

# Adults' Services

Local Account 2015-2016

Independence, Health and Well-being

**“A friendly and fair service where skilled staff work in partnership with local people to improve independence, health and well-being”**

CHILDREN'S & ADULTS' SERVICES

Foreword .....	1
What is a Local Account? .....	2
Ealing – A Profile of Needs.....	2
The Ealing Joint Strategic Needs Assessment (JSNA) .....	2
Equality and Diversity .....	2
Understanding our Population Characteristics.....	3
Older People.....	3
Adults with Needs .....	3
Adults’ Services – Service Purpose .....	5
Value for Money .....	6
Adults’ Services Resources - How much do we spend?.....	7
Adults’ Services Resources - Who do we spend it on? .....	7
Carers.....	9
2014-15 Performance Summary .....	11
Summary of National Performance Indicators for Ealing (2014/2015).....	11
Summary of 2015-16 ASCOF Performance .....	11
2015-16 Key Achievements in Priority Areas .....	13
Shape of Service in Coming Years.....	14
2016-17 Areas for Priority.....	14
Key priorities for 2016-17 linked to the Corporate Plan .....	14
Better Care Fund (BCF) .....	15
Successes in Delivering the BCF Plan for 2015-16 .....	15
Challenges in delivering the BCF plan for 2015-16 .....	15
Community Benefits Team .....	16
Capturing the Customer Voice .....	17
The Customer Care Unit.....	17
Adult Social Care Survey (ASCS).....	19
Working in Partnership with the Voluntary Sector .....	20
Healthwatch Ealing.....	20
Ealing Community Network (ECN) .....	20
Ealing Community and Voluntary Service (CVS).....	21
The Local Account 2016-17.....	22
Further Information and Background Reading .....	22
How to Contact Us.....	22



### **Message from Councillor Hitesh Tailor - Portfolio Holder for Health & Adult Services**

Contact: [TailorHi@ealing.gov.uk](mailto:TailorHi@ealing.gov.uk)

**"I would like to invite you to read this local account of Adults' Services in Ealing, reflecting on the Department's performance in 2015-16.**

**Staff, carers, partners and service users should be proud of their achievements last year. There will always be different ways to deliver services and my approach is to ensure we can deliver services that meet the needs of customers.**

**The Council remains in a difficult financial position and the Department is delivering services with reduced resources so every penny counts, as we provide or commission services.**

**Despite this, we continue to make progress towards making Ealing a dementia friendly borough and we are increasing the awareness around mental health, and working with our health partners to improve the health and well-being of our residents."**

**The financial challenges will continue in the coming years and we will continue to work hard, along with our partners, to deliver high quality services to residents."**

### **Message from Judith Finlay - Executive Director of Children and Adults**

Contact: [FinlayJ@ealing.gov.uk](mailto:FinlayJ@ealing.gov.uk)



**"In this year's local account, we update you on the progress we made against what we said we would do in Adults' Services last year, and what we plan to do in 2016-17 and beyond. We will continue to focus on promoting independence and helping people remain living at home with choice and control over the support they receive. The changes arising from the Care Act are now fully embedded in Ealing and while we are seeing increased demand, we are also preventing the need for social care in partnership with our residents.**

**We are keen to hear from you and we welcome any suggestions for improvement in the services we offer, or on the format of this local account in the future."**

## What is a Local Account?

Our local account tells the residents of Ealing how we help adults with care and support needs.

The local account tells people:

- how much we spent on adult social care
- what and who we spent the money on
- our future plans
- what service users and carers tell us about our services
- how council services help people stay healthy and well, and avoid the need for support from adult social care.

Some people will be in need of services because they are older, some will have additional needs because of their disability and mental health, some are carers and others will be vulnerable in other ways and in need of help and support. The Council already produces reports on the quality of services and the safeguarding of vulnerable adults. The local account will sit alongside these documents.

## Ealing – A Profile of Needs

### **The Ealing Joint Strategic Needs Assessment (JSNA)**

The JSNA is a report which shows the health and wellbeing of the people living and working in Ealing. It analyses detailed information about our local population from commonly used sources like the Census, health surveys, and service-based information and compares it with intelligence from a variety of community sources. This helps to create a picture of the current (and future) local health needs and identifies health inequalities and gaps in service.

The current and previous versions of the Ealing JSNA are available for download online here:

[https://www.ealing.gov.uk/info/201072/strategies\\_plans\\_and\\_policies/1963/ealings\\_joint\\_strategic\\_needs\\_assessment](https://www.ealing.gov.uk/info/201072/strategies_plans_and_policies/1963/ealings_joint_strategic_needs_assessment)

### **Equality and Diversity**

Ealing is the third most ethnically diverse local authority area in the country with 53% of our population coming from Black, Asian and minority ethnic backgrounds, a proportion set to grow to 56% by 2031 (2016 estimates according to the GLA 2014 round ethnic group projections – Long term trend base). There are slightly more women than men, and a higher proportion of people of working age than older people, in line with many other London areas. Children (0-17 years) represent 23% of the local population, a proportion set to fall to 21% by 2031

Ealing Council recognises that a diverse community has diverse needs. Adult social care services aim to ensure that policies, practices and frameworks acknowledge the diverse nature of the borough's residents and reflect this in the Council's workforce.

The Council's overall policy on equality and diversity can be viewed at:

[http://www.ealing.gov.uk/info/200041/equality\\_and\\_diversity/1160/public\\_sector\\_equality\\_duty](http://www.ealing.gov.uk/info/200041/equality_and_diversity/1160/public_sector_equality_duty)

## Understanding our Population Characteristics

Increases or decreases in the number of people living in an area, or changes in the age make-up of the population in an area, can impact on the need for specific services, for example maternity, children, or services for older people.

