

Market Position Statement

For health, social care and children's services providers working with Ealing

2018 – 2019

Children's & Adults Services

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Part 1 - Purpose of the Market Position Statement

What is a market position statement?

Ealing's Market Position Statement (MPS) sets out the key changes that are likely to impact our local service providers in the coming year, giving information on changes in demand and future opportunities relevant to the provision of health, social care and children's services in the borough. Ealing's MPS is updated annually and is available to download online at www.ealing.gov.uk.

Although primarily a Council document, we have included reference to health and wellbeing services where these are jointly commissioned with Ealing Clinical Commissioning Group.

Who is the market position statement for?

Ealing's MPS is targeted at providers of health, social care and children's services across the private, not-for-profit, voluntary and statutory sectors. It is anticipated that these markets will change significantly over the next few years as a result of ongoing policy and population changes, and in light of the continued financial pressures faced by statutory agencies.

In this context, commissioners recognise that service providers are an important source of intelligence as to the capacity and resilience of our markets. Consequently, we will work closely with both commissioned and grant funded service providers to utilise their knowledge and experience in thinking more creatively and innovatively about the delivery of future service models and solutions that can best respond to the anticipated changes within our marketplaces.

The Context - Future Ealing

'Future Ealing' is the Council's strategic plan and sets out nine outcomes which the Council wishes to achieve:

- a strong, diverse and fair community
- an environmentally friendly borough
- keeping young people safe
- a growing economy, creating jobs and opportunities
- helping residents to stay active, healthy and independent
- more affordable housing
- helping young people to achieve their potential
- a clean and great place to live
- reducing crime and helping residents to feel safe

These outcomes can only be achieved by the Council in partnership with the people who live and work in the borough, including all those who provide services. They therefore provide the context for all council departments in our relationship with the market.

These outcomes are combined with those of the NHS in the Ealing Health and Wellbeing Strategy which identifies measures which the Council and NHS can take together to reduce health inequalities and increase wellbeing. These are informed by a rolling analysis of data captured in the Joint Strategic Needs Assessment (JSNA) which presents a picture of the changing population and profile of the borough and forecasts future needs. These documents are available on the Council's website.

Ealing Joint Strategic Needs Assessment can be downloaded at:

https://www.ealing.gov.uk/downloads/download/4545/joint_strategic_needs_assessment

NHS priorities are also reflected in the North-West London Sustainability and Transformation Plan which is available on the Clinical Commissioning Group's website:

<http://www.ealingccg.nhs.uk/about-us/our-plans>

Brighter Futures

Brighter futures (BF) is a programme of innovation and service transformation in children and family services, that has been rolled out in Children's Services since 2015. The programme combines a model of intensive multi-agency support to children and families, enhanced and evidence based training, a focus on fostering recruitment and a redesign of preventative services. It is a whole system transformation of Ealing's approach to supporting young people and their families in and on the edge of care as well as transforming our early intervention and prevention offer to reduce demand in social care.

The focus is on enabling our workforce to build consistent effective relationships with children, young people, families, communities and carers and use those successful relationships to drive better outcomes.

The programme aims to improve outcomes for the most vulnerable children and families by:

1. Preventing children from coming into contact with the social care system
2. Reducing the numbers of children currently in the social care system
3. Delivering better value for money and better outcomes for children currently in the care system

In achieving these three objectives, BF also aims to enable the development of a more efficient, effective and financially sustainable service for vulnerable children and families in the borough. Key outcomes of Brighter Futures, in partnership with providers is to:

- Increase in number of looked after children who return home safely and quickly
- Fewer young people become looked after and long distance residential placements
- Children and young people who are looked after will be in local, well supported, less expensive, stable, foster care placements, with only a small number in residential care
- Outcomes for young people will improve on all indicators (improved educational attainment and placement stability, reduction in substance use, offending behaviour and early parenthood)

What does Brighter Futures mean for Providers?

We want providers to work in partnership with children and family multi-agency approach. Work will vary and is based on the needs of individual children and families. We want to work with providers to increase and improve local support services and supporting local foster care recruitment and foster carers.

Better Lives¹

The continuing rise in demand and cost continues to present a significant challenge to the delivery of services within current funding levels. Because of these pressures the Council recognises the need to transform the way we work to give even greater emphasis to reflecting strength-based and outcomes-based approaches to support people to live independently for as long as possible, whilst

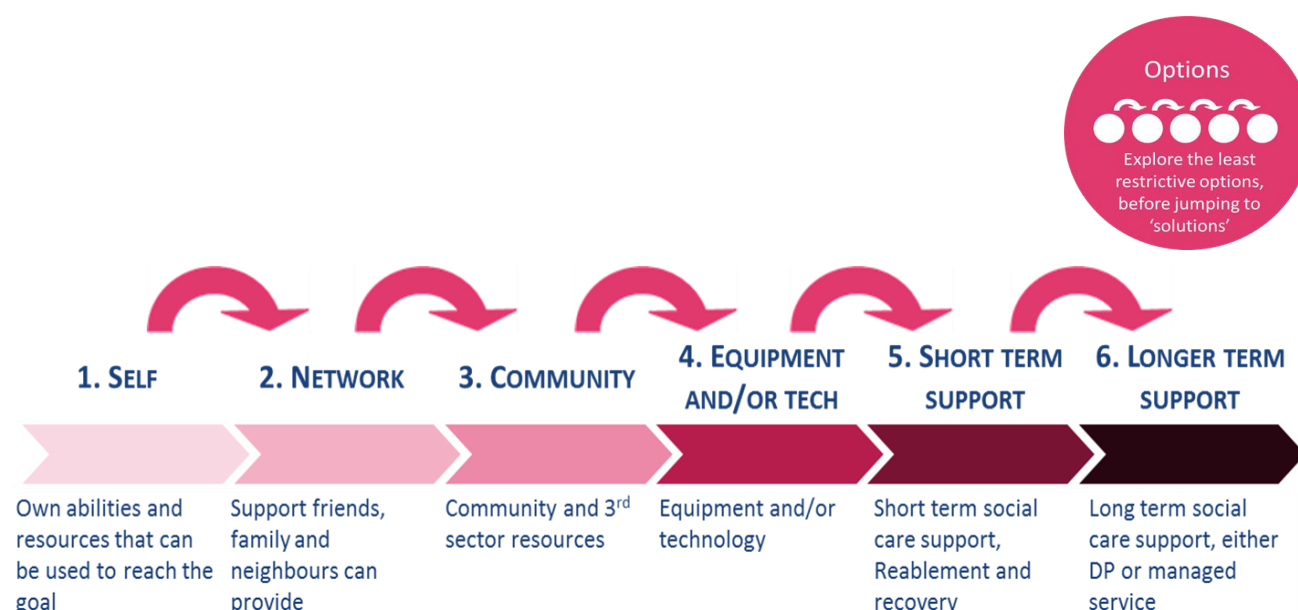
¹ A full report on the Better Lives programme can be found in the March 2018 Cabinet papers at <http://ealing.cmis.uk.com/ealing/committees>

acknowledging the important role played by informal carers and local support networks. As part of Future Ealing, the Better Lives (adults) and Brighter Futures (children and young people) transformation programmes have been established to deliver new approaches across council departments. At its' core Better Lives is a cultural and behaviour focused change programme designed to address the underlying demand that is contributing to the overspend in the service, and so return Adult Social Care to a sustainable financial footing whilst improving outcomes for residents.

At each stage of the client journey, we will focus on the outcomes people want to help them remain physically and mentally healthy, active and independent as possible. Our staff will concentrate on enabling people to live as independently as possible in their own communities. We will listen to people to understand their strengths and aspirations, and we will support their families and carers where it is needed. This is summarised in the diagram below outlining the impact at key steps in the client pathway:

COMMUNITY CONNECTIONS	FIRST CONTACT	EARLY HELP	ASSESSMENTS	ONGOING SUPPORT	KEEPING IN TOUCH
We will work together to build a stronger, more Connected Community which enables people to be physically and mentally healthy, active and independent	We will strengthen the skills and expertise available in First Contact and improve our response, providing better signposting, quality advice and guidance and linking people to the Community	We will provide Early Help where possible to keep people physically and mentally healthy, active and independent and connected to their Community	We will do straightforward assessments of people's strengths and needs to inform the provision of appropriate support.	We will provide Ongoing Support which responds to people's strengths and goals, working with carers and Community Connections to enable them to be active and independent.	We will Keep in Touch more frequently to make sure people are getting the right support at the right time to remain active and independent as their lives change.

