided support to 2,300 older residents in the borough. Care agencies fed back capacity pressures in regard to:

- Emergency packages of care e.g. to start within 24 hours or facilitate discharge from hospital
- Double-up care - particularly for male service users
- Language requirements e.g. Hindi, Urdu, Gujarati
- Gender specific care i.e. access to male carers
- Limited availability in specific wards i.e. Ealing, Perivale, Acton and Park Royal
- Skilled staff able to work with dementia / challenging needs

The Council is working closely with the homecare market and other boroughs to build capacity across all categories of care, but in particular for double-up care and male carers. Ealing, Perivale, Acton and Park Royal are particular areas where the Council wishes to see additional or new capacity develop.

Registered care homes

There are currently 61 registered care homes in the borough providing 1,721 beds (of which 1,186 are nursing beds). Approximately 80% of referrals to care homes were for people aged over 55 within which was a majority of people with dementia. There were noted increases in requests for planned respite or short-stay placements.

Ealing Council funded 432 permanent care home placements and provided 285 short-stay and or respite placements in 2015-16. An audit of 673 NHS funded placements found 72% for frail elderly; 20% organic mental health; 5.5% physical disabilities; and 2.5% functional mental health. In 2015 there were 291 NHS Continuing Healthcare (CHC) funded placements .The main drivers for CHC placements were physical disabilities and mental health (challenging behaviour)

The need for permanent residential placements for frail older people is likely to reduce as more people are supported in their own homes or in extra-care sheltered housing services. The age of people entering residential care has increased, further reducing the need for this category. However, evidence indicates that people who are placed in residential care are now more likely to have complex care needs.

The demand for nursing placements remains stable in terms of demand and supply. However, we expect integration with health to increase the proportion of short-stay nursing placements in order to support people recovering from a period of ill-health prior to returning their own home. The need for residential and nursing dementia beds remains high, particularly for respite and short-stay purposes. There is also a particular need for dementia placements to support residents with challenging needs.

Noted issues identified by care home providers included:

- Increasing requests for people with complex needs
- Many residents are immobile with a higher risk of falls
- Significant number of residents have dementia
- Lack of homes who can effectively look after people with challenging / complex needs
- Medicines management is a real issue in some homes
- Isolation / low resilience of smaller providers to operate in the current financial climate
- Workforce development and the recruitment and retention of staff
- Training needs of care home staff

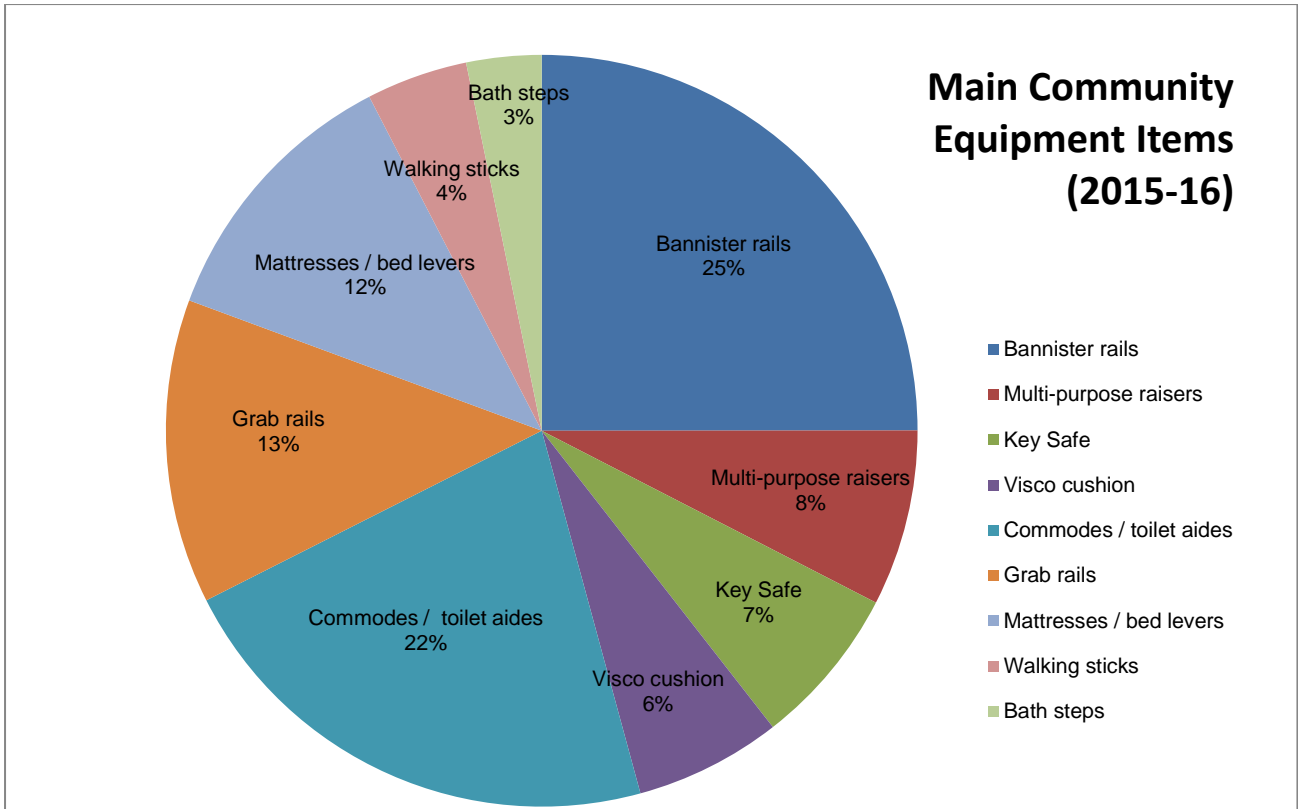
Extra-care supported housing

There are currently two extra-care schemes providing 75 self-contained flats, both are popular and have waiting lists. We expect demand to continue to grow, and anticipate that this service model will be extended to other client groups. Whilst there are no current development plans for additional extra-care provision in the borough, we will nonetheless continue to be open to discussions with providers and developers as to how extra-care capacity could be increased and sustained to meet any new anticipated demand as it arises.

Community equipment and telecare

Equipment and adaptations can have a significant impact in enabling people to live independently. We will continue to invest in this area as we know that these solutions are vital in supporting independence, dignity and wellbeing. During 2015-16 more than 5,200 borough residents were supported via the Integrated Community Equipment Service.

A total of 87% of all telecare users in 2015-16 were aged over 65 years old. The main items supplied were as follows:



Needs, opportunities and developments in 2016-17

- The Council and NHS will implement 'rapid' access to short-term placements, where patients can be moved from hospital into a supported setting for a limited time whilst assessment and eligibility decisions are made.
- We have developed a Dynamic Purchasing System (DPS) for the sourcing of residential, nursing and supported living placements that will commence 1st September 2016. Care home providers can join the initial phase of the DPS in June 2016 or at any time during the term of the DPS.
- We will establish a Dynamic Purchasing System (DPS) for Standard Homecare *and* Intermediate Care Services (Reablement) for the provision of short term intensive support, to assist individuals to regain and/or maximise their independent living skills. Care agencies will be able join the initial phase of the DPS in late 2016 and then at any time during the term of the DPS once it has gone live.
- We have aligned our telecare offer to eligible users through Ealing Careline, ensuring a consistent and co-ordinated approach is in place for all users - existing telecare service users will be moved over to the service during the year ahead.

Physical Disabilities and Sensory Impairment

This section of the market position statement is concerned with working age disabled adults under the age of 65.

Population profile

The majority of younger adults with a physical disability are supported by means other than social care services. In 2015 there were an estimated 15,000 people under 65 with a moderate long-term condition or physical disability and 4,200 people with a severe long-term condition or physical disability. It is anticipated that the population of those aged 18-64 with a physical disability / long-term condition will rise from 7% to 12% by 2030.

Population Projection	2015	2020	2025	2030
People 18-64 predicted to have a moderate physical disability	15,355	15,813	16,285	16,502
People 18-64 predicted to have a serious physical disability	4,223	4,391	4,586	4,655

PANSI DATA

Of the 5,064 adults with a physical disability known to the Council in 2015-16; 22% were aged 18- 64 and 78% over 65 years of age.

Of all physically disabled people known to the Council 2% reported having a sensory impairment of which 34% were aged 18-64 and 66% aged over 65 years; 0.3% had a dual sensory impairment. There is a view that these figures underestimate the number of people with a sensory impairment.

The Council is also supporting increasing numbers of physically disabled adults with challenging or anti-social behaviour (including a number of people with Korsakoffs) as a result of prolonged substance misuse.

Current demand and supply profile

Residential and nursing care provision

80 adults with a physical disability were in a permanent care home placement in 2015-16, with 76 service users accessing short-stay and / or respite placements. There is no evidence to suggest that the nursing and residential care home market requires further development. However there is a greater need to sustain a number of long term placements for younger adults with complex / dual need such those with enduring mental health or substance misuse needs. There is also a need to review current provision to support the development of greater age appropriate services.

Supported housing and accommodation

Access to suitable supported accommodation remains limited for a number of younger disabled adults in the borough. Consequently, we propose to assess whether alternative housing support options such as 'shared' supported living provision can offer a viable option for some and whether or not these options represent value for money. We are therefore interested in speaking to existing supported living providers who can assist in a market testing exercise.

Support at home (homecare)

In 2015-16 a total of 459 younger adults with a physical disability received support from a care agency. A four year 'support at home' framework is in place across the NWL sub-region and offers a dedicated support categories for people with long-term needs. However, there are noted service capacity issues similar to that experienced by older people's services, which we plan to address over the forthcoming year.

Extra-care and supported housing and housing related support

Extra care housing and supported living services support 19 adults with a physical disability aged over 50 and there are an allocated 34 floating support places available in the borough for younger people with a disability who live in their own property. A total of 16 people were placed in B&B accommodation in 2015-16 mainly as a result of not having recourse to public funds.