Ealing's mid-2015 population was 343,100 – an increase of 1,000 or 0.28% over the mid-2014 estimate of 342,100 (ONS Mid-Year Estimates 2015 & 2014). This was largely caused by a rise in net international migration (more people coming in, fewer leaving); although natural change was lower due to a decrease in births and an increase in deaths. Net internal migration remained largely the same as in 2014. Ealing's population growth was the second smallest in London, after the City of London. Ealing remains the third most populous London borough, although Barnet (379,700) has now overtaken Croydon (379,000) to become the largest borough in London in terms of population.

### Older People

Population projections for the next 15 years from the ONS show that Ealing's older population (persons aged 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. This increase will require an expansion in age appropriate health, housing and social care services as they are more likely than any other group to require extra support.

**Table 1a. Ealing Population aged 65 and over, projected to 2030.**

Age Band	2014	2015	2020	2025	2030	2030 % Change
People aged 65-69	12,100	12,500	13,500	14,700	17,000	40%
People aged 70-74	9,000	9,100	11,200	12,100	13,200	47%
People aged 75-79	7,800	7,800	7,900	9,900	10,600	36%
People aged 80-84	5,400	5,600	6,200	6,400	8,200	52%
People aged 85-89	3,100	3,200	3,900	4,500	4,800	55%
People aged 90 and over	1,900	2,000	2,500	3,300	4,200	121%
Total population 65 and over	39,300	40,200	45,200	50,900	58,000	
Total % change	0	2%	15%	30%	48%	

Source: POPPI - Figures are taken from Office for National Statistics (ONS) 2011 Census, Communal establishment management and type by sex by age, reference DC4210EWL. Figures may not sum due to rounding. Crown copyright 2014

### Adults with Needs

Population projections for the next 15 years from the ONS show that Ealing's younger population (persons aged 18-64) will grow by 14% from 228,600 to 252,600. The greatest predicted increase in adults with a need, is 20% for those adults with a serious physical disability, closely followed by those having a moderate or serious personal care disability at 18%.

**Table 1b. Ealing Population aged 18-64, projected to 2030 by Need.**

Need	2014	2015	2020	2025	2030	2030 % Change
<b>Learning Disability Support</b>						
People predicted to have a learning disability	5,596	5,645	5,850	6,029	6,195	11%
People predicted to have autistic spectrum disorders	2,325	2,347	2,471	2,579	2,665	15%
<b>Physical Support</b>						
People predicted to have a moderate physical disability	16,234	16,439	17,358	18,206	18,817	16%
People predicted to have a serious physical disability	4,515	4,584	4,909	5,211	5,412	20%
People predicted to have a moderate or serious personal care disability	9,481	9,620	10,249	10,820	11,185	18%
<b>Mental Health Support</b>						
People predicted to have a common mental disorder	36,652	36,920	38,092	39,152	40,042	9%
People predicted to have a borderline personality disorder	1,022	1,029	1,060	1,087	1,111	9%
People predicted to have an antisocial personality disorder	812	820	862	898	928	14%
People predicted to have psychotic disorder	910	917	945	971	993	9%
People predicted to have two or more psychiatric disorders	16,452	16,580	17,170	17,698	18,135	10%
<b>Social Support</b>						
People predicted to have alcohol dependence	13,849	13,973	14,612	15,173	15,626	13%
People predicted to be dependent on drugs	7,827	7,895	8,236	8,536	8,780	12%
<b>Total population aged 18-64</b>	<b>228,600</b>	<b>230,600</b>	<b>239,000</b>	<b>246,300</b>	<b>252,600</b>	
<b>Total % change</b>		<b>1%</b>	<b>5%</b>	<b>8%</b>	<b>10%</b>	

Source: PANSI - Figures are taken from Office for National Statistics (ONS). Figures may not sum due to rounding. Crown copyright 2014

It is within this context of change and growth that the services for adults living in Ealing are planned and delivered.

More detailed population information for Ealing can be viewed at [https://www.ealing.gov.uk/info/201048/ealing\\_facts\\_and\\_figures](https://www.ealing.gov.uk/info/201048/ealing_facts_and_figures)

## Adults' Services – Service Purpose

Ealing Council implements the duties of the Council under powers granted by legislation and guidance to provide adult social care and preventative services to Ealing residents' aged 18 or over. The functions of care management include assessment, identification of eligibility, care planning, purchasing and setting up of services, monitoring and review for:

- older people
- people with a physical disability, sensory impairment or long term health condition
- people with a learning disability
- people with a mental health problem (including those with a forensic history)
- people with a substance misuse problem
- carers
- people who need safeguarding from abuse

The service is delivered across a range of key areas that include social work and directly provided services across a range of specialist teams including:

- Older Adults' Services
- Integrated Disabilities' Services
- Integrated Mental Health Services
- Supported by Business Support, Finance and Integrated Commissioning teams.

### The Vision for Adults' Services is:

**“A friendly and fair service where skilled staff work in partnership with local people to improve independence, health and well-being.**



**Strap line: Independence, health and well-being**

The work of the department requires close liaison and partnership working with a number of other Council departments, contractors and/or external agencies in order to deliver our vision and objectives. Our services are increasingly more joined up with the local NHS leading to improvements in the health and well-being of residents

The focus on 'improving independence, health and well-being' in the vision represents a strategic shift away from a primary focus on provision of services at the point of crisis, to supporting people to be able to live as independently as possible for as long as is practicable, as well as improving the health and well-being of Ealing residents.