'Strength Based Assessment' is at the core of the Better Lives approach. The focus will not be on 'what is the matter, and how can I fix it', but rather 'what's important to you and what strengths do you have to achieve this?' The benefit of this strengths based approach is that it better allows us to meet needs appropriately whilst managing demand for costly services, explore the least restrictive options first. A summary of the Strengths Based Approach to assessment conversations is shown in the diagram below:



During 2017-18 the Council has been working with front line staff and managers to embed this approach to working; we have streamlined the assessment and review forms and given greater emphasis to monitoring outcomes and enabling people to move towards more independent living, wherever possible.

In January, we wrote to service providers setting out the aims of the Better Lives programme and explaining what it will mean and how we would like to work together to implement these aims. We have sent you a survey asking about your knowledge of this approach and what support you would welcome to take it forward in your organisation. We had a good response to the survey. The key points made were: [xxx] and we will be taking these into account in the coming year. We have also been presenting our plans to provider forums and, at their invitation, visited a number of organisations to talk through details of the programme. If you would like us to come to your organisation contact us at:

What does Better Lives mean for Providers?

We want providers to also focus on outcomes and strengths-based service delivery to meet the changing needs of people in their care. The approach will, of course, vary depending on the client cohort for whom you are caring, and for each individual within that cohort, but the principle of identifying outcomes and implementing plans to achieve those outcomes, should apply for everyone. We want to work with you to develop strengths-based services, where these are not already in place. Some of your staff have already taken up the offer of training in Motivational Interviewing and Making Every Contact Count. We want to explore how we can further develop the training offer for providers with your input. You can find out more about Strength-Based Working through the following link: <https://www.scie.org.uk/care-act-2014>

Our commissioners will be improving service specifications and contract terms to be clear about what we want to be provided and how we will monitor services in relation to setting and delivering outcomes for our residents. We recognise that outcomes for someone on a recovery pathway through different levels of support will be different from those for someone with a deteriorating condition or approaching the end of their life.

Commissioning standards and quality assurance

Ealing's commissioning approach and procurement practice aims to incorporate the following core standards²:

1. Person-centred, strength-based and focused on outcomes
2. Promote health and wellbeing for all
3. Delivers social value
4. Co-produces with local people, networks and communities
5. Promotes positive engagement with providers
6. Promotes equality
7. Well-led by local authorities
8. Demonstrates a 'whole systems' approach
9. Actively uses evidence about what works
10. Ensures the diversity, sustainability and quality of the market
11. Provides value for money
12. Develops the workforce

The provision of high quality services is ever more important, particularly at a time when the financial pressures on public services are increasing. We believe that our providers share our

² Commissioning for Better Outcomes: A Route Map – University of Birmingham

commitment to high quality services and we want to work with them achieve to translate this into practice that makes a real difference to people's lives.

Consequently, the focus on quality will be a central feature of our engagement with providers throughout the coming year. To underpin our commitment to the quality agenda - Ealing Council, Ealing Clinical Commissioning Group (ECCG) and the Care Quality Commission (CQC) operate a Joint Quality Information & Assurance Panel to share market intelligence and better co-ordinate joint agency responses to quality related matters and / or concerns. Ealing Healthwatch has also joined this Panel and this has helped inform their programme of Enter and View Visits and service surveys.

- Local adult social care provider information can be found at:
<https://www.careplace.org.uk/Information/Ealingproviders>
- Quality improvement service provider guides can be found at:
<http://www.careimprovementworks.org.uk/>
- A Quality Matters Guide is also available at the Gov.UK website:
<https://www.gov.uk/government/publications/adult-social-care-quality-matters>

The council also wishes to ensure that adult self-funders buying their own care and support have the same assurances on quality. Our Adults' Placements and Brokerage Teams will, as requested, assist self-funders in navigating the care and support market.

Sub-regional market management (via the West London Alliance)

The West London Alliance (WLA) continues to be an effective sub-regional hub for implementing cross-borough procurement arrangements for both children's and adults' services across North West London.

- Children's Services - there is a wide-ranging children's programme coordinated by the WLA, which involves 9 local authorities working together on a range of issues, examples of which are:
 - Joint provider forums
 - A joint contract for independent fostering and semi-independent accommodation
 - A residential children's home managers network
- Adult's social care commissioners via the WLA have:
 - Developed sub-regional procurement projects with neighbouring authorities including the Dynamic Purchasing System (DPS) for Care Homes and Supported Living Placements.
 - Introduced an e-brokerage solution for care home, supported living and domiciliary care referrals
 - Established a North-West London Market Management Working Group to oversee improved integrated working between the boroughs and the NHS
- As part of the London Consortium led by the London Borough of Hammersmith & Fulham, Ealing commissioned a new Community Equipment Service from April 2019

CarePlace

The West London Alliance boroughs jointly commission the online care and support platform CarePlace. The system provides accessible online information, advice and a real-time directory of care and support resources.

Health, social care and children's services providers are actively encouraged to place details of their services (at no cost to the provider) on the CarePlace system via the following link:

www.careplace.org.uk

Achievements and successes 2017-18

Our achievements and successes in 2017-18 included:

Children's Services:

- Developed a 'Local Offer' website for Ealing – you can view the website at: <https://www.ealingfamiliesdirectory.org.uk/kb5/ealing/directory/localoffer.page?localofferchannel=0>
- Procured an Information and Advice Service for the 0-25 years old population
- Secured funding for a young person's substance outreach worker to work with hard to reach groups
- Recommissioned transport for children and young people with additional needs
- Established young carers support within the wider Carers' Support Service
- Secured 2 years funding for a Building My Futures programme – supporting vulnerable young people, aged 11-25 with a learning difficulty or disability who have behaviour that challenges and / or mental health issues.
- Added new domiciliary care providers to the short-breaks summer holiday programme for children aged 16-18 years old.

Adults' Services:

- Procured a new Ealing Healthwatch Service
- Procured a new Carers' Support Service (including support for young carers)
- Implemented a new Dynamic Purchasing System (DPS) for Support at Home - incorporating personal care, complex care and reablement service categories
- Procured a new Community Equipment Service (as part of a London-wide Consortium)
- Secured DCLG funding for an Access to Employment project

Part 2 - Developments and Market Opportunities 2018-19

Service developments and opportunities

Children's Services' will:

- Recommission a Health Visiting and School Nursing Service
- Commission a Tier 2 mental health service
- Open the DPS for Domiciliary Care for Children and Young People aged 0-25
- Undertake a review of children's short breaks provision in the borough
- There is noted demand for:
 - local foster carer placements for older young people in their teens.
 - high quality local residential care for teenagers
 - high quality local semi-independent accommodation
 - domiciliary care for children with challenging behaviour
 - accessible transport with passenger assistance

Adults' Services' will:

- Develop an enhanced health in care homes model of care in partnership with the WLA and NHS
 - Open further rounds of the Dynamic Purchasing Systems (DPS) for:
 - Care Home and Supported Living Placements
 - Support at Home (Homecare)
 - Residential Rehabilitation, Detoxification and Structured Day-care Providers
 - Advocacy Services
- The DPS opportunities can be accessed by the London Tenders Portal at:
<https://procontract.due-north.com/Opportunities/Index?p=2241eb95-058a-e511-80f7-000c29c9ba21&v=1>
- Recommission day centre transport via the Council's new Transport Hub
 - Procure a care and support service for adults with learning disabilities with complex needs and significant challenging behaviour
 - Explore options to increase the number of residential and nursing dementia beds for respite and short-stay purposes
 - Establish education, training and employment support for substance misusers
 - Increase the capacity of the Ealing women's complex needs service
 - Develop a service specification for the integrated community drug and alcohol treatment service
 - Develop the Personal Assistant (PA) market for direct payment users to ensure they have access to a reliable and skilled workforce
 - Develop new flexible home-based 'services' to support carers using direct payments to purchase their own support
 - Actively engage with the market to embed strength-based working practices

The following opportunities will be available for both adult & children's service providers:

- We plan to recommission specialist substance misuse services for adults and young people
- There will be an opportunity for eligible organisations and service providers to bid for Voluntary Sector Grant funding for the period 2019-2023; including for a Specialist Advice Service.