Deafblind support

The Social Care for Deafblind Children and Adults (2009) guidance was replaced by the Care Act 2014 from the 1st April 2015. In line with the Act we will aim to:

- identify, make contact with and keep a record of all Deafblind people in their catchment area (including those people who have multiple disabilities which include dual sensory impairment);
- ensure that when an assessment of needs for care and support is carried out, the person has specific training and expertise relating to Deafblind persons;
- ensure services provided to Deafblind people are appropriate, recognising that they may not necessarily be able to benefit from mainstream services or those services aimed primarily at blind people or deaf people who are able to rely on their other senses;
- ensure that Deafblind people are able to access specifically-trained one-to-one support workers if they are assessed as requiring one;
- provide information and advice in ways which are accessible to Deafblind people; and
- ensure appropriate Deafblind care and support services are suitably available to Deafblind adults resident in Ealing

Needs, opportunities and developments 2016-17

- We are participating in the development of a Dynamic Purchasing System (DPS) for the sourcing and purchasing of residential, nursing and supported living placements that will commence 1st September 2016. Care home providers can join the initial phase of the DPS in June 2016 or at any time during the term of the DPS.
- We will establish a new Dynamic Purchasing System (DPS) for Standard Homecare and Intermediate Care Home Care Services (Reablement) for the provision of short term intensive support, to assist individuals to regain and/or maximise their independent living skills. Care agencies will be able join the initial phase of the DPS in late 2016 and then at any time during the term of the DPS once it has gone live.
- Joint commissioning arrangements will be taken forward for 0-25 year olds with SEN or disabilities including children with a multi-sensory impairment, both with and without Education Health and Care (EHC) plans

Learning Disabilities (including people with Autism)

Population profile

The number of adults with a learning disability in Ealing is increasing and the nature of need is changing. It is anticipated that the population of those aged 18-64 with a learning disability will increase from 7% to 12% by 2030

Data source	Age range	Number of people known to services
Local Authority	18+	930
Quality Outcomes Framework - GP register	18+	792
2015 Estimates by PANSI	18+	1,402

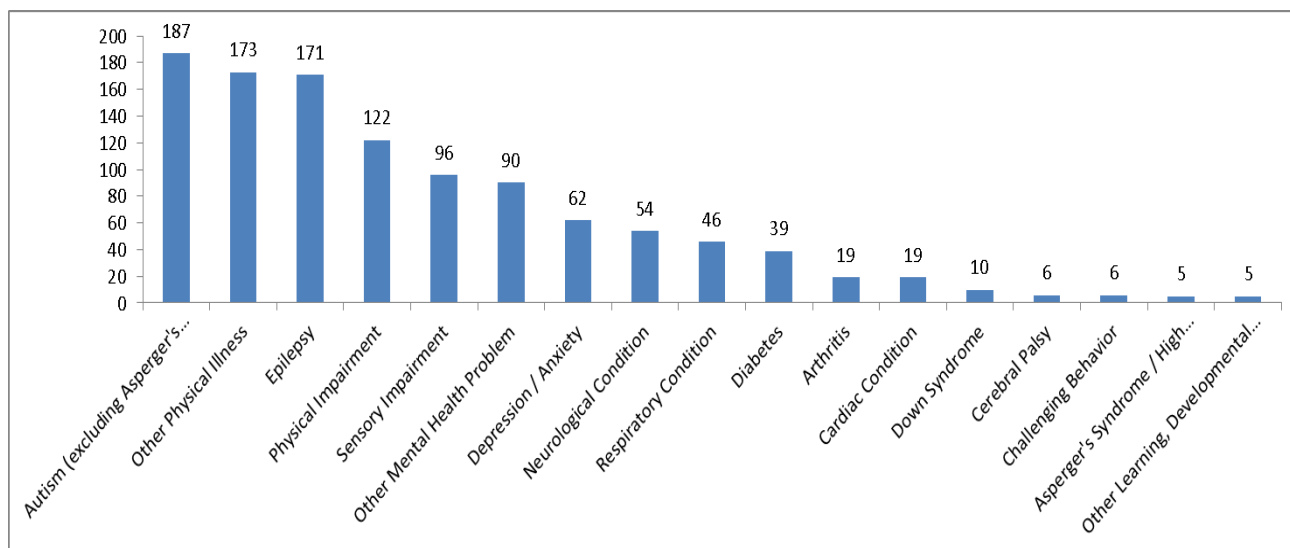
Source: Ealing Local Authority 2015, Quality Outcome Framework 2013/14, and PANSI data sets 2014

Population Projection	2015	2020	2025	2030
People aged 18-64 predicted to have a learning disability	5350	5435	5536	5627

Ealing JSNA - 2016

There are over 900 people with a learning disability known to Ealing Council. Of these just over 700 live in the borough. The number of people with complex needs is also increasing, there has been a significant increase in the number of pupils with a severe learning disability; and the number of pupils with profound or multiple disabilities is reported to have doubled. This cohort includes increasing numbers of young people with profound or multiple disabilities, complex autism, mental health needs, and people with behaviours that services find challenging. We have also seen an increase in the number of older adults with a learning disability and dementia.

The graph below illustrates the number of people with learning disability who also have a specific health condition



The increase in the number of people with complex needs has implications for the types and levels of support required, and reinforces the need for an integrated approach to meeting people's health and social care needs. We also need to ensure that the workforce has the right skills, knowledge and experience to work alongside people with complex needs as part of any planned future models of care and support.

Autistic spectrum conditions

Projections indicate that around 2,241 (1:100) adults in Ealing have Autistic Spectrum Condition (ASC) and of these 2,000 have high functioning Autism or Asperger's Syndrome. Autistic Spectrum Condition has increased tenfold over the last ten years; with the number of pupils with Autism as a primary need having increased in the last 5 years alone. Prevalence suggests that between 25-35% of adults with ASC will also develop mental health problems; and 85% will be dependent on state or family support. There appears to be a gap in support for parents and carers of adults with ASC who fall below the threshold of specialist services. There is also a need to improve understanding of Autism in Ealing, and how to design environments, services and skills to support people more effectively. Public Health will prioritise a needs assessment of Autism in the borough in 2016-17.

Current demand and supply profile

Care and support is currently delivered by a range of providers from a small number of in-house services to a larger number of independent sector services. Lower numbers of residential care services continue to be provided through existing block arrangements, which we expect to reduce further during 2016-17. However, the majority of care and support services are purchased from suppliers through established frameworks or spot purchase arrangements. A total of 182 people purchased support services using a direct payment. A total of 92 people received homecare services, with a growing number making use of new outreach services being offered by local homecare agencies. The West London Alliance 'support at home' framework also includes a 'lot' for people with complex care needs, which is improving access to mainstream care and support services for people with a learning disability. Emphasis will be on commissioned services that promote independence, health and wellbeing and where possible prevent, delay or minimise a person's need for formal care and support by providing greater access to universal services and through the increased use of assistive technology. If people need further care and support, then they will have improved choice through a diverse market of good quality and personalised services

Community and family support

Just over half of all adults with a learning disability who receive adult social care live with their parents or family members – hence supporting family carers is a key priority. People living with their families will continue to have access to a range of support i.e. day-opportunities, outreach, support at home, and short-breaks (respite) will be available for carers. Services will be provided by a combination of voluntary, independent and council provided services (including a Shared Lives Scheme). There is an expectation that care and support providers will enable greater access to universal services and offer innovative family and community based support. Our focus will be on services that reduce people's dependence on formal support by helping them build independence and self-care skills, connect with their communities, and access mainstream services. We will also work with providers to ensure more adults with a learning disability are supported to access training, work experience, and voluntary or paid employment.

Residential and supported accommodation

A total of 218 people with learning disabilities or autism live in a residential care home setting, with 139 people living in supported living services. A smaller number (16 people in total) are supported via Shared Lives Schemes. 3 older people with a learning disability live in the boroughs extra-care housing schemes. We are committed to developing further supported living accommodation in the borough and will continue to work with providers to de-register existing residential care provision over the next year to support this aim. There are currently also 111 units of housing related support available for adults with a learning disability or Autism in the borough.

Needs, opportunities and developments 2016-17

- There is a need for more accommodation based short-breaks for people with learning disabilities and autism who have challenging needs; and for those with profound or multiple disabilities
- There is a need for short-term accommodation for people with learning disabilities/autism with challenging behaviour and/or mental health needs in crisis situations
- There continues to be a demand for building-based day opportunities for people with learning disabilities and autism and challenging needs.
- Families have expressed a preference for transport and passenger assistants to be included as part of a day-opportunities package for people unable to travel independently.
- There is a preference for supported living over residential placements amongst younger adults
- There is a need to develop supported living services for young people 16 + to access local schools and colleges, reducing the need for out of area education placements, particularly for young people with challenging needs.
- Many people have specific housing needs, which includes the need for ground floor accommodation and properties that feature positive layouts in meeting the needs of people with autism or challenging needs.
- We will talk to the market about new ways of increasing the number of self-contained units with shared communal space for people with learning disabilities and / or autism who have challenging needs and/or mental health condition and those from a forensic background.
- We would like to engage with supported living providers in Ealing to develop 24-hour supported accommodation provision for people with learning disabilities who have additional complex needs including anti-social, risky and/or offending behaviour and substance misuse issues.
- We aim to increase the level of placements in our local Shared Lives Schemes over the next year
- We are working with colleagues in mental health services to improve step-down options from inpatient mental health services back into the community
- We will continue to work with mainstream providers to ensure they can support people with a dual dementia and nursing care need
- Providers are actively encouraged to join our Dynamic Purchasing System (DPS) for residential, nursing and supported living placements which commences 1st September 2016.
- We will establish a new Dynamic Purchasing System (DPS) for Homecare *and* Intermediate Care Services (Reablement) for the provision of short term intensive support, to assist individuals to regain and/or maximise their independent living skills. Care agencies will be able join the initial phase of the DPS in late 2016 and then at any time during the term of the DPS once it has gone live.

Mental health (including forensic services)

Population profile

Mental health is an essential component of a person's health and impacts on physical health, lifestyle choices, and how people feel and behave. Mental ill health is the largest single source of ill-health in the UK, while good mental health contributes to living longer and more successful lives.