Our focus remains firmly on improving customer outcomes and extending individual choice and control. We also recognise and take seriously our responsibilities to provide good value for money and deliver our statutory duties within the resources available to us.

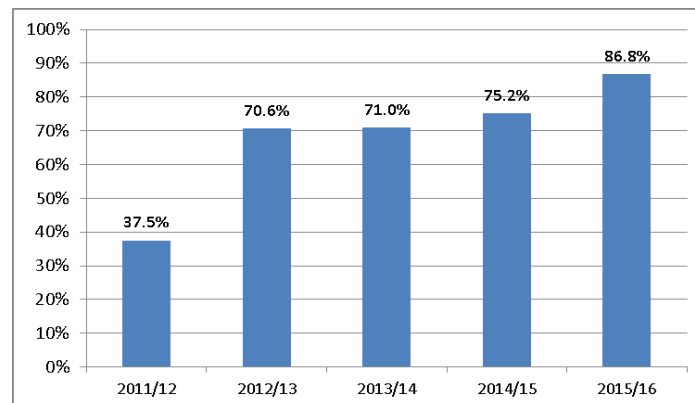
## Value for Money



Adults' Services continue to deliver a range of personalised services to people in need of care and support in Ealing. We have continued to maintain low numbers of admissions to residential care and relatively high numbers of people supported to live at home.

Ealing Council makes relatively fewer placements in residential and nursing care than comparator councils. Our Reablement service is also extremely effective at preventing people being readmitted to hospital and avoiding the need to go into a care home. We have also increased access for people in need of care and support to personal budgets, offering greater choice and control over the care they receive.

**Chart 1. Percentage of people receiving personal a budget NI 130 (11-12 to 13-14) and ASCOF 1C1A (14-15 to 15-16).**



These successes have been delivered against a backdrop of considerable financial challenges. Care placement pressures will continue to be significant for the foreseeable future, reflecting the growth in demand for adult social care with an ageing population and real increases in people living with complex disabilities into old age.

We believe Ealing is making good progress on transforming social care delivery and is committed to taking a leadership role in extending change and continuing to improve outcomes. These agendas also help us to respond to the significant financial challenges we currently face, for example by focusing on:

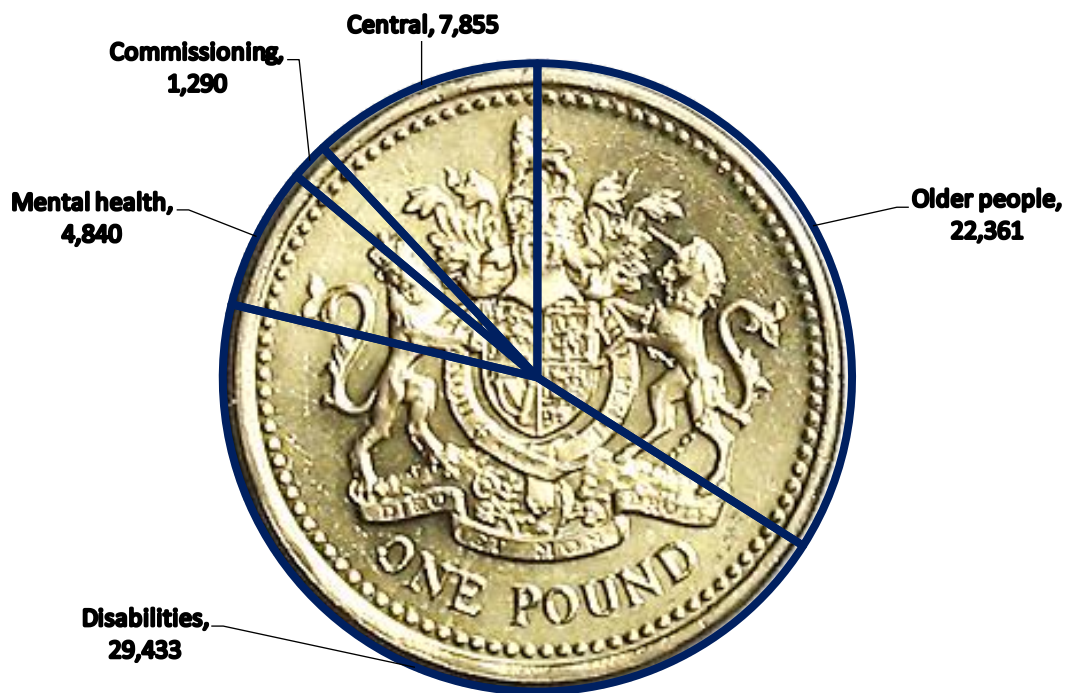
- maximising available resources
- reducing demand for high cost services
- commissioning the right shape of services
- joint working and integration – particularly for people with complex needs
- maximising the use of mainstream and universal services
- targeting the right people at risk of poor outcomes
- enhancing community capacity
- enabling approaches and promoting independence and wellbeing.



## Adults' Services Resources - How much do we spend?

The adult social care net budget for 2015–16 totaled £65,779,000. The chart below shows how this is shared between people with different needs.

**Chart 2. Net budget by service area (000's)**



Data source: The Budget Book 2015-2016— Corporate Finance & Audit  
Includes support for voluntary organisations, business management and supporting people.