Workforce Development

The Council and CCG are aware of the challenges faced by many providers in recruiting and retaining staff to work in West London. We are keen to work with providers to help with workforce development opportunities.

Children's Services:

In the main, children's services providers are expected to take the initiative in this area either working individually or collectively across the Central and West London sectors. A voluntary sector safeguarding project is funded to provide information, advice and training on issues around safeguarding.

Adults Services:

Are fully committed to providing professional development opportunities for care and support staff from across the private, voluntary and independent sectors. This includes care homes, homecare agencies, voluntary groups and carers organisations. Our criteria for registration is that providers must be either based in Ealing or have a contract to provide care and support services on Ealing Council's behalf. As well as 'classroom' style training Ealing also offers access online e-Learning courses via the Council's e-Learning website.

The 'general' adult social care courses offered for 2018-19 are as follows:

- Safeguarding Adults Level 1 - Raising a Concern
- Introduction to the Mental Capacity Act
- Working with Clients Who Lack Capacity
- Introduction to Dementia
- Learning Disability Awareness
- Autism Awareness
- Challenging Behaviour - Learning Disabilities
- Boundaries and Good Practice in Adult Care
- Level 2 Award - Promoting Dignity in Care
- Level 2 Award - End of Life Care Awareness

The general courses are at an introductory level and intermediate level and aimed primarily at unqualified staff.

Care Certificate related courses offered for 2018-19 are as follows:

- Level 2 Award - Duty of Care
- Level 2 Award - Person Centred Care and Support
- Level 2 Award - Effective Communication
- Level 2 Award - Food Safety, Nutrition and Hydration
- Level 2 Award - Infection Control and Prevention

The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Designed with the non-regulated workforce in mind, the Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

All the adult social care courses remain **free of charge** for 2018-19

Ealing's Training & Development Team can be contact at trainingsocialcare@ealing.gov.uk or on 020 8825 8780.

The LNW CCG Collaborative has commissioned (via My Home Life) a '**NW London Leadership and Professional Support Programme for Care Home Managers**' working with Older Adults in North-West London.

The programme consists of a four-day workshop followed by monthly action learning sets and a completion day. Trained professional facilitators will support Managers and / or their Deputies to lead on the development of their care home practices and settings that embed a culture that is person-centred, relational, dignified and compassionate. Further details on the programme can be obtained from My Home Life at mhl@city.ac.uk

Providers can also make use of online workforce tools to assist them in developing their workforce including. Skills for Care currently offer the following online 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>

Provider Engagement 2018-19

Ealing works with a wide range of service providers to ensure regular engagement on both operational and strategic issues, and welcome the involvement of all service providers in this process.

Children's & Adults' Services will engage with service providers throughout 2018-19 through the following facilitated forums and events:

- Children's Residential Care Provider Forum
- Ealing Care Home Provider Forum
- Learning Disabilities Provider Forum
- Mental Health Provider Forum
- Ealing Homecare Provider Forum
- Ealing Information and Advice Provider Network
- Ealing Registered Managers Network

As part of its Better Lives programme, Adults Services, also plan to run a series of 'challenge and innovation' sessions throughout the year with providers - details of which will be circulated to service providers in due course.

Part 3 - Service area profiles

Children and young people

Population profile

Key facts about children and young people in Ealing:

- 25.5% of the population is aged 19 and under – higher than both England and London
- The total population of 0-19 year olds is set to rise by 6.6% by 2026
- The birth rate peaked in 2010, fell in 2013, and has levelled at just under 5,500 births per annum
- There are 54,384 pupils in Ealing maintained school
- 4% of pupils in maintained schools are from minority ethnic groups, compared to 30% nationally
- The number of children with special educational needs was 7,723 or 14.2% of the school population
- The number of looked after children (as of 31st March 2018) was 347
- Detailed information about population needs can be found online at:
https://www.ealing.gov.uk/info/201048/ealing_facts_and_figures

Children with Additional Needs and Disabilities Population Profile

The number of children and young with an additional need and disability based on 2018 school profile is as follows:

SEN Type	Primary	High	Special	Children's Centres	PRU	All
SPLD Specific Learning Disabilities	0.7%	2.1%		0.2%	0.8%	1.2%
MLD Moderate Learning Difficulty	2.1%	3.4%	26.4%		2.3%	2.9%
SLD Severe Learning Difficulty	0.1%	0.0%	43.4%			0.7%
PMLD Profound and Multiple Learning Difficulty	0.0%		10.0%	0.3%		0.2%
CLN - Cognitive and Learning Needs Total	2.9%	5.5%	79.7%	0.5%	3.1%	4.9%
SEMH - Social, Emotional and Mental Health	1.7%	2.8%	0.1%	0.8%	88.4%	2.2%
SLCN Speech, Language & Communication Needs	5.9%	2.2%	0.9%	10.5%	7.0%	4.6%
ASD Autistic Spectrum Disorder	0.9%	0.8%	14.7%	1.7%	0.8%	1.1%
Communication and Interaction Needs	6.8%	3.0%	15.6%	12.1%	7.8%	5.7%
VI Visual impairment	0.1%	0.1%	0.3%			0.1%
HI Hearing Impairment	0.2%	0.2%				0.2%
MSI Multi-Sensory Impairment	0.1%	0.0%	0.1%			0.1%
PD Physical Disability	0.4%	0.3%	3.9%	0.3%		0.4%
Sensory and/or Physical Needs total	0.7%	0.6%	4.3%	0.3%		0.7%
OTH Other	0.4%	0.1%	0.3%	0.5%	1%	0.3%
NSA Sen Support but no assessment of specific needs	0.5%	0.2%				0.4%
All	13.1%	12.3%	100.0%	14.3%	100.0%	14.2%

The number of children with special educational and disabilities has remained stable however the number of children in Ealing schools with Cognition and Learning needs (SLCN or ASD) has doubled in the past 5 years from 1538 in 2012/13.

Current demand profile

Ealing Service for Children with Disabilities social work team at the end of 2017-18 had 390 children registered. In 2017-18 over 2.7 million was spent on Community Short Break Packages and direct payments, for 340 children and young people with disabilities.

Community short break includes: domiciliary care provision in the home and community, overnight care, day time and holiday short break activities such as afterschool school clubs and holiday clubs. There are currently 20 Domiciliary Care providers on the Councils Dynamic Purchasing list with 38 Providers used in total. In 2017-18, over 77,000 hour of domiciliary care was purchased by the council for over 160 individual children and young people. Packages of care are tailored to meet a wide range of needs. 70% of care packages are for children & young people with physical and or learning disabilities and 30% are for very complex health needs and behaviour that challenges. Of the 30%, approximately one third require specialist health care and behaviour support.

In addition to domiciliary care short breaks provision, community based short breaks and resources are commissioned such as specialist play and holiday clubs.

Residential short breaks were provided to 21 children and young people at a cost of £430k. Residential short break services cater primarily for children with most complex needs. These may include children who require assistance with moving and personal care, children who require invasive clinical procedures and those with behaviour that challenges. There are 11 children & young people with complex needs who are in full time residential placements. The total spend last year was £1.7million with the social care contribution being £994,000 and health & education making up the remainder.

What do we plan to change or extend?

During 2018-19 we would welcome provider involvement with the following:

- Explore options to increase the number of local based, community short break and respite provision
- Develop Domiciliary Care provision to meet ongoing need
- Work will continue to develop innovative approaches to supporting children & young people to remain at home with their families as an alternative to residential care where this is the best option. This will require high quality, dedicated support staff to work with parents and carers.

Looked After Children (LAC)

Population Profile

The numbers of looked after children has been stable reducing by one since March 2017. Of the total looked after children population there were 51 unaccompanied asylum-seeking children, up by 8 from March 2017.