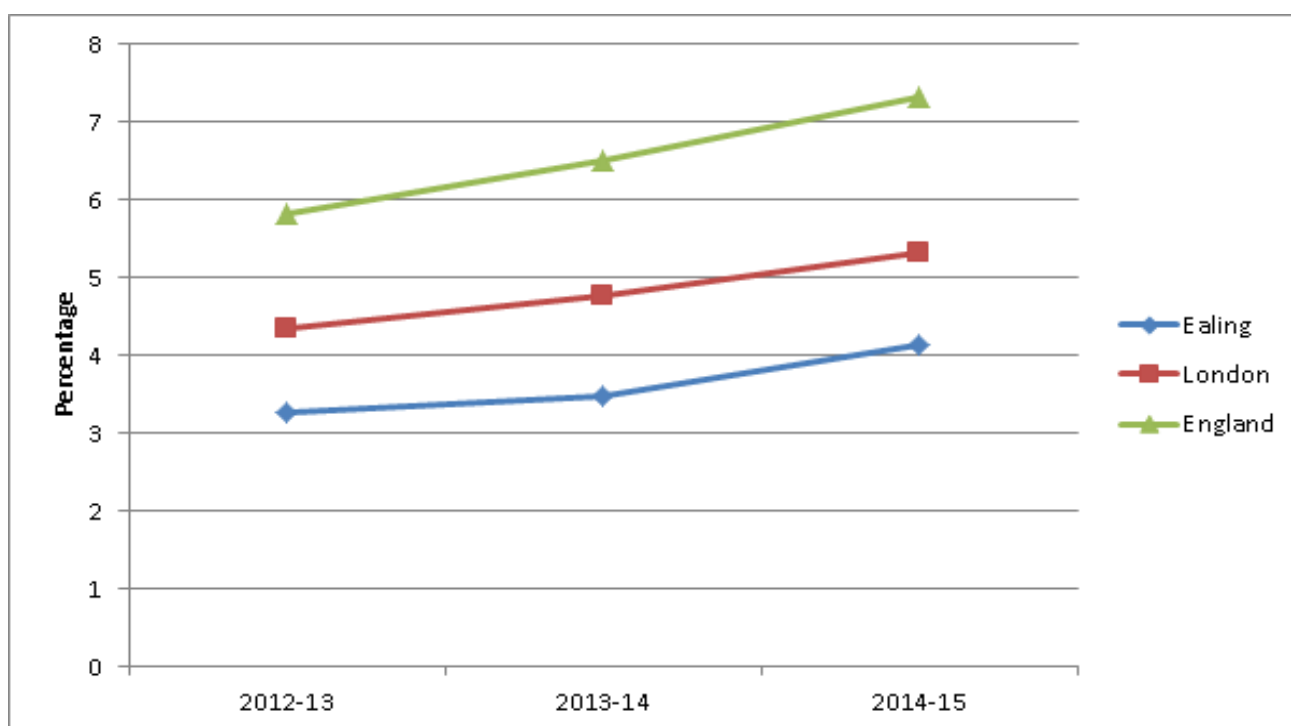
In 2015 estimates indicated that nearly 35,000 adults in Ealing had a common mental health disorder, with nearly 16,000 people experiencing two or more psychiatric conditions. This is likely to increase by 3% within the next five years.

Population Projection	2015	2020	2025	2030
People aged 18-64 predicted to have a common mental disorder	34871	35402	35965	36451
People aged 18-64 predicted to have two or more psychiatric disorders	15712	15962	16225	16453

Common Mental Health Disorders projection in 18-64 years – Ealing's JSNA

Depression

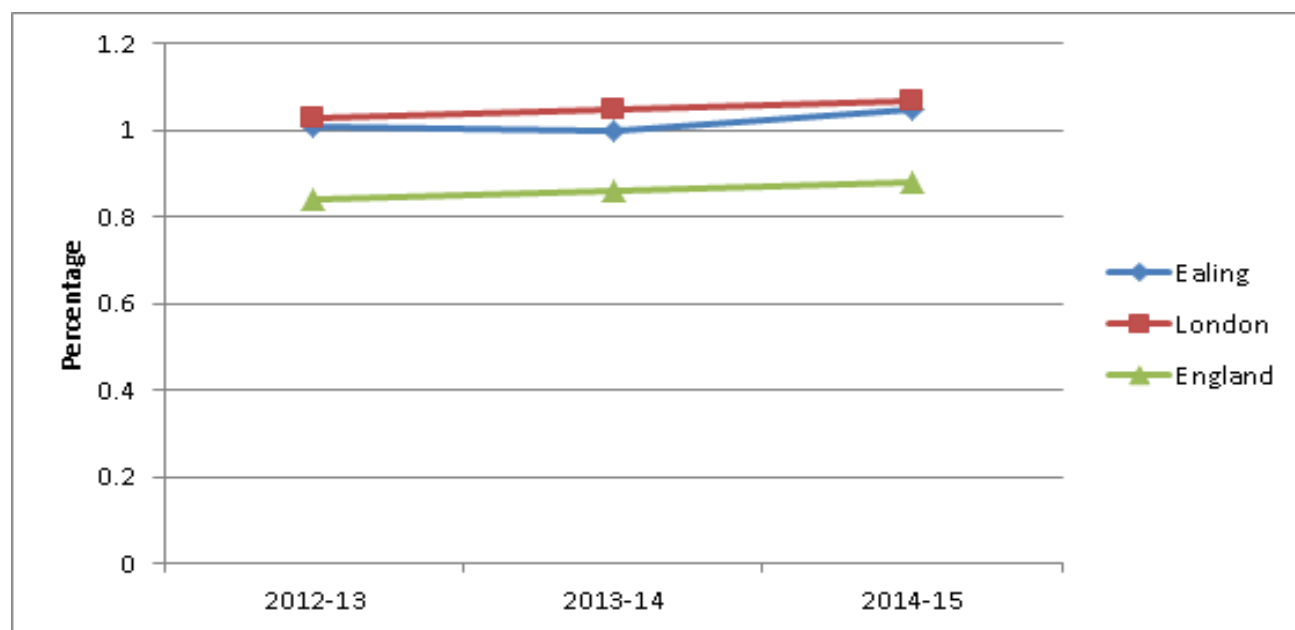
In 2014/15 the Ealing GP registered population with depression was 13,538, which is 4.15% of all people. This proportion is lower than for London (5.33%) and England (7.33%), but this varies greatly across Ealing. Proportion of GP registered population with depression



Source: HSCIC, QOF data 2014/15

Severe mental illnesses

In 2014/15 the Ealing GP registered population with psychoses was 4,392, which is 1.05% of all people. This proportion is lower than for London (1.07%) but higher than England (0.88%).



Source: HSCIC, QOF data 2014/15

Hospital Admissions

Ealing's rate for emergency hospital admissions for depressive disorders and psychoses is significantly lower than the England average, but the number of bed days in secondary mental health care hospitals per 100,000 of the population in Ealing is higher than the England average.

Spending on mental health services

In 2015-16, Ealing Clinical Commissioning Group (CCG) spent approximately £60m on mental health services and Ealing Council spent approximately £4.6m - this does not include spending on wider health and wellbeing initiatives such as volunteering opportunities which can contribute to good mental health.

Section 117 aftercare

A significant number of people receive care and support services through Section 117 of the Mental Health Act 1983. Where someone has been detained in hospital under Section 3 of the Mental Health Act, there is a duty on local statutory bodies to assess for the need for aftercare when the person leaves hospital, which is free to the person. Aftercare provision and responsibilities have been strengthened through the development of new joint S117 arrangements between the Ealing Council and Ealing CCG that have set out a shared approach to the planning, decision making, reviewing (including discharge arrangements), and the funding of aftercare services.

Services

- **Primary care**

The Improved Access to Psychological Therapies (IAPT) programme aims to support people who have common mental health problems such as depression, anxiety, obsessive compulsive and

panic disorders. In 2015-16 Ealing Council and Clinical Commissioning Group (CCG) expanded IAPT and Talking Therapies services through working with voluntary and community sector providers. Ealing has developed a Primary Care Mental Health Team, which works with GPs and other Primary Care professionals to support more people outside of secondary services.

- **Secondary mental health**

In Ealing the rate of people using secondary mental health services is similar to, or slightly lower than, London and England averages. However the rate of people on a Care Programme Approach (CPA) is higher at 9.4 per 1000 population, as compared to both London and England rates. This suggests more people than average with complex mental health needs. Most secondary mental health services in Ealing are provided by the West London Mental Health NHS Trust. This includes both inpatient services and community services. There are two Recovery Teams (East and West) and a Crisis Assessment and Treatment Team providing community services. The Recovery Teams treat about 3,600 people at any one time, and are made up of psychiatrists, social workers, community psychiatric nurses, psychologists, occupational therapists and support workers. There are a range of hospital wards in Ealing, specialising in acute mental health needs, dementia and support for recovery and discharge. Other specialist services provided by the West London Mental Health NHS Trust include Early Intervention, Specialist Rehabilitation, Forensic Outreach and Approved Mental Health Practitioner Service (qualified to implement the Mental Health Act).

A Single Point of Access is in place for secondary and crisis care, accessible through GPs as well as directly by people using services, their families, friends and carers, and other professionals such as social care or the police.

- **Forensic mental health services**

West London Mental Health NHS Trust provides both community and inpatient forensic services, including specialist forensic services for women and adolescent males. These services are delivered mainly from the St Bernard’s Campus, which has over 250 beds.

There is also a Forensic Outreach service which supports people in communities, including those ready to leave secure hospitals. West London Mental Health Trust’s Service Development Plan for Medium Secure Services involves the design, development and delivery of a new 80 bed medium secure unit, seeing medium secure patients moving out of unsuitable Victorian accommodation in early 2016. This change will enable a new clinical model for medium secure care and its clinical pathways for the benefit of our patients.

Unit	Forensic Services	Admissions 2013-14
West London Mental Health NHS Trust Forensic Services	Adolescent services	14
	Male Low Secure services	26
	Male Medium Secure services	39
	Specialist services	5
	Women’s secure services	21
	Total	105

Current demand and supply profile

- **Community services**

More people are now able to access support for their mental health through Primary Care, either directly with their own GP, or through the Primary Care Mental Health Team, including people with serious and enduring mental health needs. Providers are already working with people to offer opportunities needed to live well in the community, build resilience and get support accessing employment and training, leisure and a social life when needed. Advocacy services for people who are in hospital and in the community are also provided. As more people move to being supported in Primary Care, the need for these services will continue to develop. There are also opportunities to contribute to the provision of more Talking Therapies, particularly for those with serious and complex mental health needs and those with personality disorders.

The NHS Implementation Plan for the Five Year forward view for mental health (2016) includes new targets for access to psychological therapies, focusing on people with long term physical health conditions. There are opportunities for integrated working in communities across physical and mental health needs to address this.

- **Placements and supported accommodation**

There is a persistent demand for accessible supported accommodation based services for people leaving hospital and to enable others to stay living in their communities but with more support. There are currently 137 people in a care home placement and 180 people in a supported living setting. These are only those people who have been assessed as eligible for accommodation-based support services from Adult Social Care or eligible for Section 117 Aftercare arrangements under the Mental Health Act. A further 8 people are supported in B&B accommodation as a result of not having recourse to public funds. Ideally people will follow a pathway, meeting their changing needs, and lead to an optimum level of independence and the opportunity to manage any care and support needs they have.

As with other service areas, there is a need for focus on the outcomes a person wishes to achieve (such as day-to-day living skills, budgeting, shopping, using public transport), and on shorter term recovery-focused intervention

- **Support at home**

Support for people in their own homes has remained constant at around 60 people per year being supported through council-contracted care agencies. Packages of care to assist people with serious and enduring mental health needs to live safely at home will continue to be purchased in the main through council commissioned agencies on the person's behalf. Floating support services are also available in the borough.