The Council is required to publish full audited accounts each year; the 2015-16 accounts are available to view at:

[https://www.ealing.gov.uk/downloads/download/3889/statement\\_of\\_accounts\\_2015-16](https://www.ealing.gov.uk/downloads/download/3889/statement_of_accounts_2015-16)

The Council budget for 2015-16 along with the context in which the Council's Budget is set and influenced by is also available on line at:

[http://www.ealing.gov.uk/downloads/download/477/the\\_budget\\_book\\_2011-2012](http://www.ealing.gov.uk/downloads/download/477/the_budget_book_2011-2012)

## Adults' Services Resources - Who do we spend it on?

During 2015-16, 7,266 service users with a variety of needs received adult social care services. This includes services based in the community, as well as residential services.

**Table 2a. Number of service users receiving a service during 2015-16 by service type.**

Service	18-64		18-64 Total	65+		65+ Total	15-16 Total	14-15 Total	
	F	M	All	F	M	All			
Community	903	1092	1995	2602	1548	4150	6145	7291	
Residential	88	138	226	257	177	434	660	713	
Nursing	13	31	44	268	149	417	461	455	
<b>Grand Total</b>	<b>1004</b>	<b>1261</b>	<b>2265</b>	<b>3127</b>	<b>1874</b>	<b>5001</b>	<b>7266</b>	<b>8458</b>	

Data Source: SALT data 2015-16 2014-15

Please Note: 15-16 data no longer includes data from the West London Mental Health Trust

**Table 2b. Number of service users receiving a service during 2015-16 by primary support reason.**

Client Need	18-64		18-64 Total	65+		65+ Total	Grand Total
	F	M	All	F	M	All	
Physical Support	570	499	1069	2596	1501	4097	5166
Sensory Support	19	24	43	51	25	76	119
Dementia Support	5	6	11	318	197	515	526
Learning Disability Support	290	438	728	41	45	86	814
Mental Health Support	91	219	310	108	88	196	506
Social Support	29	75	104	13	18	31	135
<b>Grand Total</b>	<b>1004</b>	<b>1261</b>	<b>2265</b>	<b>3127</b>	<b>1874</b>	<b>5001</b>	<b>7266</b>

Data Source: SALT data 2015-16

Ealing has an estimated 35,000 carers, nearly 1 in 10 of the local population. Many of these are family carers helping to provide care and support to someone with a disability or long-term condition or illnesses. A growing number are also known as 'sandwich carers', which often means they look after a relative with an illness or disability as well as caring for other dependents such as a child. Census data indicates that Ealing has the highest concentration of carers in Southall, Greenford and Northolt

### **National Policy Context**

In 2010 the Government refreshed the National Carers Strategy and outlined four priorities for carers, based on what carers said was most important to them:

- 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.

National evidence shows that carers providing regular and substantial care are at greater risk of poverty, poor health and loss or inability to secure or maintain work. Carers UK report that people caring for more than 20 hours per week are twice as likely to have poor mental health. Based on local data more than 5,300 carers in Ealing provide more than 20 hours care and in addition more than 6070 provide more than 50 hours of care a week. There are in total more than 11,100 carers providing care for more than of 20 hours a week, and as such are in the greatest need of targeted preventative support.

### **Local Policy Context (Ealing Carers' Centre)**

Ealing aims to achieve the outcomes outlined in both the National Carers Strategy and the additional outcomes set out in Ealing's local Carers Strategy.

### **Ealing Carer's Strategy Priorities**

The Ealing carer's strategy builds on national policy direction as well as local issues and is centred around 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.

The Ealing carers strategy identifies 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 in particular Ealing's Out of Hospital Strategy, end of life care and support to young carers.

The areas identified at present as a priority in the carer's strategy are:

- Finance and economic well-being
- Carer Identification
- Training to support carers in skills to care and increase confidence
- Information and support
- Support carers in employment, education or leisure
- Engagement in service development
- Develop pathways with primary care
- To improve choice and flexibility in support services available
- To promote carer involvement as expert carer
- Young Carers identification and support
- Parent Carers support

### **Current Demand and Supply Profile**

The typical support accessed by carers in Ealing can be defined by 3 broad categories:

- Universal preventative services – predominantly information and advice.
- Targeted preventative services delivered to the cared-for, following a carers assessment e.g. respite or assistive technology.
- Targeted preventative services delivered to carers and accessed directly by carers following a carer's assessment e.g. carers one-off direct payments.

There are a variety of peer support groups that provide mutual support, information and advice to carers in Ealing. National and local qualitative data suggest that these services are valued by carers and have a positive impact on their wellbeing. This type of services we will continue to encourage, as these groups in the main are self-sustaining user-led groups, rather than groups supported and administered by a provider.

Moving forward we want to work with the market, and acute and community-based health and social care services, to increase the identification of carers; and then provide accessible, timely and holistic information and advice which helps carers to maintain their caring role.

We will also promote the need for 'whole family intervention' to help carers maintain and balance their wider caring roles especially where the carers also have children and / or other wider family responsibilities.

Use of direct payments and assistive technologies remains low among carers. In the future, we want to work with the market to actively develop these areas for carers because they directly facilitate carers' breaks and allow them to balance their caring role.

Ealing wishes to increase the amount of home-based respite available in the community, and ensure that a level of planned care home respite is available. Commissioners will therefore look at building greater home-based respite capacity, balanced with a level of pre-bookable residential respite provision. Commissioners will also explore alternative forms of community-based respite e.g. by encouraging a 'menu-based' approach whereby carers can access 'respite packages' made up of differing components such as day opportunities or outreach coupled with a sleep-in service at home.