34% of Ealing's LAC cohort are between the ages of 16-17yrs, followed by 27% of 13-15yrs. The gender split of looked after children is 55% male and 45% female.

Current Demand and Supply

The breaks down of placement commissioned from March 2017-April 29018 is as follows:

Looked After Children 0-18	Number of Placements made April 2017-March 18
In House Foster Carers	
• Fostering placement	87
• Respite placement	66
Independent Foster Agencies (IFA)	
• Fostering placement	96
• Respite placement	56
In-house Residential	5
Private and Voluntary Residential (PVR)	38
Leaving Care 19-25	
Semi Independent (SIND) 24/7 staffed	80
SIND not staffed 24/7	51
Secure	1
RFC	5
B&B	10

Independent foster care agencies – are managed through a dynamic purchasing system. There is currently 29 IFA commissioned through the new WLA DPV.

Private and voluntary sector residential units – Ealing currently spot purchases residential care from 85 units. From June 2018 Ealing, will commission residential placements from the new WLA DPV.

Semi-independent placements – are commissioned from 35 Staffed 24hr units and 31 Non-staffed 24hr units. In 2018-19 WLA will be reopening a DPV list for Semi-independent units.

What do we plan to change or extend?

Through our Brighter Futures programme we are working to prevent, wherever possible children becoming looked after.

We are doing this through targeted, intensive interventions with families. For children who do become looked after we are trying where possible to place them in family settings as near as

possible to their home area. We know, though, that we shall have an ongoing need for some residential care for looked after children.

There is ongoing demand for:

- Local and high quality foster care placements with a focus for older young people in their teens
- High quality local residential care for teenagers

Older adults

Population profile

Ealing's population aged over 65 will continue to grow in future years. The greatest percentage rise is expected in the 90+ age group with a predicted increase of 57% from 1,700 to 2,700 between 2016 and 2026.

Population Projections by Age Group

Age	2016 Population	2026 Population	% change 2016 - 2026
85 – 89	3,400	4,500	+32%
90 +	1,700	2,700	+57%
All 0 to 90+ Ages	343,700	355,400	+3%

Source: GLA 2016 round population projections (SHLAA, DCLG)

Ealing has:

- a diverse population, with 38% of the older population made up of BME communities.
- people who cannot manage at least one self-care activity is predicted to rise to 14,750 by 2020.
- an estimated 2,747 older adults with dementia and is projected to rise to 3,729 by 2025.
- 90% of people living with dementia have another health condition, with the most common being hypertension, painful conditions and depression.
- sensory impairment affects older adults and is predicted to rise significantly by 2025.

People over 65 with disabilities in Ealing 2017 and 2025 projections

	2017	2025
65 and over with moderate or severe visual impairment	3,663	4,489
65 and over with moderate or severe hearing impairment	17,599	21,907
65 and over with severe hearing impairment	466	592
65 and over with moderate or severe learning disability	119	142

Source: PANSI³ & POPPI⁴

Detailed information about the population needs of Ealing can be found online at:

https://www.ealing.gov.uk/info/201048/ealing_facts_and_figures

Current demand and supply profile

There are 28 registered domiciliary agencies operating in borough and 50 providers currently on the Councils homecare DPS, who supported over 2,400 older adults during 2017-18 with over 70,000 care visits delivered. The local homecare market continues to need to build capacity for double-up care and male carers. Ealing, Perivale, Acton and Park Royal are geographical areas where the Council wishes to see the market develop additional and / or new capacity.

³ <http://www.pansi.org.uk/>

⁴ <http://www.poppi.org.uk/>

There are 53 registered care homes in the borough offering 1,653 beds (of which 955 are nursing beds). Most local in-borough referrals to care homes were for people with dementia. There is a noted need for dementia placements to support residents with challenging needs. The need for residential and nursing dementia beds remains high, particularly for respite and short-stay. People who are placed in residential care are now more likely to have complex care needs. In terms of placement activity Adults Services commissioned (both in and outside Ealing) 332 permanent nursing placements and 300 permanent residential placements in 2017-18. In addition to this, 372 older adults were also provided with either short-term or respite care placements during the year.

There are two extra-care schemes providing 75 self-contained flats in the borough. We expect demand for this service model to grow in future years. Consequently, we continue to be open to discussions with service providers as to how extra-care capacity can be developed in the borough to meet new demand.

Adults Services also provides up to 100 places per day at the Michael Flanders Centre, a dedicated day service for older adults with dementia.

What do we plan to change or extend?

During 2018-19 we would welcome provider involvement with the following:

- Explore options to increase the number of residential and nursing dementia beds for respite and short-stay purposes.
- Develop a new Older People's Housing Strategy to ensure that the housing needs of frail older people and those with dementia are met in the future
- Develop an end of life crisis management pathway
- Establish Dementia Friendly Communities and a Dementia Friends' Network

Physical disabilities and sensory impairment

Population profile

6.8% of Ealing's population reported (2011 Census) that they had a health problem or disability that impacted on their day to day activities, with a further 7.4% reporting a condition that limited their activities.

The table below sets out the number of adults per 100,000 in Ealing with a disability compared to those in England. Over the coming years, it is anticipated that the population of working age adults living in Ealing with a moderate to serious disability will increase by 2.7%, marginally more than the 2.3% rise anticipated in England (ONS Population Projections).

Projected Number of Working Age Adults per 100,000 with a disability in Ealing

Indicator	Ealing		England	
	2014	2020	2014	2020
People with a:				
moderate physical disability	7101	7263	7710	7873
significant physical disability	1975	2054	2256	2337
serious visual impairment	65	65	65	65
moderate - serious hearing impairment	3195	3364	3819	3990
a profound hearing impairment	26	28	33	36

Detailed information about the population needs of Ealing can be found online at:

https://www.ealing.gov.uk/info/201048/ealing_facts_and_figures

We are aware that disabled people are less likely to be in employment, be on lower incomes if they are in employment, and less likely to have formal qualifications. Disabled people also face additional costs related to their disability and tend to have lower economic living standards. Many disabled people and people with sensory impairment face social isolation and loneliness, which can lead to an increase in mental health conditions. Many disabled people also highlight that limited travel options and poor access to buildings and events remain major barriers to their daily lives

Current demand and supply profile

Services users were supported by Adults Services throughout 2017-18 as follows:

- 11,000 care and support visits provided supporting 450 service users in their own homes
- The Council funded 49 nursing and 28 residential placements; along with commissioning 77 short stay and / or respite placements.
- 26 clients were supported in a B&B placement
- 13 clients received support via day-opportunities along with 27 clients supported in the community through an outreach package

What do we plan to change or extend?

- We plan to publish a Travel Support Strategy, aimed at improving travel options for disabled adults in the borough
- We also plan to review the support provided for independent living for working age adults

Learning disabilities

Population profile

In 2017-2018 adults with learning disabilities received services funded by the London Borough of Ealing's Adult Social Care Service.