- **Improving outcomes for independence**

The process of regularly reviewing individual care plans and identifying the most effective way of meeting them will be a central feature of Ealing's model, which will in turn focus on outcomes and maximising independence. Therefore, it will be important for mental health providers to offer services which focus on people's recovery and the outcomes they want to achieve, supporting people to develop and maintain their independence and skills and to build

their personal support networks. We will also challenge providers to offer and deliver greater support to people with mental health needs to retain and/or find employment.

- **Talking Therapies**

A Talking Therapies Network will have been established bringing together organisations and individuals who provide talking therapies services to Ealing residents

Needs, opportunities and developments 2016-17

- As more people are supported in Primary Care, specialist Care Pathways are being developed to support people with more complex needs.
- The market for mental health residential and nursing care remains relatively small and we do not expect any significant change in demand. We will continue to commission provision on the basis of short-stay placements from across the North-West London region.
- A programme of residential placement reviews is planned 2016-17 to support people to move promptly along the recovery pathway, and to ensure we continue to provide the most appropriate settled accommodation to people with mental health needs.
- We would like to engage with supported living providers in Ealing and neighbouring boroughs to source additional 24-hour supported accommodation provision for people with a forensic mental health background and / or complex needs, along with additional support in community settings.
- We are interested in ideas for projects which can assist in freeing up the recovery pathway and maximising what is available to people leaving hospital, and to prevent admission in the first place. We want people to stay in hospital only as long as necessary for treatment, and are interested in initiatives to prevent or shorten hospital admissions.
- Mental Health accommodation providers can join the new DPS for Care Home and Supported Living Placements at any time after the 1st September 2016.

Substance Misuse

Population profile

The numbers in specialist drug and alcohol treatment have been increasing each year despite reductions in the number of opiate users coming into treatment. Ealing's treatment population has significant levels of complex need with 60% having high or very high complex needs compared to 50% across England.

Type	2013 - 14	2014 - 15	2015 - 16
Alcohol Only	610	727	755
Drug	1481	1575	1677
Total	2091	2302	2432

Gender

The majority of all drug users in treatment are men with an 80:20 split in 2014/15. However, there are variations in the gender profile by drug use, with a greater proportion of women in treatment for prescription drug use (50%), benzodiazepine use (40%), hallucinogens (40%) & crack (29.5%) There are marginally more women in alcohol treatment, representing 27.7% of the population.

Alcohol

The most recent Local Alcohol Profile for England (LAPE) shows Ealing performing worse than the national and London averages for alcohol related admissions to hospital using the broad definition and recorded by episode. The number of people admitted to hospital for alcohol specific conditions is on a downward trajectory and is now similar to the national average but still performing worse than the London average, with the 10th highest rate amongst the London boroughs.

Drugs

The prevalence of Opiate and Crack Users (OCU) in Ealing was 13.0 per 1,000 in 2010-11 and reduced to 10.9 for 2013-14. The downward trend is also reflected nationally and may be due to older long term drug users having higher mortality rates, successful treatment exits or a shift away from class A drugs to other substances. There has been a significant increase in drug related deaths in England and Wales in 2014 with more than 3,300 deaths, the highest figure since modern records began in 1993. Cocaine-related deaths rose to 247-up from 169 in 2013, while deaths from heroin and/or morphine increased by 579 to 952 between 2012 and 2014. Although London's drug related death rate still remained lower than the rest of the country, there is a noticeable increase, which requires an increased focus on harm minimisation work.

Dual Diagnosis

Dual diagnosis is broadly defined as the co-existence of mental ill health and substance misuse problems. The use of non-prescribed drugs and alcohol can make mental health symptoms worse and trigger acute relapse. Research suggests that between 22% and 44% of adult psychiatric inpatients also have problematic drug or alcohol use, with up to half being drug dependent. The prevalence of co-existing mental health and substance use affects between 30-70% of those presenting to care services in Ealing. Mental health and substance misuse problems are a major

public health issue. They are regularly encountered in the general population but are more apparent in care settings. In 2014/15, 30% of Ealing’s alcohol treatment population were receiving care from mental health services for reasons other than substance misuse.

Criminal Justice

In March 2015, there were 334 Ealing residents in treatment, who were in contact with local criminal justice agencies. 80% of this population were opiate users. There has been a 17% reduction in drug related offending in 2015, compared with the previous year. Ealing’s criminal justice pathway has proven particularly effective at engaging local offenders into the drug and alcohol treatment system, with over 80% of referrals from the local drug intervention programme making it into structured treatment compared to just over half nationally. However, the successful completion rate amongst the criminal justice cohort is lower in comparison to the total opiate using population in Ealing.

Parents

In 2014-15 RISE supported 231 drug users living with their own or other people’s children (16% of the treatment population) and a further 318 drug using parents whose children were not living with them (22%). In the alcohol treatment population, this equated to 139 parents living with their children (21% of the treatment population) & 141 parents not living with their children (21%) RISE and the Substance Misuse Team attend monthly forums to facilitate case discussion and treatment options for parents engaged with social services.

BME communities

Ealing’s population is very diverse, with a steady rise projected for Asian/Asian British, Black/Black British, and Chinese by 2040 compared to 2010 statistics, with the white population remaining at 2010 levels. The demographics of drug and alcohol users are largely representative of the borough’s population. However, the ethnic profile of primary alcohol users shows a higher proportion from the white populations (61%), and there is a greater representation of heroin and other opiate use among the Asian populations (46% & 53%). In 2014/15, 32% of the combined treatment population were White British; 34% Asian/Asian British; 12% White other; & 5% White Irish.

Age

The adult treatment population is getting older with nearly half (48%) aged 40 or over, and this figure reaches 68% among those being treated for alcohol alone (PHE 2014/15 data). Treatment services are seeing an increase in alcohol-related brain damage including Wernicke-Korsakoffs syndrome and alcoholic dementia amongst the older population.

Age Range	2013-14	2014-15	2015-16
18-24	84	88	88
25-34	292	274	335
35-44	205	262	252
45-54	80	101	157
55-64	10	23	34
65 and over	2	4	1

New presentations: drug users (age at assessment) - RISE data

Age Range	2013-14	2014-15	2015-16
18-24	84	88	88
25-34	292	274	335
35-44	205	262	252
45-54	80	101	157
55-64	10	23	34
65 and over	2	4	1

All Active - drug users (age at end of reporting period) - RISE data

Age Range	2014-15
18-29	58
30-39	156
30-49	214
50-59	172
60-69	62
70-79	7
80+	1

Alcohol users - NDTMS data

Current demand profile

In 2015/16, Ealing placed 46 service users in residential rehabilitation using 10 providers, and purchased 37 detoxification placements across 5 services. The provider landscape in London has been affected by the closure of two detoxification units: CNWL's Max Glatt facility in March 2015; & SLAM's AAU in June 2015. Ealing has 30 residential rehabilitation services on the preferred provider list and continues with spot purchasing arrangements during 2016/17. The current treatment centres are mainly in Bournemouth, Southampton, Weston-Super-Mare, Portsmouth and Bognor Regis; with limited resources across South and South West London. The borough will procure a Dynamic Purchasing System for Tier 4 detoxification/stabilisation, residential rehabilitation and intensive structured day-care in Autumn, starting from April 1st 2017. It is hoped the DPS will increase the number of providers available to Ealing residents and maximise choice along with value for money. The system is better able to adapt to changes in the market because providers are able to apply to join the scheme throughout its lifespan.

The budget allocated for Tier 4 is reducing in line with current funding constraints and Ealing is exploring more flexible packages of care through joint partnership work between the local community treatment service, the local hospital, detoxification and residential rehabilitation services. Changes in funding, negotiation around shorter packages of care, and reductions in the number of service users accessing Tier 4 placements have had an impact on providers:

- They are treating more complex clients
- Clients are staying in rehab for shorter periods of time and providers are having to adapt their programmes
- They are spending more time on contract tenders and marketing the service
- There is little surplus income to improve facilities
- They are depending more on charitable donations and other ways of generating income

- There have been reductions in paid staff and an increase in the use of volunteers
- Less funding is available for aftercare, once the rehab programme has been completed
- They are struggling to cover the costs of service provision with lower levels of occupancy
- They are having to build relationships with a greater number of community treatment systems

Funding and demand

Funding pressures will continue to be an issue. Placements are likely to be shorter, with treatment providers encouraged to provide positive treatment outcomes more creatively and in less time. This means tapered treatment plans, aftercare support back in the community, and more effective joined up working with community services to ensure seamless care packages. Because changes to funding provision and financial pressures mean increased pressure to demonstrate value for money, treatment providers will be encouraged to keep open lines of communication with commissioners.

Resettlement and housing

Housing is a major problem and many individuals would like to resettle outside of Ealing and start a new life. Treatment providers therefore need to be able to provide wider resettlement options to facilitate reintegration back into the community and to provide secure housing during this transitional phase.

Aftercare

Reintegration can often be a time of anxiety, uncertainty, insecurity and isolation for people, especially those without established support. The DPS will encourage treatment providers to consider how they can offer aftercare and community support in partnership with community services both in Ealing and elsewhere if the service user has decided to resettle away from Ealing.

Needs opportunities and developments 2016-17

- Treatment providers need to respond to the multiple needs of this more complex client group by demonstrating their ability to provide:
 - Specialist and joined up mental health treatment
 - Appropriate support for an ageing population with greater physical health needs requiring robust primary health care and good links to local GP services
 - Specialist women's provision, which explores gender specific issues relating to parenting , eating disorders, sexual abuse/rape, and domestic abuse
 - Culturally diverse interventions which consider different dimensions to treatment, migrant issues and associated difficulties, language barriers and cultural norms and values.
 - Services for an ageing population, with providers needing to adapt to the needs of this group, and provide age appropriate activities and interventions.
- We want support for Carers supporting someone with substance misuse. It is essential that treatment providers are able to provide adequate support to those who will be providing long term support to individuals when they leave treatment. Families can also often be enabling and be entangled in an individual's substance misusing behaviour, treatment providers need to sensitively offer and provide family therapy to improve such situations.
- We will begin work on developing a new Dynamic Purchasing System (DPS) for substance misuse services in late 2016 in readiness to go live in April 2017.