## 2014-15 Performance Summary



The Adult Social Care Outcomes Framework (ASCOF) is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability. Ealing's performance against the various indicators of this framework, are listed below.

### Summary of National Performance Indicators for Ealing (2014/2015)












Indicators that are in the best performing 25% nationally are:

- 1H - Proportion of adults in contact with secondary mental health services who live independently, with or without support.
- 2A2 - Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population.
- 2B1 - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service).
- 2B2 - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (offered the service)

### Summary of 2015-16 ASCOF Performance

**Table 3. Summary of 2015-16 ASCOF Performance.**

Code	Indicator	Polarity	2015-16 Actual	2015-16 Target	Actual vs Tgt	2016-17 Target
<b>Enhancing quality of life for people with care and support needs</b>						
<b>1A</b>	Social care-related quality of life	BiB	<b>18.3</b>	18.1	↑	18.3
<b>1B</b>	The proportion of people who use services who have control over their daily life	BiB	<b>68.8%</b>	70.0%	↓	69.8%
<b>1C1a</b>	Adults 18+ receiving self-directed support	BiB	<b>86.8%</b>	76.0%	↑	87.0%
<b>1C1b</b>	Carers receiving self-directed support	BiB	<b>36.2%</b>	31.6%	↑	37.2%
<b>1C2a</b>	Adults 18+ receiving direct payments	BiB	<b>17.8%</b>	14.9%	↑	17.9%
<b>1C2b</b>	Carers receiving direct payments	BiB	<b>20.7%</b>	22.0%	↑	21.7%
<b>1D</b>	Carer-reported quality of life	BiB	<b>Biennial PI</b>	N/A	N/A	7.5
<b>1E</b>	Adults with learning disabilities in employment	BiB	<b>7.9%</b>	8.1%	↓	7.0%
<b>1F</b>	Adults in contact with secondary mental health services in employment	BiB	<b>6.6%</b>	N/A	N/A	N/A
<b>1G</b>	Adults with learning disabilities in settled accommodation	BiB	<b>70.9%</b>	70.0%	↑	70.0%
<b>1H</b>	Adults in contact with secondary mental health services in settled accommodation	BiB	<b>63.7%</b>	N/A	N/A	N/A

Code	Indicator	Polarity	2015-16 Actual	2015-16 Target	Actual vs Tgt	2016-17 Target
111	The proportion of people who use services who reported that they had as much social contact as they would like.	BiB	35.8%	35.6%		36.8%
112	The proportion of carers who reported that they had as much social contact as they would like.	BiB	Biennial PI	N/A	N/A	30.4%
Delaying and reducing the need for care and support						
2A1	Permanent admissions to residential and nursing care homes, per 100,000 population (18-64)	SiB	6.30	13.00		13.00
2A2	Permanent admissions to residential and nursing care homes, per 100,000 population (65+)	SiB	447.86	534.06		544.01
2B	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	BiB	93.9%	93.0%		93.0%
2B2	The proportion of older people aged 65 and over offered reablement services following discharge from hospital	BiB	3.1%	N/A	N/A	N/A
2C	Delayed transfers of care from hospitals - All	SiB	11.7	11.4		11.7
2C	Delayed transfers of care from hospital, and those which are attributable to adult social care per 100,000 population	SiB	4.9	3.0		4.9
2D	The outcome of short-term services: sequel to service	BiB	70.7%	69.0%		70.0%
Ensuring that people have a positive experience of care and support						
3A	Overall satisfaction of people who use services with their care and support	BiB	59.6%	56.0%		60.6%
3B	Overall satisfaction of carers with social services	BiB	Biennial PI	N/A	N/A	33.0%
3C	The proportion of carers who report that they have been included or consulted in discussion about the person they care for	BiB	Biennial PI	N/A	N/A	61.0%
3D1	The proportion of people who use services who find it easy to find information about support	BiB	71.2%	70.4%		70.4%
3D2	The proportion of carers who find it easy to find information about support	BiB	Biennial PI	N/A	N/A	63.3%
Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm						
4A	The proportion of people who use services who feel safe	BiB	66.5%	63.0%		67.5%
4B	The proportion of people who use services who say that those services have made them feel safe and secure	BiB	79.2%	77.0%		80.2%

Key : BiB = Bigger is Better  
SiB = Smaller is Better



## 2015-16 Key Achievements in Priority Areas

In 2015/16 Adult Social Care in Ealing has made positive progress in a number of areas. A summary of some of these developments, of which we are proud, are set out below:

- Supporting Ealing Carers Centre to move to modern, accessible facilities in Acton and Greenford so that family carers from across the borough are now able to access the help they need.
- Working in partnership with the Alzheimer's Society to make Ealing a Dementia Friendly Borough and engaging local business's, voluntary sector and statutory employers through the Dementia Action Alliance.
- In partnership with the local NHS (Ealing CCG) we have commissioned a new intermediate care service called Homeward which offers help, treatment and care at home to people at risk of being admitted to hospital.
- Ealing Adults' Services has a systematic approach to driving up the quality of care providers in the borough. In partnership with Skills for Care we have set up a Care Home Registered Managers network focussing on quality of care, safety and workforce development. We have also set up a Quality Assurance Board to monitor all care providers in the borough together with the Care Quality Commission (CQC), Ealing CCG and Ealing Healthwatch.
- We have expended Ealing Shared Lives' Scheme matching adults with disabilities with family carers who can offer short breaks or long term care in their own homes.
- We have expanded resources available to carers of people with support needs by doubling the number of annual visits available from the Handypersons' service and giving free leisure passes to carers.
- We have secured the long term future of the Solace out of hours support service for people experiencing mental health issues and we are investing a significant amount of capital in upgrading their facilities.
- In partnership with the local NGS (Ealing CCG) we now have an integrated care co-ordination service for people with long term health conditions giving dedicated time and support to enable people to live health lives and avoid unnecessary admissions to hospital.
- We have launched Ealing's Charter to End Loneliness and Isolation and gained commitment from the Council, NHS, voluntary sector and Healthwatch to tackle this important issue.
- The department has comprehensively embedded changes arising from the Care Act including strengthening the prevention offer to residents, improving access to carers' assessments and support and we have updated the on line self-assessment portal.
- The Ealing Safeguarding Adults' Board has appointed an independent chair who also chairs the Safeguarding Children's Board so that the authority can ensure that children and adults in need of protection are safe.