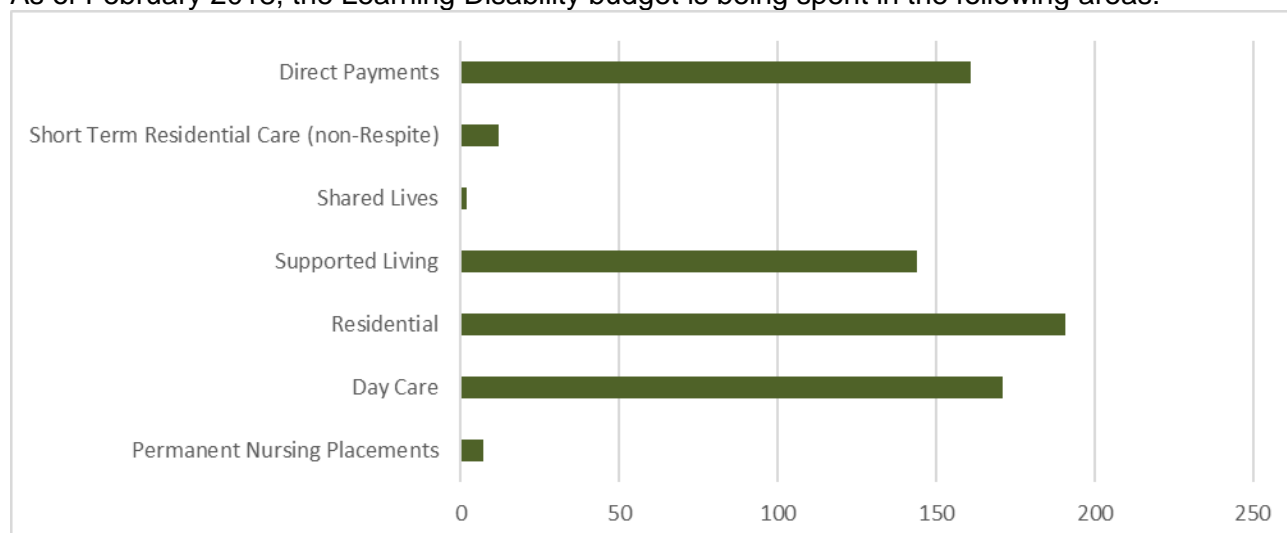
- Approximately 75% of individuals receiving services from Ealing Council live in the borough. Just under half of those who live outside Ealing, reside in London.
- The age profile of people with learning disabilities in Ealing is young, with 40% of the adult population aged under 35. The prevalence of learning disabilities is higher in men compared to women, with 60% of the local population being male.
- Ealing is a diverse borough. 58% of the population of adults with LD are from black and minority ethnic backgrounds, and of those 28% are from Asian backgrounds.

There has been significant increase in the number of children and young people with a Severe Learning Disability and the number of school pupils with profound or multiple disabilities. It is anticipated that our learning disabilities population is set to increase to 1339 by 2020. Within this service area, we know that there will be an increasing number of individuals:

- Who are younger with more complex needs who will require health, care and support services including specialised housing and community support.
- Are growing older and are becoming frailer and are at risk of developing age-related conditions such as dementia (most prevalent in people with downs syndrome as there is a risk of early onset dementia from 30 years of age onwards).
- With mild to moderate learning disabilities with complex needs and dual diagnosis and behaviours associated to autism, mental health, substance misuse and risk of re/offending.
- With more severe autism and learning disabilities with complex needs who have behaviour that proves challenging at times.
- Who meet continuing health care criteria due to a primary need related to healthcare.
- Who are elderly and/or single parent carers who require support to continue their role as carer whilst leading their own life with a focus on remaining healthy and well.

Current demand and supply profile

As of February 2018, the Learning Disability budget is being spent in the following areas:



In addition to the above service profile Ealing Council supported 112 homecare service users with a learning disability in 2017-18 providing over 2000 visits; along with 89 service users who received outreach support in the community.

Detailed information about the population needs of Ealing can be found online at:
https://www.ealing.gov.uk/info/201048/ealing_facts_and_figures

What do we plan to change or extend?

Providers are requested to respond to the diverse and complex needs of service users who meet the Transforming Care definition by ensuring that their workforce has the right skills and expertise to support the following LD cohorts:

- autism and behaviour that may challenge
- mental health support needs
- people who display anti-social, risky or offending behaviour
- people who misuse drugs and alcohol
- people who display harmful sexual behaviour

During 2018-19 we will be working closely with providers to develop further options for community provision of care for people with complex needs and challenging behaviour. We will continue to review current placements to monitor agreed outcomes, and where appropriate, support service users to move to more independent living.

Autism spectrum disorders (ASD)

Population profile

Current demand and supply profile

Data about the number of people living with autism is available from several different sources. The latest information is included in the Autism Joint Strategic Needs Assessment published in 2017. You can view this at www.ealing.gov.uk/jsna

We know how many people living with a) ASD and b) ASD plus a Learning Disability have received a service from London Borough of Ealing. For those who have serious and enduring mental health needs as well as living with ASD we know how many have had an assessment/treatment from an integrated mental health team. We also know how many people receive treatment for mental health needs and have both a Learning Disability and live with ASD. What we don't know is how many people are living with ASD but not accessing any services or treatment for their condition.

Estimated prevalence

The most recent prevalence study of autism in the UK was commissioned by the Department of Health and published by the NHS Information Centre (now NHS Digital)⁵. Applying this estimate to the population of Ealing⁶ would indicate that there are approximately 3,780 (95% confidence interval 1,030 – 6,530) people living with ASD in the borough. Studies suggest that the prevalence of ASD maybe be higher among children and young people. For example, the Centres for Disease Control and Prevention in the USA estimate a prevalence of ASD among children and young people of 1.46% (95% confidence interval 0.82 – 2.46%)⁷.

People of all nationalities and cultural, religious and social backgrounds live with autism, although it appears to affect more men than women. Recent studies have reported an increased prevalence, leading to an increased demand for diagnostic and support services. The reason for this increase is not fully understood.

Prevalence of ASD recorded in the Ealing School Census

According to the Ealing Spring School Census 2017, there were 738⁸ children and young people resident in Ealing who were recorded as living with ASD in state schools in Ealing (including children's centres, primary/secondary schools and special schools). This represents 1.5% of all children and young people in Ealing state schools who live in the borough (738 out of 49,197 pupils in total).

Of these 738 children and young people, 504 had living with ASD listed as their primary need whilst a further 234 had ASD classified as a secondary need⁹. Based on the School Census, over the last five years the number of children and young people in Ealing schools recorded as living with ASD has increased by 57% (Figure 1). Possible reasons for this rise could include families with children

⁵ The NHS Information Centre, Community and Mental Health Team, Brugha, T. et al (2012). Estimating the prevalence of autism spectrum conditions in adults: extending the 2007 Adult Psychiatric Morbidity Survey. Leeds: NHS Information Centre for Health and Social Care

⁶ 2015 Greater London Authority Population Projection – SHLAA based

⁷ <https://www.cdc.gov/ncbddd/autism/data.html> (accessed on 09/02/2017)

⁸ An additional 57 children who were non-Ealing residents were recorded in the Ealing Spring School Census as having an ASD; making a total of 795 with an ASD in Ealing state schools.

and young people living with ASD being attracted to Ealing to attend specialist schools (specialist provision has increased in recent years). It may be that as awareness of ASD rises among schools and parents, the number of children and young people put forward for a diagnosis has increased. Finally, it may be that recording of ASD by schools has improved over the time period.

Prevalence of ASD among people with a learning disability

Recent research by the Learning Disabilities Observatory indicates that around 20-30% of people with Learning Disabilities (LD) live with an ASD². At October 2016, the top registered specific condition for adults with LD in receipt of services commissioned by London Borough of Ealing was autism, followed by other physical illness, epilepsy, physical impairment and sensory impairment¹⁰.

There were 149 people with LD identified as living with autism (including eight clients with Asperger's Syndrome) who were eligible for support from London Borough of Ealing. Of these, 105 were male and 41 were female. When the snapshot was taken, 47 clients were using services outside of the borough (mainly in residential care). The majority of people (58%) with LD who also live with ASD are aged 18-34 years (Figure 2). The ethnicity profile of people with LD who also live with ASD is similar to that of all people with LD in Ealing; around half are White, a quarter Asian/Asian British and a sixth Black/Black British (Figure 3). Prevalence of mental health and/or challenging behaviour in local population of adults living with ASD and a learning disability. The needs of people with learning disabilities living with autism can be particularly complex, with many having a co-existing mental illness and/or challenging behaviour and often needing psychiatric or psychological interventions. This cohort is more likely to be at risk of admission to inpatient mental health services. At November 2016, 78% of adults with learning disabilities placed in assessment and treatment (commissioned by NHS Ealing CCG) also had a diagnosis of autism.

Projections of the number of adults with ASD

Projecting Adult Needs and Service Information (PANSI) and Projecting Older People Population Information (POPPI) are databases designed for analysing population data and projecting numbers into the future. With a focus on people aged 18-64 (PANSI) and people aged 65 and over (POPPI), figures from the Census 2011 are applied to Office for National Statistics population projections to give estimated numbers. Projections of the number of adults living with ASD are available from 2016 to 2030.