Support for Carers

The National Carers Strategy outlines four priorities for carers:

- Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages
- Enabling those with caring responsibilities to fulfil their educational and employment potential
- Personalised support both for carers and those they support, enabling them to have a family and community life
- Supporting carers to remain mentally and physically well

Carers in Ealing

Ealing has an estimated 35,000 carers. Census data indicates that the highest concentration of carers is in Southall, Greenford and Northolt. Census statistics reveal that there are 3,200 young carers aged 0-24, living in Ealing with 700 aged under 15. This is thought to be a huge underrepresentation. Based on national research it is estimated that there may be more than 4,000 young carers aged under 18 in Ealing. The borough is ethnically diverse and there is a need to consider what support is needed to support carers from black and ethnic minority communities. Ealing want to focus on 'hidden carers' who are not accessing services e.g. male carers, young carers, Black and Asian ethnic minority carers; and want the market to develop new and innovative ways in which to engage these groups.

Carers have told us how much they value flexible respite opportunities, day time activities that can provide respite, the importance of reliable transport services to day opportunities and hospital services, the need for help and support in managing the household tasks, accessible information and advice, opportunities to increase IT literacy, leisure, training and employment opportunities, and greater employer awareness of the issues facing carers. Analysis of the direct payments made to carers in 2015/16 shows that 38% of the direct payments has been used to purchase gym membership; 31% to purchase additional sitting service / replacement care and 17% to purchase therapy such as massage.

Carers have identified the following service gaps: flexible sitting services; access to breaks; replacement services for general domestic tasks e.g. laundry, cooking and gardening; complementary therapies and low-level counselling services; specialist support for carers of people with mental health, dementia, substance misuse and complex health needs e.g. cancer, circulatory diseases, strokes.

Ealing carer strategy priorities

Ealing Carers Strategy recognises that we need to find a different way to provide the greatest level of support i.e. through community based services rather than relying solely on social care resources. The Ealing carer strategy is centred on delivering the following outcomes:

- Being respected and supported - a whole family approach to care
- Balancing caring with a life apart from caring
- Improving access and involvement

- Development of local services to meet need
- Children and Young People to be protected from inappropriate caring and have the support they need to learn, develop and thrive to enjoy positive childhoods
- Provision of support to parent carers

Ealing identified a number of areas for development including promoting better identification of carers through primary care, improved access to and experience of the carer assessment process, continued improvement and access to information, advice support and training for carers, ensuring appropriate access to services in the context of the personalisation agenda, better involvement of carers in some specific service developments.

Young carers in Ealing

The Council and the CCG want providers of adult care and support services to be alert to possibility of young carers being part of a household and to support them by referring them onto Children's Services for an assessment where needed or if there are safeguarding concerns. Furthermore for parent/carers of children and young people with additional care and support needs it is proposed that Ealing will go to market for both residential short breaks services and domiciliary care services during 2016-17.

Future plans

- We want the market to assist in facilitating a mix of day-time and evening groups and being more innovative in terms of engaging carers e.g. by supporting 'group befriending' models of support where carers can meet up and share experiences and offer peer support
- We want to develop a varied market in respite and carers breaks to be marketed at both self-funding and self-commissioning carers (as increasing the numbers of carers make use of direct payments available through the Council)
- We want to increase the number of carers who are able to access learning and training; maintain employment; or find work. To do this we want the market to develop and deliver employer awareness training to promote the employment of and retention of carers
- We want information about young carer services to be further developed, both for young carers themselves and their families. The funding of young carer support remains a priority for the Council. We also want to develop 'whole family intervention' to help carers maintain and balance their wider caring roles especially where the carers also have children or other wider family responsibilities.
- We want to increase the amount of home-based respite available, and ensure that planned care home respite is readily available.
- We want to shape services in ways that encourage the promotion of the Five Ways to Wellbeing. Possible activities that could be explored include:
 - Services are provided in ways that facilitate social connections, such as by providing befriending, mentoring, buddying, and/or peer support
 - Targeted interventions to build social relationships
 - Encouraging people to volunteer or participate in environmental and community activities
 - Mechanisms to enable service users and carers to contribute to discussions about local health and wellbeing issues and/or to enable the co-production of solutions
 - Access to information and uptake of home improvement schemes, particularly (such as the Handyperson scheme, which carries out home safety checks and improvements)

Needs, opportunities and developments 2016-17

- A new Carers Support Service is currently being commissioned
- New approach to commissioning of care homes to increase access to planned respite
- Development of a new Carers Strategy from April 2017
- Expansion of telecare equipment and alarm monitoring service via Ealing Careline
- Income maximisation (including through welfare benefits and employment opportunities)
- Improved coordination and quality of information and advice services
- The development of Greenford Lodge for planned respite care
- Expansion and “fast track” pathways for Disabled Facilities Grant and the Handy Person Service
- Tackling social isolation & participate in the National Evaluation of Prevention
- Make the carer assessment process more user-friendly through electronic assessments and support provided for self-assessments
- New residential and home based short breaks for parents and young carers
- Extend the “prevention offer” to carers through increased access to the Handy Person Scheme, Leisure Passes, Emergency Card Scheme, and the one off carers grant.

Housing Related Support

Current profile and provision

Ealing funds housing related support from a total of 54 service providers throughout the borough, accounting for an annual spend of £5m. This expenditure covers all client groups and includes:

- Two dedicated extra-care housing schemes providing a total of 75 self-contained flats
- 111 units of housing related support for adults with learning disabilities
- 200 units of support for people with enduring mental health problems
- 150 units of support for young people

Needs, opportunities and developments 2016-17

- The Council recognises that housing related support forms a central part of our prevention duties as set out in the Care Act; and it is anticipated that these types of services will feature in the Prevention Strategy to be developed and published this year.
- The focus of future commissioning will be to relieve pressure on high-level and high-cost services by increasing support provided in the community and by increasing throughput from high need accommodation services to independent living with floating support.
- Plans for commissioning in 2016-17 involve further development and reconfiguration of existing services via a refreshed Mental Health Pathway from hospital and increasing throughput in high-need services.
- While there are no immediate plans to develop further extra-care provision in the borough, we will nonetheless continue to be open to discussions with providers and developers as to how extra-care capacity can be increased and sustained to meet potential new demand.
- Access to suitable and accessible supported accommodation remains limited for a number of younger disabled adults in the borough. Consequently, we propose to assess whether alternative housing with support such as shared supported living provision can offer a viable option for some service users and whether or not these options would represent value for money. As a result we would be interested in speaking to existing supported living providers who can assist in a market testing exercise.

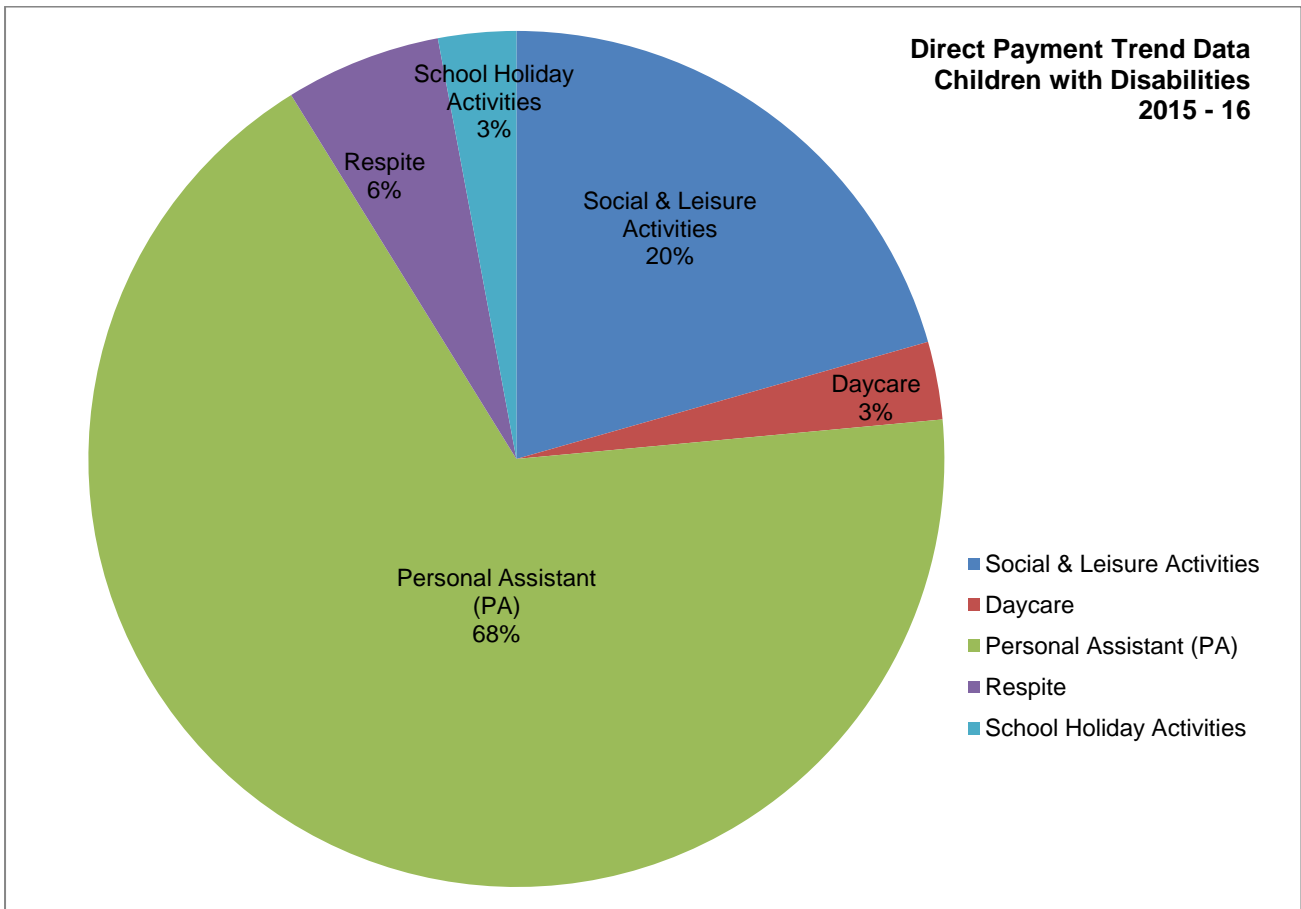
Direct Payments for Health and Social Care