## **Shape of Service in Coming Years**

The key challenge for Adults' Services in Ealing in the coming years will be to deliver a high quality range of services to vulnerable individuals in need with significantly reduced levels of central Government funding. The approach taken by the service is to respond proactively to this challenge and to develop proposals to deliver efficiencies, which protect frontline services wherever possible.

The service has developed an approach to managing demand, by encouraging self-care and people using local volunteers and friends and family to meet low level needs. .

Nationally and locally within Ealing, adult social services are increasingly being integrated with the NHS. This improves the experience of the health and social care system for residents but also maximises the use of resources and enables funding to be transferred from acute hospital care into the community. Local authorities across the country are looking at ways of further integrating health and social care by seeking the devolution of powers from central Government. Manchester was the first to pursue this and there are now plans being put forward for sub regional devolution of powers in London.

### **2016-17 Areas for Priority**

## **Key priorities for 2016-17 linked to the Corporate Plan**

### **Children Adults and Public Health Strategic Priorities 2016/17**

- Transform the efficiency and effectiveness of services for vulnerable children, families and older people by successfully implementing the Children and Families Act and Care Act.
- Continue to improve our multi-agency approach to safeguarding vulnerable children and adults.

### **Adults Services specific**

- Work with the CCG to improve the quality of care for individuals, carers and families, empowering and supporting people to maintain independence and to lead full lives as active participants in their community (Ealing Vision for Integrated Care).
- Deliver effective community based services to promote independence, health and wellbeing.
- Promote choice and control by increasing the proportion of residents with a personal care budget.
- Make Ealing a "dementia-friendly" borough by engaging residents, businesses, statutory services and the voluntary sector in transforming local resources.
- Support family carers in their caring role and increase access to personal budgets, respite and other services that improve their health and wellbeing.
- Support the recovery of people with mental health problems by offering local community based options with appropriate levels of accommodation and support.
- Commit to a multiagency approach to combating loneliness and isolation.

## Better Care Fund (BCF)

In June 2013 the Government Spending Round set out plans for new funding arrangements, referred to as the Better Care Fund, to accelerate Health and social care integration across the country. The Government see the Fund as an important enabler to take the integration agenda forward at scale and pace, acting as a significant catalyst for change. The BCF plans have been successfully delivered during 2015/16.

### Successes in Delivering the BCF Plan for 2015-16

#### **Homeward**

The aim of the Homeward service was to provide a rapid and more responsive service that maximises admission avoidance through a wholly integrated pathway of services which provides care and management to patients in a sub-acute phase in which they may need more than what GPs and core community services can offer.

The service is now up and running. To date it has received more than 2000 referrals and reports more than 1000 admissions avoided. The service commenced later than initially planned. If there had not been delays through the procurement process the success would have been greater with more referrals and admissions avoided

#### **Models of Care**

The Models of Care scheme established an integrated and multidisciplinary approach to health and social care provision. The services focused on people over 75 living with one or more long term condition at risk of admission to hospital. Joint Care teams comprising of professionals working across primary care, community health care, social care and mental health care services have been established.

Fourteen care co-ordinators are now in place providing support at locality level within Ealing and supported by team leaders and these have a case load of active patients that are being supported to remain in the community. The team has seen 289 patients since the service was set up.

### Challenges in delivering the BCF plan for 2015-16

#### **Information Sharing**

The drive to develop integrated care records that can be shared by health and social care professional and used to provide the care and support that people need has been a significant challenge. Progress has been made and the NHS number is now the primary reference number used in social care records.

Whilst the issue of interoperability is still to be solved at a national level, Ealing has developed interim solutions for data sharing such as the development of a community module on the clinical system that enables appropriate data to be shared between a variety of health and social care professionals working in a number of different settings such as primary care, urgent care centre, intermediate care (Homeward) and community services.

#### **Recruitment and Retention**

The success of schemes such as the Models of Care programme, are dependent on having a full complement of appropriately trained staff in place. There were difficulties in recruiting Care co-ordinators initially and this led to delays in the ramp up of the programme from the pilot phase to providing full coverage across the Borough. As the scheme moves to a level of maturity, the

challenge moves to one of retention. The care navigators, working with patients at a slightly lower acuity level than the care co-ordinators, have a crucial role in the Models of Care programme. These have yet to be recruited. This has gone out to procurement, a step not originally envisaged, and this has caused delays to this element of the programme.

## Community Benefits Team

The Community Benefits Team (CBT), part of Ealing Adults' Services Finance is a welfare benefits and adult social care advice, advocacy and visiting service, free on demand to all residents of Ealing. Referrals for welfare benefits casework and financial information gathering to support the care charging process are made by Adults care managers via the Finance Assessment team.