These indicate a small, gradual increase in the number of adults living with ASD in Ealing. However, we have already seen that the number of children and young people in Ealing schools living with ASD has increased by 54% since 2012. Given this sharp increase in the number of diagnoses among children and young people, it seems logical that the increase will follow through to the adult population as these young people become adults. Whilst it is possible that some young adults living with ASD may be able to live independently, this increase is likely to have implications for the demand on services from this group.

Number of adults receiving an ASD assessment and/or treatment

West London Mental Health Trust (WLMHT) provides assessments and treatment to children and young people living with ASD, whether or not they also have mental health needs. Adults who live with an ASD and who are being treated by mental health services will have needs associated with their autism addressed and reasonable adjustments made to support their access to treatments. In the period 2015-16, 44 people were given an assessment by WLMHT and 126 received treatment for their mental health condition.

¹⁰ Source: London Borough of Ealing Adults Performance & Management Team, 2016

The majority of those who received an assessment and/or treatment were male. The majority were also aged below 18 years old.

What do we plan to change or extend?

There are areas we have identified where we need to explore solutions and focus on improvement. Work has already started on these areas but we need to do more.

- There is a need to ensure that providers delivering support and education to children and young people living with autism are adequately trained. This includes staff working in schools, SEND Coordinators and community based services such as domiciliary care.
- Access to information and signposting for recently diagnosed children and young people is a gap highlighted by parents.
- Transition into adulthood is a stressful time for many people living with autism. Support for young people is limited as they approach adulthood.
- The lack of specialist post-16 education facilities for young people living with autism who don't have a moderate or severe LD has been highlighted as a gap by families.
- Adults who live with autism but do not have a learning disability or a mental health need are at risk of falling between services and not having their needs met, as many would not be eligible for social care support. This is a particular risk for people who are not diagnosed until adulthood and for whom there is no published care pathway. For individuals who do not meet the adult social care eligibility criteria, post diagnostic support both immediately and in the long term is limited to services provided by the voluntary sector.
- There is a shortage of affordable housing in Ealing that is suitable and safe for adults living with autism and challenging needs, particularly the cohort who struggle to share space with others due to the frequency and intensity of the challenging behaviour they exhibit and the risks they present to themselves and others. This often results in vulnerable people being placed out of borough away from their families and social networks.
- We will be looking to increase specialist residential respite service for adults with learning disabilities and autism who have challenging behaviour and live at home
- There is a need to ensure that all providers delivering support to children, young people and adults living with autism and challenging behaviour have the right skills and expertise to work collaboratively with local clinicians to implement services which are compliant with the recently published NICE guidelines.

Mental health (including forensic services)

Population profile

Mental health and wellbeing are part of everyone's life, impacting on physical health, opportunities, feelings, behaviour and life expectancy. Everyone struggles with their mental health and wellbeing from time to time, through life events such as bereavement, loss and unemployment. For some of us, mental ill health seriously disrupts our lives. Many of us seek help and support.

Estimates suggest that at some point in our lives, one in four of us will experience mental health difficulties severe enough to seek help. At any one time, at least one in ten of us will be living with common mental health needs – depression, anxiety, Obsessive Compulsive Disorder (OCD).

At least one in a hundred of us will experience one or more psychotic episodes, experiencing the world differently, often as terrifying and dangerous to us or our loved ones. Many people recover from these experiences, some will live with them for their whole lives and will be severely disabled by them and by the associated stigma.

For detailed data about prevalence of mental health needs in Ealing see the Mental Health Chapter of the Ealing Joint Strategic Needs Assessment (JSNA).

Headlines are that in Ealing:

- 40,484 adults (all ages) are estimated by NHSE to be living with a common mental health need;
- Only 15,369 of these were registered with their GP as having depression in 2015/16 (lower than London and England);
- 4,576 people were registered with their GP as having psychoses in 2015/16¹¹ (lower than England, similar to London);
- These numbers are predicted to rise over the next five years by approximately 0.4% per year;¹²
- On average, there are 20 people discharged from secure forensic services and are supported in the community in Ealing each year.

Many people with mental health needs also have hazardous substance use (drugs and alcohol). Prevalence of hazardous substance use amongst psychiatric inpatients is estimated at between 22% and 44%, and during 2015/16, 30% of Ealing's new presentations for alcohol treatment and 29% of new presentations for drug treatment were receiving care from mental health services for reasons other than substance use.

Services and spending

Most mental health services in Ealing are commissioned by the Ealing NHS Clinical Commissioning Group (ECCG) and are provided by the West London Mental Health NHS Trust, which has a single point of access (SPA) for all adult mental health services. This includes inpatient and urgent care; integrated community teams (Recovery Teams) supporting those with the most complex needs; an Early Intervention in Psychosis service; a Primary Care Mental Health Team supporting people with a range of mental health needs under the care of their GP; and national forensic services commissioned by NHS England. The Trust also provides Improving Access to Psychological Therapies (IAPT), a Vocational Support service and a Recovery College.

¹¹ Source: HSCIC, QOF data 2015/16

¹² Source: PANSI, 2014

Other services commissioned include Supported Housing (164 individual places in 16/17) which is currently commissioned through several block contracts; Supported Living and Residential Care Homes (approximately 340 places) mostly individually commissioned through the DPS; support and care at home (60 people in 2016/17). The Council with ECCG supports a range of third sector organisations providing peer support, help finding and staying in work, counselling and other talking treatments, practical support with accessing housing and financial help, and challenging loneliness, stigma and social exclusion. The majority of these are grant-funded and the process for this is currently being reviewed with a view to procuring and funding services differently from 2019.

ECCG and Ealing Council invest over £50 million per year in adult mental health. £40 million of this is for NHS services outlined above. £10 million is on supported living, residential care, nursing care, community and voluntary sector services and counselling.

In Ealing, if a person has been detained under a section of the Mental Health Act and is assessed as having ongoing needs for care and support to remain out of hospital after discharge, they may be eligible for section 117 aftercare. This is the responsibility of the NHS and the Local Authority. In Ealing, there is a 50:50 agreement for funding s117 aftercare for new people. This can include a variety of services which support a person to live safely out of hospital, including support at home, supported living and residential care. These needs must be regularly reviewed to make sure they are still current and the support is appropriate.

How we want services to develop and opportunities for 2018-19

The Ealing Mental Health and Wellbeing Strategy 2017-21 outlines a vision for developing mental health services by shifting resources away from the most intensive services and towards more preventative and enabling services focusing on the outcomes people want to achieve and their own personal recovery.

Resources are limited: we are interested in working with providers to make the best of what we have, providing good quality services for the people who need them and value for money. We want to support services which will provide what people want and need, and which will also save public money, such as:

- Services which will reduce, delay or prevent people's need for social care, and which will reduce inappropriate use of health services, including emergency departments;
- Innovative ideas to provide more opportunities for people to live well with severe and enduring mental health needs, supporting people to recover and find what they need within their communities. This should include improving people's access to financial, legal and housing support;
- Projects focusing on helping people to improve and maintain their mental health;
- New ways to improve access to Talking Therapies, especially integrated services for people with long term physical health needs, older people and those from BAME backgrounds;
- Enabling support and care at home – more support to develop or regain skills in looking after ourselves, and less 'doing for';
- Services supporting people with common mental health needs to become better connected with their local community support services;
- Services to help people with Autism and people with ADHD who do not have a diagnosed Learning Disability to live well in the community¹³;
- Supported living for people with complex and multiple needs, including involvement with the criminal justice system, hazardous substance use, physical health difficulties, focusing on recovery and achieving personal goals and ambitions;

¹³ See Autism chapter

- 'Step down' accommodation and floating support for people when they are able to be more independent, so that people in higher support services can be supported to move on, making higher support available to those most in need;

We are keen to work with providers who will:

- Focus on outcomes with people
 - increasing independence, individual and community resilience,
 - improve people's chances of getting and staying in employment
 - increase opportunities to contribute to society and communities (geographical and interest based).
- Set up partnerships and/or consortia, planning together to provide across a range of needs, working closely with the NHS, third sector, private business and the local authority.
- Develop service models which are co-produced with the people who will benefit from them

We encourage providers to take part in the Mental Health Providers' Forum and the Registered Managers' Network if relevant. We encourage providers to join the appropriate Dynamic Purchasing System for the services they plan to deliver.