Population and activity profile

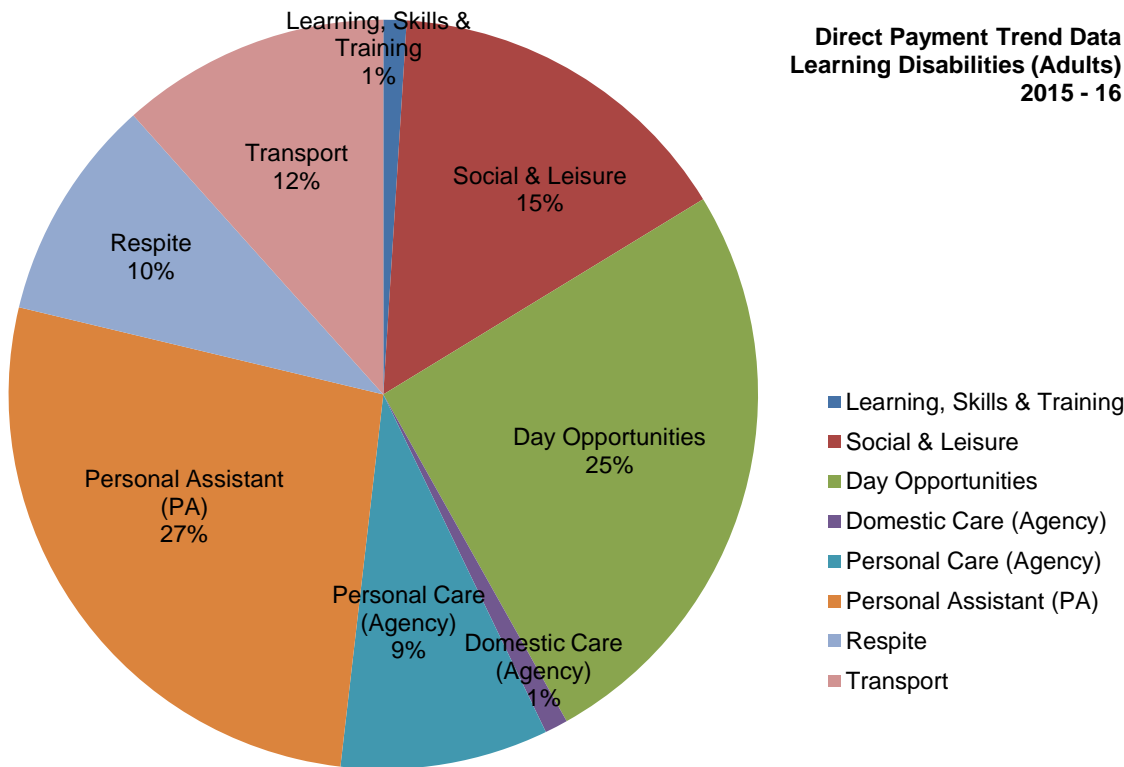
Direct payments and personal health budgets continue to be offered to all social care service users and NHS patients who are eligible to receive them. In 2015-16 the Council and CCG spent in the region of £11.2m on direct payments and personal health budgets, which supported the following numbers of service users, patients and carers to purchase their own care and support through the use of direct payments:

Activity 2015-16	
Adults' Services	569
Children's Services	88
Carers (Adults' Services)	15
NHS Personal Health Budgets	12
Total	684
One-Off Scheme 2015-16	
Carers one-off direct payments (Adults' Services)	146

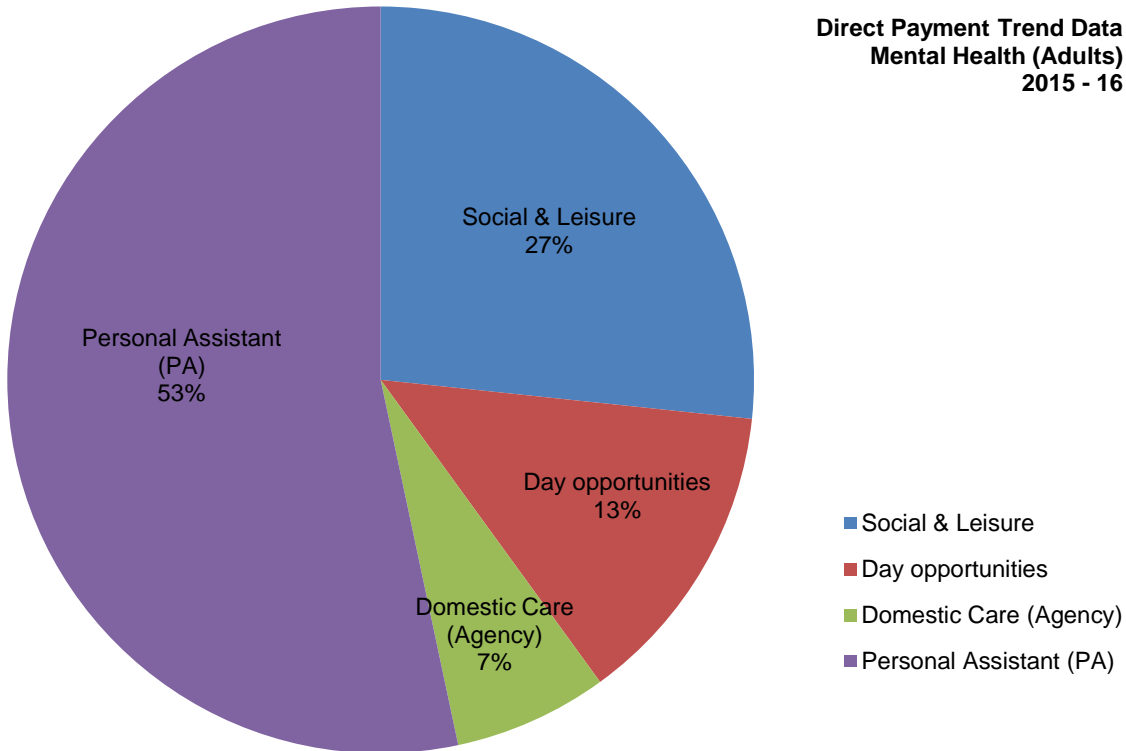
The direct payments purchasing / activity profile for each main service user group in 2015-16 was as follows:



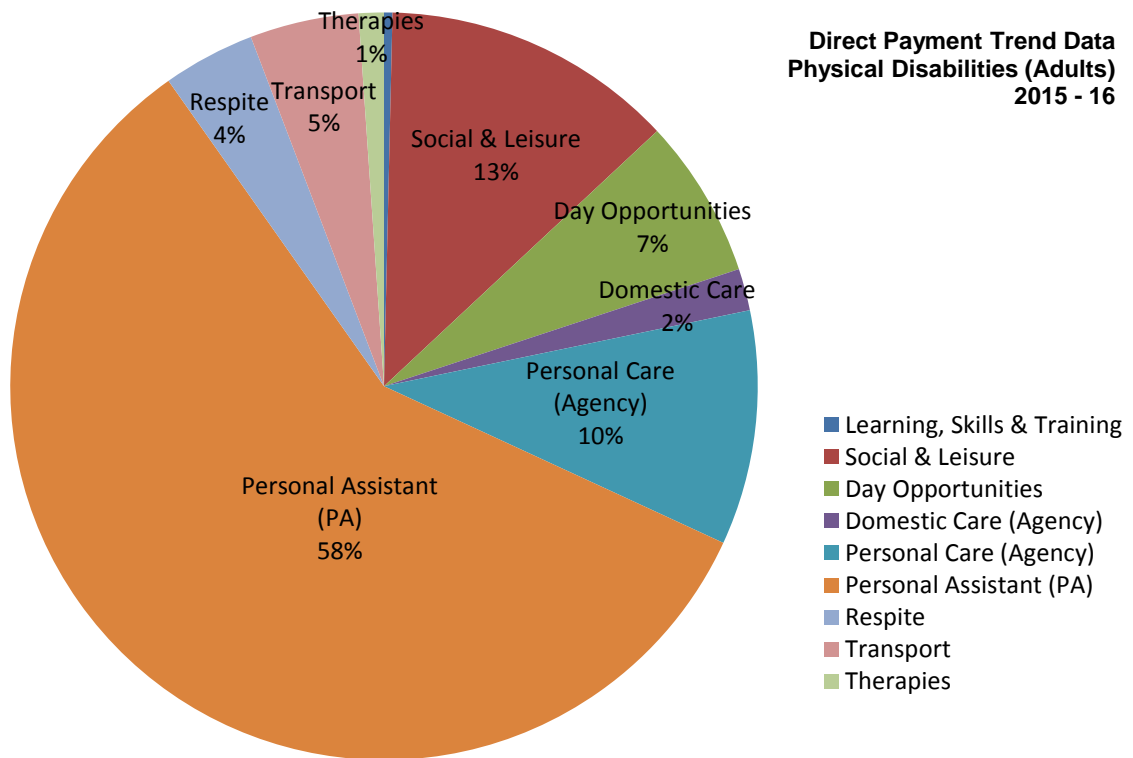
**Direct Payment Trend Data
Learning Disabilities (Adults)
2015 - 16**



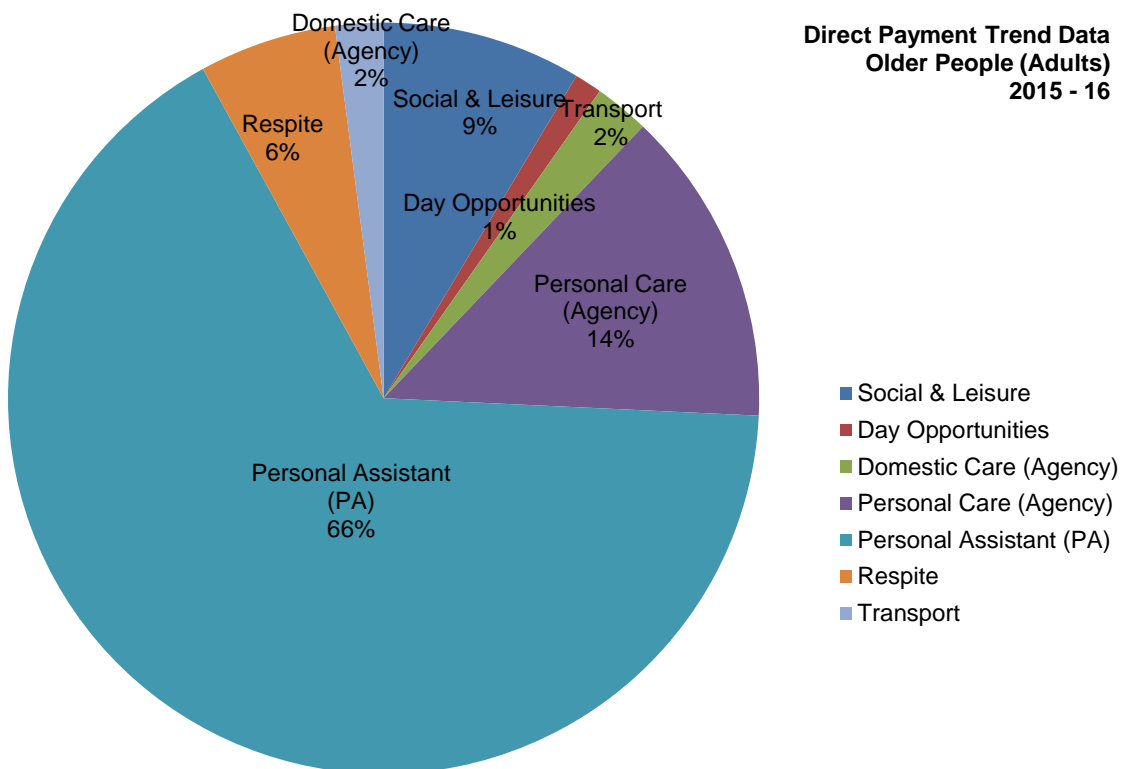
**Direct Payment Trend Data
Mental Health (Adults)
2015 - 16**