In 2015/16 the team dealt with 814 new clients. The total gain in unclaimed or incorrectly awarded benefits in 2015/16 was £1,429,438 – the highest CBT Annual Income Maximisation amount gained to date. 1,311 callers used the telephone Advice Line service, averaging approximately 109 callers per month. Throughout 2015-16 the number of clients/representatives required to attend Appeal hearings was minimal. This was again due to the successful outcome for clients at the initial application/benefit review stage and for those cases with referrals for assistance with 'Appeals', a successful outcome at 'mandatory consideration,' phase avoided clients needing to attend an appeal hearing. This reflects CBT's continuous success in more cases satisfactorily adjudicated without having to attend an Appeal Tribunal.

## Capturing the Customer Voice

Capturing the customer voice is key to delivering change and improvement both formally through consultation and representation and also informally through comments, commendations and complaints.

### The Customer Care Unit

The Customer Care Unit receives many compliments and complaints. It is important for us to learn from these, to improve services and outcomes for service users. Some compliments received in 2015/16 were:

*To all at Home Care*

*I enjoyed meeting you all and thank you for your help and support. We managed a good few laughs too; missing you.*

*Best Wishes  
M*

*Thank you very much for all your hard work. You kept me going when I was very low.*

*You came as a stranger, But left as a friend.*

*Love D*

I would like to say how very grateful I am to X for her expertise and compassion and dedication to my father and my self during a terribly difficult and complex.

X picked up my father's case as a duty worker. She went out of her way to do the right thing by him, practically and emotionally, taking into account the views of professionals as well as family. She helped us to manage a critical situation well, despite a range of conflicting advice, and her personal response was so very welcome at that awful time. G gained my trust and respect because it was so evident to me that my dad mattered to her. She helped me bridge the gap and enable the right things to happen in a timely way despite living at a great distance.

I have already thanked her for her involvement, however, I wanted the opportunity to recognise and commend her work to her organisation. I would be grateful if you could forward my email to her and wish her all the very best

*Kind Regards  
M*

*We have been so impressed with the work of the Ealing Reablement team, than you all so much. The carers have been really kind and helpful and their encouragement has made such a difference to K's recovery – I really don't know how we would have coped without them, especially in the early stages. We want to thank X particularly, so special thanks to him. Very gratefully,  
K*

*I am very happy and feeling more independent since I got service. X encouraged me to recover. I feel more comfortable since I got a carer. She helped me a lot. Everyday promote my independence and she give me respect like a family member. I have no words to write how thankful I am to Ealing Reablement Team. If they did not give support I could not walk.  
Yours Faithfully  
N*

The Adults Complaints Service recorded 123 complaints during the year, compared with 125 for the same period last year. This indicates a decrease of 1.6% from last year in complaints received and processed under the statutory complaints procedure within the department.

Tables 4a & 4b summarise complaints received during 2015/ 2016 by the level of risk assessed (for statutory complaints) and the 3 stages (corporate complaints) for the preceding year and by the outcome.

**Table 4a. Adult Social Care Complaints**

<b>Risk/Stage</b>	<b>Services Area</b>	<b>2014/2015</b>	<b>2015/2016</b>
<b>Low risk</b>	Adults	125	119
<b>Stage 1</b>	Corporate Complaints	3	0
<b>Medium risk</b>	Adults	0	0
<b>Stage 2</b>	Corporate Complaints	0	0
<b>High risk</b>	Adults	0	4
<b>Stage 3</b>	Corporate Complaints	0	0

**Table 4b. The Outcomes of Low Risk Complaints**

<b>Risk/Stage</b>	<b>2014/2015</b>	<b>2015/2016</b>
<b>Upheld</b>	33 (26%)	23 (19%)
<b>Not upheld</b>	50 (40%)	65 (55%)
<b>Partially upheld</b>	37 (30%)	30 (25%)
<b>Other</b>	5 (4%)	1 (1%)
<b>Total</b>	<b>125</b>	<b>119</b>

A key requirement of the reform of our complaints procedures has been the importance of informing our service users of the outcome of their complaints. During 2014/2015 the Department acknowledged 100% of complaints within 4 days and responded to 100% of all complaints within 20 working days for low risk complaints and 25 working days with a possible extension of a further 40 working days for medium/ high risk complaints.

Complaints provide senior managers with useful information in respect of the way that services are delivered and how customers perceive services. In order to learn from complaints and actually deliver improvements in service delivery and business processes, the service is required to monitor the operation and effectiveness of the complaints procedure and to identify how information is being used to improve service delivery.

We are keen to receive more customer feedback, positive and negative so please email them to [umrigarm@ealing.gov.uk](mailto:umrigarm@ealing.gov.uk)

## **Adult Social Care Survey (ASCS)**

The ASCS provides a significant pool of personal outcome information for those receiving adult social care, producing assured, and benchmarked local data on outcomes to support local services to think about ways of improving these outcomes in a very challenging financial climate. The 15-16 results are shown below and compared to the previous year.

**Table 5. ASCS Scores**

<b>Outcome</b>	<b>14-15</b>	<b>15-16</b>	<b>Social Care Impact</b>
Quality of Life Score	18.0 (55.7% rate QoL as good or better )	18.3 (60.8% rate QoL as good or better)	93% of clients said care and support services helped them to have a better quality of life. Up from 87% in 14-15.
Clients extremely, very, or quite satisfied with services	85%	87%	
Clients had as much social contact as they want with people they like	35%	36%	61% of clients said care and support services helped them to have social contact with people?
Clients found it very or fairly easy to find information and advice about support, services or benefits	68%	71%	
Clients feel as safe as they want	62%	67%	79% of clients said care and support services helped them to feel safe?