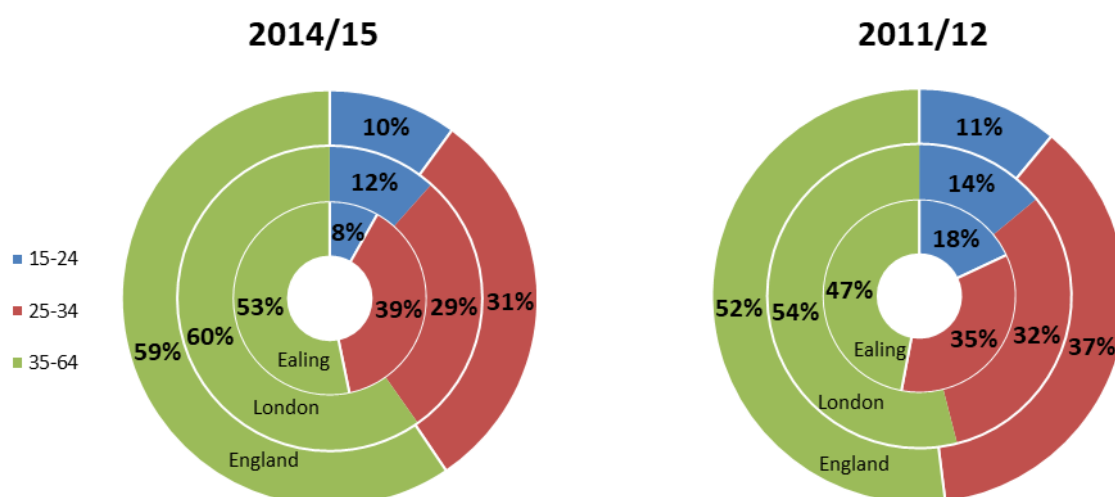
Substance misuse

Population profile

Prevalence profile

PHE data released in 2017, estimated Ealing's dependent drinking population to be 3499 residents, which is larger than Ealing's current annual treatment population for both drugs and alcohol (1765). The latest Glasgow Prevalence data for opiate and crack users show Ealing's opiate numbers have fallen since the previous estimates were released. This is in line with London although nationally there has been a slight increase.

The estimated number of crack users in Ealing has increased by 13.4% which is higher than the national increase (8.9%) but in London the overall estimated population has fallen by 2.1%. The figures below show the change between the two published sets of prevalence data in the overall population estimates for opiate and crack users in Ealing, split by age range and compared to London and England.



Source: Glasgow Prevalence Estimation 2014/15 (released 2017) & 2011/12 (released 2014)

Treatment profile

From local treatment data, there were 1765 adults in the treatment system in 2016/17 with 1,060 people in treatment with primary drug use (60%) & the remaining 705 (40%) with a primary alcohol need. Most drug and alcohol users in treatment are men with a consistent 80:20% split over the last 3 years. There has been a reduction in the number of women accessing treatment during 2016/17 (501 in 15/16 & 399 in 16/17) and a reduction in the number of women achieving a successful completion. In 15/16, 121 women achieved a successful completion from drug and alcohol treatment with 118 leaving treatment without a positive outcome. This compared to 80 achieving a successful completion in 2016/17 and 112 leaving without a successful treatment completion. The new Women's Wellness Zone has been commissioned to try to address this inequality and provide women with more complex needs an intensive and holistic offer.

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, accounting for 59% compared to 47% in the total population. There is a greater representation of heroin and other opiate use among the Asian populations. In 2016/17, 30% of the combined treatment population were White British; 38% Asian/Asian British; 7% White other; & 3% White Irish. The adult treatment population is getting older with the 55+ cohort of drug users in treatment increasing year on year. 70% of the alcohol treatment cohort is over 40. RISE is seeing an increase in physical health problems with rises in COPD as well as an increase in alcohol-related brain damage including Wernicke-Korsakoffs syndrome and alcohol-related dementia.

In 2016-17 RISE supported 242 substance misusers living with their own or other people's children (12% of the treatment population) and a further 436 parents whose children were not living with them (21% of the treatment population).

Current demand and supply profile

Ealing currently commissions RISE to deliver an integrated drug and alcohol community based treatment system. RISE is a consortium led by CGL, with clinical services provided by CNWL, peer recovery support delivered by Build on Belief, and some specialist courses offered by Intuitive Thinking Skills. This contract continues until March 31st 2020.

Ealing's DPS for Residential Rehabilitation, Detoxification and Structured Day-care Providers is used by the Social Work Substance Misuse team in Adult Services to provide placements for service users requiring more intensive support in addition to input from RISE. Funding pressures will continue to be an issue for these interventions. Placements are likely to be shorter, with suppliers 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 the community drug and alcohol treatment service (RISE) to ensure seamless care packages.

The community integrated drug and alcohol treatment system (RISE) has been reduced by 33% and the specialist criminal justice team has been subsumed into the generic recovery teams after the DIP MOPAC funding ended. Ealing has worked with local CJ partners to use available resources as effectively as possible but there remain issues with the continuity of care pathway between some prisons and the community.

What do we plan to change or extend?

We plan to:

- Establish education, training and employment support for substance misusers through a WLA project
- Increase the capacity of Ealing women's complex needs service, Women's Wellness Zone
- Develop a service specification for the integrated community drug and alcohol treatment service
- Open further rounds of Ealing's Dynamic Purchasing Systems (DPS) for Residential Rehabilitation, Detoxification and Structured Day-care Providers

Support for carers (including young carers)

Population profile

Ealing has an estimated 35,000 adult carers. The highest concentration of carers is in Southall, Greenford and Northolt. 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. The Census 2011 shows that 8.5% of Ealing residents provide unpaid care to a friend, relative or neighbour.

Provision of unpaid care by age group in Ealing, 2011 Census

	Unpaid Care: Total	1 to 19 hours unpaid care a week	20 to 49 hours unpaid care a week	50+ hours unpaid care a week
All ages	8.6%	5.3%	1.5%	1.8%
Age 0 to 24	3.0%	2.2%	0.5%	0.3%
Age 25 to 49	9.0%	5.5%	1.7%	1.8%
Age 50 to 64	16.6%	10.5%	2.7%	3.4%
Age 65 +	12.6%	6.3%	1.9%	4.3%

Source: ONS 2011 Census

Detailed information about the population needs of Ealing can be found online at:

https://www.ealing.gov.uk/info/201048/ealing_facts_and_figures

Current demand and supply profile

Analysis of the 46 direct payments made to carers in 2016/17 shows that services agreed to meet their assessed needs shows the majority used for sitting service. The carers one off payments issued in 16/17 the largest area of expenditure was on contributing to the costs of Short Breaks/day trips.

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. Carers 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 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 on social care resources.

The Council and the CCG want providers of adult care and support services to be alert to the 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.

What do we plan to change or extend?

We plan to:

- Implement a new Carers' Strategy and action plan
- Develop new flexible home-based 'services' to support carers using direct payments to purchase their own support.

Housing related support

Current demand and supply profile

Ealing currently commissions 56 housing related support services from 24 service providers, accounting for an annual spend of £5m. The expenditure, numbers of client group breakdown is as follows;

Primary Client Group	Number supported	Annual Contract Value
Frail Elderly	75	£80,928
Generic Floating Support	110	£171,000
Hospital Discharge Clients with Support Needs	50	£46,871
Older Persons Floating Support	163	£243,161
People with a Physical or Sensory Disability	34	£89,941
People with Drug & Alcohol Problems	17	£296,138
People with Learning Disabilities	93	£1,236,415
People with Mental Health Problems	204	£1,621,282
Rough Sleepers	24	£316,070
Single Homeless with Support Needs	46	£304,635
Teenage Parents	10	£35,248
Women at Risk of Domestic Violence	50	£219,559
Young People at Risk	110	£556,040
Young People Leaving Care	37	£299,432
Total numbers supported	1,023	£5,516,725

What do we plan to change or extend?