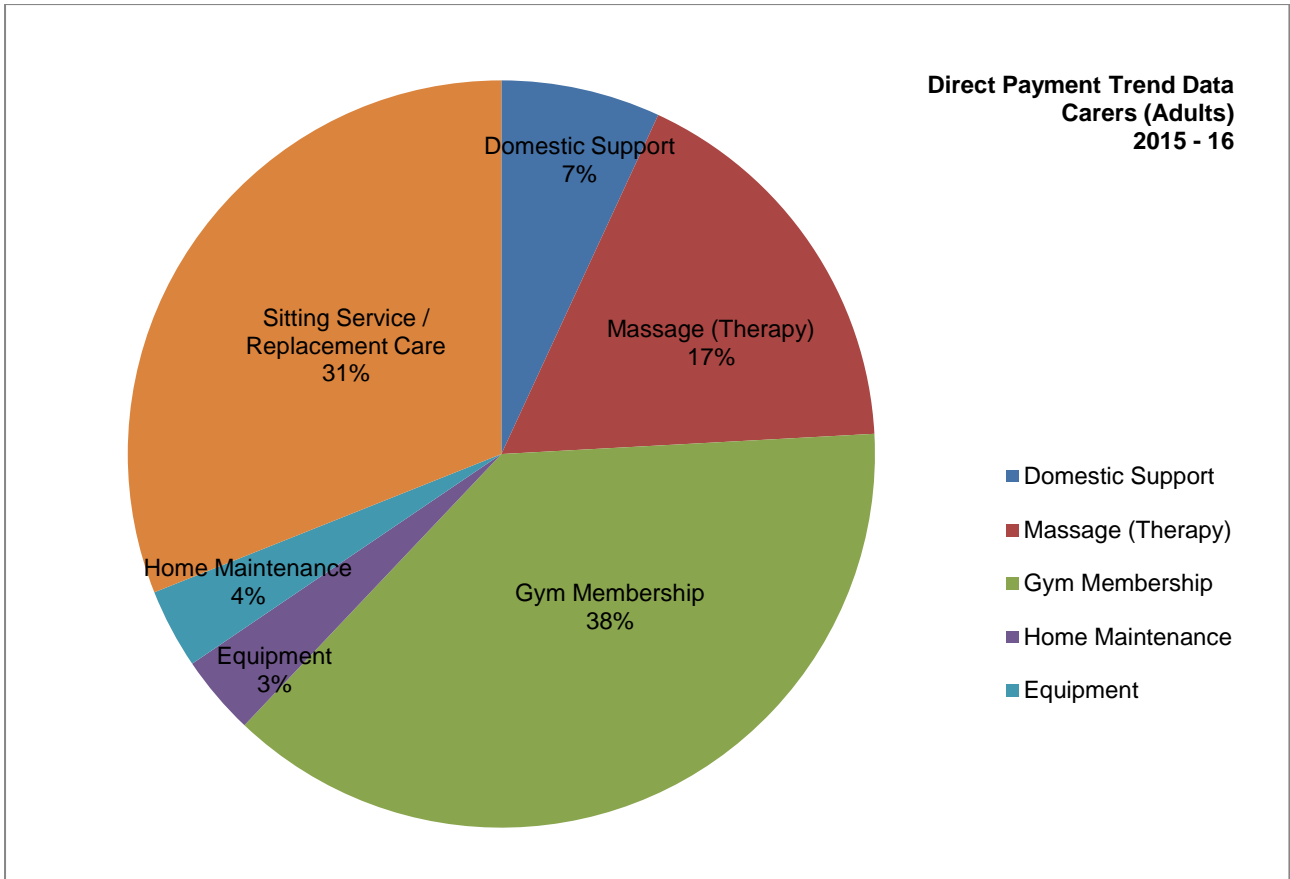


**Direct Payment Trend Data
Physical Disabilities (Adults)
2015 - 16**



**Direct Payment Trend Data
Older People (Adults)
2015 - 16**





Needs, opportunities and developments 2016-17

- It is anticipated that there will be an increase in demand for direct payments from Carers as a result of the Care Act duties to support carers. In response to this anticipated increase in demand Adults Services will continue to fund a dedicated Carers Support Planner in 2016-17
- There is a continued need to develop the Personal Assistant (PA) market for social care and NHS direct payment users to ensure they have access to a reliable and skilled workforce.
- The Council, CCG and voluntary sector will continue to work closely to develop a co-ordinated response to promoting and delivering direct payments support for social care service users and NHS continuing healthcare funded patients.

Adult Voluntary & Community Sector Grants 2016-19

The health and social care grant funding priorities have been designed to underpin Care Act duties and the wider drive towards the integration of health and social care.

Grant Allocations	2016-17 £000's	2017-18 £000's	2018-19 £000's
Council contribution	1,158	1,158	1,158
CCG contribution	748	748	748
Total Budget	1,906	1,906	1,906

The adult grant funded voluntary and community services (and lead agencies) for 2016-19 are:

Being Part of the Community

- Travel Buddy Project - Ealing Mencap
- Improving Health & Housing Outcomes for People with Learning Disabilities and Autism - Certitude
- Mental Health Support Service - CAPE
- Community Activities for Older People - Neighbourly Care
- Support for Individuals with Asperger Syndrome - National Autistic Society
- The Restore Plus Project - Age UK Ealing
- Borough-wide Befriending Scheme - Neighbourly Care
- Ealing Disability Unite Project - Southall Day Centre

Carers' Respite

- Call & Care Service - Dementia Concern
- Short-term Respite Breaks for Carers of Adults with Learning Disabilities - Certitude
- Short Breaks / Respite - The Asian Health Agency

Counselling

- Counselling Services - Ealing Abbey Counselling Consortium

Information & Advice

- Ealing Specialist Advice Service - Ealing Mencap

Self Care

- Ealing Cares - Southall Community Alliance

Support Planning & Brokerage

- Support Broker Service - Certitude

Public Health Ealing and Children's Services also grant fund local services in addition to the above adult focused services

Health and Adult Social Care Financial Position

Adults Services' functions include assessment, identification of eligibility, care planning, the purchasing and setting up of services, monitoring and review for:

- Older people
- People with a physical disability, sensory impairment or long-term condition
- People with a learning disability and / or autism
- People with a mental health problem
- People with a substance misuse problem
- Carers

The 'net' budget position for the Council in 2015-16 was as follows:

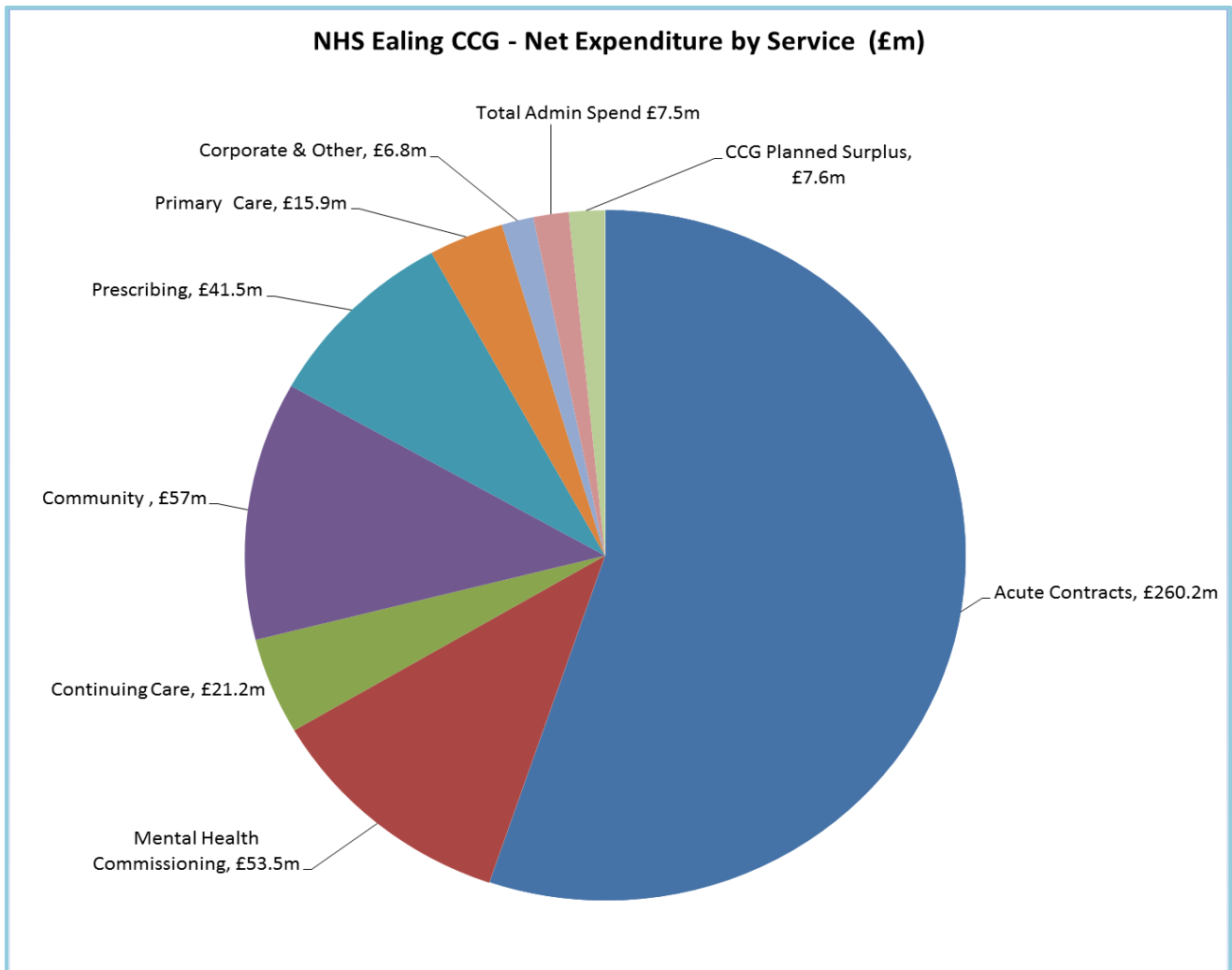


Ealing CCG is made up of 78 GP practices that serve an estimated patient population of 420,000. The CCG works with clinicians, patients and carers to make sure that health and care services are effective and co-ordinated. The CCG's budget in 2015-16 was £471.2m, from a range of services were purchased including:

- Planned surgery (elective hospital care)

- Rehabilitation care
- Urgent and emergency care
- Community health services
- Mental health and learning disability services
- Continuing healthcare

The net expenditure for the CCG in 2015-16 was as follows:



Glossary

Term	Definition
ADASS	Association of Directors of Adult Social Services
Advocacy	Supporting a person to understand information, express their needs and wishes, secure their rights, represent their interests and obtain the care and support they need. Requirements of organisations and Independent Advocates are prescribed by the Care Act.
Assessment	The process of working out what your needs are. An assessment looks at how you are managing everyday activities such as looking after yourself, household tasks and getting out and about and is used to inform determinations of eligibility for social care services.
Authorised person	Someone who agrees to manage a direct payment for a person who lacks capacity
Capital limits	Determines the extent to which a person with eligible needs could be charged for care and support in relation to their savings and other forms of assets. See upper and lower capital limits. Between the upper and lower capital limits means tested support is available.
Care account	From April 2016 everyone with assessed eligible needs will be entitled to a care account. This will keep track of what a person has accrued towards the cap on care costs.
Care and support plan	Sets out how a person's eligible needs are going to be met and provides information and advice about wellbeing.
Care cap	A cap on the eligible care costs which a person pays over their lifetime. From April 2016 this will be set at £72,000 for those over retirement age. How a person progresses towards the cap will be based on what the cost of meeting their assessed eligible needs would be to the local authority
Clinical Commissioning Group (CCG)	Group of GP Practices responsible for commissioning most health and care services for patients. Responsible for implementing the commissioning role set out in the Health and Social Care Act 2012
Child or young person in transition	Anyone who is likely to have needs for adult care and support after turning 18
Commissioning	Commissioning is a cyclical activity to assess the needs of the local population for care and support services, determining what element of this needs to be arranged by the authority, then designing, delivering, monitoring and evaluating those services to ensure appropriate outcomes
Continuing Healthcare	NHS funded care for people with a long-term condition whose needs meet the nationally agreed threshold
Cooperation	Public organisations working together in partnership to ensure a focus on the care and support and health and health-related needs of their local population

Term	Definition
Co-production	When an individual/ groups are involved as an equal partner(s) in designing the support and services they receive. Co-production recognises that people who use social care services (and their families) have knowledge and experience that can be used to help make services better, not only for themselves but for other people who need social care
Deferred payment agreement (DPA)	People entering residential care can defer paying for their care costs, meaning that they should not have to sell their home during their lifetime. A deferred payment agreement enables a local authority to reclaim care costs through the sale of the person's property (or other security) at a later date
Deprivation of liberty	Restriction of a person's liberty to the extent that they may be deprived of their liberty – provisions of the Mental Capacity Act 2005 must be applied
DH	Department of Health
Deafblind	The generally accepted definition of Deafblindness is that persons are regarded as Deafblind "if their combined sight and hearing impairment causes difficulties with communication, access to information and mobility. This includes people with a progressive sight and hearing loss" (Think Dual Sensory, Department of Health, 1995).
Direct payment	Payments made directly to someone in need of care and support by their local authority to allow the person greater choice and flexibility about how their care is delivered
Disposable income allowance	In a deferred payment agreement, the amount of income a local authority must leave the deferred payment holder with (unless the deferred payment holder decides to retain less than the allowance)
Disregard	In a financial assessment, income and capital must be disregarded (ignored) in certain circumstances
Duty	This is something that the law says that someone (in this case, usually a local authority) must do, and that if they do not follow may result in legal challenge
Eligible needs	Needs for care and support which result in an adult being unable to achieve specified outcomes and as a consequence there is or is likely to be a significant impact on the person's well-being
Equity limit	The maximum equity available in a deferred payment agreement from a person's chosen form of security
Financial assessment	An assessment of a person's resources that will calculate how much they will contribute towards the cost of their care and how much the local authority will. This covers both a person's income and capital.
Financial information and advice	A broad spectrum of services whose purpose is to help people plan, prepare and pay for their care costs.
Financial Threshold	Levels of assets set to determine if financial support can be provided by the Council to meet assessed eligibility needs. Until April 2016, if you have savings, investments or property worth over £23,250, you will be asked to pay for all your care.

Term	Definition
Floating Support	Service that meets the housing related support needs of people living in their own accommodation within the boundaries of the borough – this is commissioned as a preventative service. It does not provide personal care.
Framework-I	The system Ealing’s Adult Services teams use to manage Assessments and Care for vulnerable adults and their carers
Independent advocate	Someone appointed by the local authority to support and represent a person who has substantial difficulty in being involved with the key care and support planning (or safeguarding) processes, where no appropriate individual is able to do so
Independent financial advice	Refers to regulated financial advice services.
Information and advice	Providing knowledge and facts regarding care and support, services available, and helping a person to identify suitable resources or a course of action in relation to their care and support needs.
Light touch financial assessment	In some circumstances, a local authority may choose to treat a person as if a financial assessment had been carried out. In order to do so, the local authority must be satisfied on the basis of evidence provided by the person that they can afford, and will continue to be able to afford, any charges due. This is known as a ‘light-touch’ financial assessment
Market shaping	Local Authorities with their partners are expected to have an understanding of demand and supply for well-being, health and social care services. They are expected to intervene accordingly to ensure the right services are in situ for the specified population
Minimum income guarantee	When an adult contributes towards their care and support they must still be left with a certain amount of money for themselves after the local authority has charged them. The minimum income guarantee is the minimum amount of income a person must be left with after charging in all settings except a care home. The amounts are set out in regulations and are based on income support, plus any relevant premiums plus 25%.
National eligibility threshold	This is the level at which a person’s needs for care and support, or for support in the case of a carer, reach the point where the local authority must ensure they are met. The local authority has powers (but not duty) to meet ineligible needs, so the link between eligibility and ‘council-funded care and support’ is not automatic.
Needs assessment	The process of working out what your needs are. An assessment looks at how you are managing everyday activities such as looking after yourself, household tasks and getting out and about and is used to inform determinations of eligibility for social care services.
Outcomes	In social care, an ‘outcome’ refers to an aim or objective you would like to achieve or need to happen – for example, continuing to live in your own home, or being able to go out and about. You should be able to say which outcomes are the most important to you, and receive support to achieve them. Outcomes are prescribed within the Care Act for determinations of eligibility.

Term	Definition
Personal budget	This is a statement that sets out the cost to the local authority of meeting an adult's assessed unmet eligible care needs. It includes the amount that the adult must pay towards that cost themselves (on the basis of their financial assessment), as well as any amount that the local authority must pay
Person-centred approach	An approach that seeks to involve the person and ensure they can engage as fully as possible. The local authority must take a person-centred approach throughout the assessment and care planning processes, and in all other contact with the person (such as a review of their care and support package)
Preventative	Applies to the provision of services, facilities or resources that prevent a need from occurring, minimise the effect of a disability or help slow down any further deterioration for people with established health conditions, complex care and support needs or caring responsibilities.
Preventative services	An early intervention or activity that supports a person to retain or regain their skills or confidence. A service that prevents a need for care and support occurring, reduces an existing need or delays further deterioration
Prevention	A local authority must provide or arrange for services, facilities or resources which would prevent, delay or reduce individuals' needs for care and support, or the needs for support of carers
Resource Allocation System (RAS)	System used by Ealing Adult Services teams to calculate an estimated budget required to meet the customers care and support needs. Is used to guide the support planning process. The final costs of the care and support deployed are referred to as the Personal Budget.
Reablement	A structured programme of care provided for a limited period of time, focusing on helping the person to regain skills and capabilities to reduce their needs
Regulated financial advice	Advice from an organisation regulated by the Financial Conduct Authority (FCA)
Review	A review of a person's care and support plans ensures that outcomes continue to be met. Can be planned, unplanned or requested by the person receiving care and support
Safeguarding	The process of ensuring that adults at risk are not being abused, neglected or exploited, and ensuring that people who are deemed unsuitable' do not work with them.
Self-funder	Someone who arranges and pays for their own care and support services and does not receive financial help from the local authority.
Signposting	Pointing people in the direction of information that they should find useful.
Substantial difficulty	The Care Act defines four areas in any one of which a person might have substantial difficulty in being involved in the care and support planning, or safeguarding, processes. This includes substantial difficulty in understanding relevant information, retaining that information, using or weighing that information, and communicating the individual's views, wishes or feelings (whether by talking, using sign language or any other means)

Term	Definition
Support plan	A plan developed following assessment that says how customers will spend their personal budget to meet assessed needs/outcomes and stay as well as possible. The local council must agree the plan before it makes the money available.
Supported self-assessment	An assessment carried out jointly by the adult with care and support needs or carer and the local authority, where the adult or carer is willing, able, and has capacity or (in the case of a young carer) is competent.
Top Up fee	This is only relevant where a person has exercised their right to choice of accommodation. It means that where a person has chosen a more expensive setting than the amount identified in their personal budget, the top-up fee is the additional amount needed to meet the cost of that setting. This can be paid by a third party, or in limited circumstance, the person
Transition assessment	An assessment of a child or young person, young carer or child's carer that will inform a transition plan to receive care and support from Adults Services.
Transition plan	A statutory requirement for young people and carers if they are likely to need care and support when they turn 18
Wellbeing	Wellbeing is a broad concept, and it is described as relating to the following areas in particular: personal dignity (including treatment of the individual with respect); physical and mental health and emotional wellbeing; protection from abuse and neglect; control by the individual over day-to-day life (including over care and support provided and the way it is provided); participation in work, education, training or recreation; social and economic wellbeing; domestic, family and personal relationships; suitability of living accommodation; the individual's contribution to society
WLA	West London Alliance (WLA) is a partnership between 8 Boroughs: Ealing, Brent, Harrow, Hounslow, Barnet, Hillingdon, Hammersmith & Fulham, Kensington & Chelsea, Westminster