### Healthwatch Ealing



*'Local voices improving local health and social care'*

Healthwatch Ealing is an independent consumer champion for the public, created to gather and represent the views of the people in Ealing. They play a role at national, regional and local level to ensure that the views of the public and people who use services are taken into account. Healthwatch Ealing is established under the Health and Social Care Act 2012 and they:

- Collect the views of local people about their needs for and experience of local health and social care services.
- Make these views and experiences known to decision makers, local stakeholders, Healthwatch England and the Care Quality Commission.
- Write reports and make recommendations about how those services could be improved.
- Promote and support the involvement of people in the monitoring, commissioning and provision of local services.
- Provide information to help people access and make informed choices about services.

Healthwatch have carried out a number of projects over the year, including:

- A consultation event for Hearing Loss, Deaf and Deafblind residents of Ealing with Commissioners from Ealing CCG and Council. Over 70 people participated and voiced their views on improving access and services for this target group. One of the suggestions was to establish a forum for deaf and hard of hearing people to meet on a regular basis, with Council and CCG officers to begin the process of involving these users in the design, monitoring and evaluation of services. A user group is now being set up at Ealing Centre for Independent Living for deaf and hearing impaired people. This work of this group is supported by the Council and CCG.
- In partnership with Ealing CCG to increase public and patient representation on a number of Ealing CCG's work priorities. Healthwatch facilitated the establishment of seven GP network patient participant groups across the borough in line with the existing GP networks.
- Shaping a Healthier Future Programme.
- Somali Project to identify, and better understand the needs and experiences of the Somali community in accessing health and social care

The full reports (as well as others) can be viewed at <http://www.healthwatchealing.co.uk/resources>

### Ealing Community Network (ECN)

#### **Ealing Community Network**

*A united voice for the local voluntary and community sector*

Ealing Community Network (ECN) aims to provide a strong, representative collective voice for voluntary and community sector (VCS) groups in Ealing. It provides opportunities for networking and collaboration between local VCS groups and aims to influence local decision making by Ealing Council (LBE), Ealing Clinical Commissioning Group (Ealing CCG), Ealing Police and other key local partners.

ECN also feeds in local VCS group views to regional bodies in London and to national VCS consultations.



The voluntary and community sector (VCS) plays an important role in supporting the health and wellbeing of local people. ECN has developed joint partnership work with the CCGs and with Council Adult Services in Ealing. This includes:

- Regular VCS health partnership meetings with CCG and Council Officers.
- VCS involvement in new Integrated Care Programmes.
- Discussions on new VCS commissioning via the Better Care Fund.
- Development of VCS led Care Navigator Programmes.

ECN is also supporting VCS participation in the West London Mental Health Integrated Care Programme led by West London Mental Health Trust.

In December 2015 ECN hosted the annual 'Health Summit' for VCS groups, CCG staff, council staff and local GPs. The feedback from workshops at the Health Summit feeds into a joint action plan.

For latest information on health partnership work in Ealing and Hounslow contact [andy@ealingcvcs.org.uk](mailto:andy@ealingcvcs.org.uk)

### **Ealing Community and Voluntary Service (CVS)**



**Ealing CVS**  
supporting communities  
empowering people

Ealing CVS is funded by Ealing Council and CCG to support Ealing's voluntary and community sector organisations, and ultimately Ealing residents. During the year achievements included:-

- Training 40 new volunteer Ealing Community Health Champions to disseminate health messages to Ealing residents.
- With VCS partners securing £500,000 Big Lottery funding for a new Ealing 'Help Through Crisis' service for residents in financial crisis.
- Providing a 'train the trainer' event in mental health awareness together with the Royal Society for Mental Health.
- Delivering new safeguarding training around Child Sexual Exploitation for VCS groups, parents and carers.
- Together with LBE and VCS partners submitting a major bid to set up a new user led organisation for young people, Young Ealing Foundation.
- Providing support for 33 people with long term health conditions or disabilities to help them into volunteering.

## The Local Account 2016-17

The next local account will be prepared from April 2017, reporting on activity and achievements in 2016-17 and priorities for the year ahead. In preparing the account, we will be seeking views from the community and the Ealing Healthwatch on the areas they wish to see reflected in the local account. As well as highlighting priorities for the service going forward.

## Further Information and Background Reading

Council priorities

[http://www.ealing.gov.uk/info/100004/council\\_and\\_democracy/547/council\\_priorities](http://www.ealing.gov.uk/info/100004/council_and_democracy/547/council_priorities)

Council strategies, plans and partnerships and information about Ealing's Local Strategic Partnership

[https://www.ealing.gov.uk/info/201072/strategies\\_plans\\_and\\_policies](https://www.ealing.gov.uk/info/201072/strategies_plans_and_policies)

[https://www.ealing.gov.uk/info/201046/decision\\_making/350/local\\_strategic\\_partnership/2](https://www.ealing.gov.uk/info/201046/decision_making/350/local_strategic_partnership/2)

Adults' Services

[https://www.ealing.gov.uk/info/201073/health\\_and\\_adult\\_social\\_care](https://www.ealing.gov.uk/info/201073/health_and_adult_social_care)

## How to Contact Us



If you would like to provide feedback on this report, please get in touch using the contact details below:

By email to: [umrigarm@ealing.gov.uk](mailto:umrigarm@ealing.gov.uk)

By telephone to: Mary Umrigar on 020 8825 7445

By post to: Director of Adults' Services

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