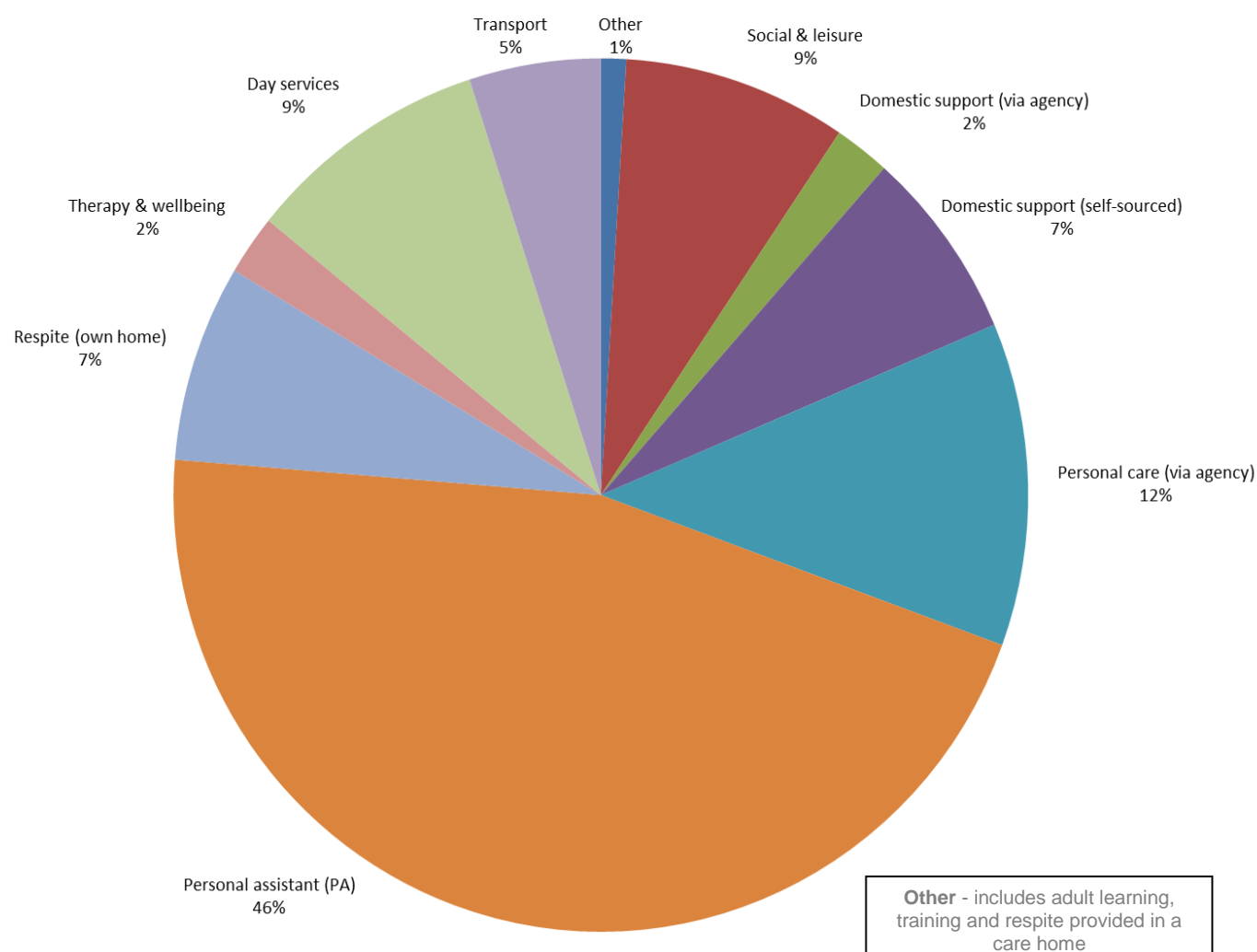
Our focus in 2018-19 will be to support the Better Lives programme by both increasing support in the community and by supporting the greater throughput of service users from high-need accommodation services to increased independent living options with (or without) floating support.

Direct payments

Direct payments are offered as an alternative to commissioned services to all children and adult social care users who are eligible to receive them. In 2017-18 the Council supported 703 direct payment users, spending in the region of £12m (net):

Profile of direct payment users	Number
Children	118
Adults 18 – 64	344
Adults 65 plus	190
Carers'	51
Total	703

The direct payments purchasing profile for 2017-18 was as follows:



Carers one-off payments scheme

In addition to offering long term direct payments, the Council supported 195 carers via its one-off direct payments scheme in 2017-18.

The scheme provides a £150 cash contribution towards supporting carers with their caring role and / or taking a break from their caring role. The carers one-off direct payments take-up profile for the years was as follows:

Carers One-Off Payment Scheme	
Older Adults	90
Independent Living Team (formerly YPD)	25
Learning Disabilities	41
Mental Health	39
Total no. of carers	195

What do we plan to change or extend?

- Further develop access to the Personal Assistant (PA) market for direct payment users to ensure they have access to a reliable and skilled workforce.
- Develop new flexible home-based services to support carers using direct payments to purchase their own home-based support.

Voluntary & community sector grants 2018-19

Children's

The children's grant programme comprises of Ealing Council and Ealing CCG funding totalling £459,556 per annum up to 2018-19.

Allocation	2018-19
CCG and Council contribution	£459,556

The children's grant priorities for funding up to 2018-19 are:

- Young carers support
- Support for children and families experiencing specific forms of disadvantage
- Safeguarding
- Information, advice and support for families with a child with a disability or special educational needs or complex health needs
- Community short breaks for children with a disability or special educational needs or complex health needs
- Support for children affected by domestic violence.

Adults

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

Allocation	2018-19
CCG and Council contribution	£1,906m

The adult grant funded services (and lead agencies) for 2018-19 are:

- 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
- 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 Services - Ealing Abbey Counselling Consortium
- Ealing Specialist Advice Service – Consortia led by Ealing Mencap
- Ealing Cares - Southall Community Alliance
- Support Planning & Brokerage - Certitude

What do we plan to change or extend?

During 2017/18 we have consulted with the voluntary sector on priorities for the next funding round, which will commence in April 2019. The consultation ended on 16th March and the final report on priorities for 2019-2023 will be agreed by Cabinet in June 2018. The proposed priorities, at this stage, are:

Funding Stream		Proposed Allocation
A	Improving self-care – enabling and empowering people to make healthier choices to stay mentally and physically well	£0.100m
B	Increasing community connections and reducing social isolation and user involvement	£0.400m
C	Improving access to high quality information and advice – specialist, general and children’s specific	£0.535m
D	Improving mental health – supporting people with serious and long term mental health needs in their recovery and promoting everyone’s wellbeing	£0.385m
E	Short breaks/respite care/young carers	£0.390m
F	Domestic violence services	£0.185m
G	Infrastructure support	£0.146m
H	Small grants fund	£0.100m
Total		£2.241m

An invitation to apply for funding for the areas included in the final agreed report will be published in July 2018, with applications to be submitted in September 2018.

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.
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
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
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 Deaf blindness 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
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

Term	Definition
Education, Health & Care Plan (EHCP)	Plan for children and young people with special educational needs and/or disabilities identifying their needs and the arrangements to be put in place to meet those needs - Children Act 2014.
Eligible needs	Needs for care and support which result in an adult being unable to achieve specified outcomes and therefore there is or is likely to be a significant impact on the person's well-being
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.
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	The computer software system Ealing's Adults' 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 can do so
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.
Market shaping	Local Authorities with their partners are expected to understand 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
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.
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 (based on 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)

Term	Definition
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 Adults' 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, focusing on helping the person to regain skills and capabilities to reduce their needs
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.
Strengths-based approach	The phrases 'strengths-based approach' and 'asset-based approach' are often used interchangeably. The terms refer to different elements that help or enable individuals to deal with challenges in life in general and in meeting their needs and achieving their desired outcomes in particular
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)
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.
Sustainability & Transformation Plan (STP)	Strategic plan for health and care services across a large geographical area, in North West London covering the eight boroughs: Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow, Kensington & Chelsea, Westminster
Top Up fee (Third-Party)	This is only relevant where a person has exercised their right of choice of accommodation. It means that where a person has chosen a more expensive setting than the amount identified in their personal budget, then a 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 circumstances by the person themselves

Term	Definition
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