

Adults' Services

Local Account 2017-2018

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

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Message from Councillor Binda Rai - Portfolio Holder for Health & Adult Services

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"I would like to invite you to read this local account of Adults' Services in Ealing, reflecting on the Department's performance in 2017-18. During 2017/18 Adult Social Care concentrated on developing the Better Lives Programme, which seeks to work with people to enhance their independence and reduce reliance on formal care where this is possible. This will enable us to better manage within the available resources and make sure we focus our spend on those people most in need. We know that demand is increasing whilst the financial resources are shrinking so this is really important for us and the people we support. During 2018/19 we will continue to develop Better Lives and make sure that our new way of working is spread across all of the services we deliver directly and also those we purchase."

Message from Judith Finlay - Executive Director of Children and Adults

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"In 2017/18 Adult Social Care and Public Health in Ealing has made positive progress in a number of areas in spite of a difficult financial climate. We have taken a very thorough review of how we provide services and have identified how we can improve the way we support our communities to stay independent, healthy and active for as long as possible. Our Better Lives programme will shift our values and social work practice to focus on peoples strengths and community networks, providing the right level of support at the right time. We will also set challenging targets for keeping in touch with people who use our services and becoming more financially sustainable. Whilst embedding the Better Lives Programme, we are working closely with Health Partners to improve our performance in areas such as Delayed Transfers of Care."

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

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

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 58% from 42,200 to 66,700. The greatest percentage rise is in the 90 and over age group with a predicted increase of 124% or 2,600 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	2017	2020	2025	2030	2035	2035 % Change
People aged 65-69	13,000	13,800	15,100	17,500	18,700	44%
People aged 70-74	9,900	11,200	12,200	13,500	15,700	59%
People aged 75-79	7,800	7,900	10,000	10,900	12,100	55%
People aged 80-84	5,900	6,400	6,600	8,400	9,200	56%
People aged 85-89	3,500	3,900	4,600	4,900	6,300	80%
People aged 90 and over	2,100	2,400	3,100	3,900	4,700	124%
Total population 65 & over	42,200	45,600	51,600	59,100	66,700	
Total % change		8%	22%	40%	58%	

Source: POPPI - Figures are taken from Office for National Statistics (ONS) subnational population projections by persons, males and females, by single year of age. The latest subnational population projections available for England, published 23 May 2016, are full 2014-based and project forward the population from 2014 to 2039. Figures may not sum due to rounding. Crown copyright 2016

Table 1b. Ealing Population aged 65 and over, projected health issues

Total population aged 65+:	2017	2020	2025	2030	2035
with a limiting long term illness whose day-to-day activities are limited a little	10,432	11,245	12,734	14,630	16,496
with a limiting long term illness whose day-to-day activities are limited a lot	11,271	12,186	13,945	16,053	18,344
predicted to have a fall	11,180	12,122	13,760	15,843	18,102
predicted to have dementia	2,914	3,159	3,698	4,351	5,096
unable to manage at least one activity on their own	7,624	8,274	9,482	10,929	12,666
predicted to have a longstanding health condition caused by a stroke	975	1,052	1,201	1,384	1,573

Sources: POPPI

- Long term illness - Figures are taken from Office for National Statistics (ONS) 2011 Census, Long term health problem or disability by health by sex by age, reference DC3302EW.
- Falls - Figures are taken from Health Survey for England (2005), volume 2, table 2.1: Prevalence and number of falls in last 12 months, by age and sex.
- Dementia-The most recent relevant source of UK data is Dementia UK: A report into the prevalence and cost of dementia prepared by the Personal Social Services Research Unit (PSSRU) at the London School of Economics and the Institute of Psychiatry at King's College London, for the Alzheimer's Society, 2007.
- Mobility - Figures are taken from Living in Britain Survey (2001), table 29.
- Stroke - Figures are taken from the General Household Survey 2007, table 7.14 Chronic sickness: rate per 1000 reporting selected longstanding conditions, by sex and age, ONS. The General Household Survey is a continuous survey which has been running since 1971, and is based each year on a sample of the general population resident in private households in Great Britain.

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 6% from 227,100 to 241,000. The greatest predicted increase in adults with a need, is 15% for those adults with a serious physical disability, closely followed by those having a moderate or serious personal care disability at 13%.

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

Need	2017	2020	2025	2030	2035	2035 % Change
Learning Disability Support						
People predicted to have a learning disability	5,550	5,614	5,706	5,813	5,912	7%
People predicted to have autistic spectrum disorders	2,307	2,347	2,406	2,465	2,517	9%
Physical Support						
People predicted to have a moderate physical disability	16,587	17,026	17,707	18,146	18,471	11%
People predicted to have a serious physical disability	4,705	4,879	5,145	5,298	5,394	15%
People predicted to have a moderate or serious personal care disability	9,811	10,128	10,608	10,866	11,059	13%
Mental Health Support						
People predicted to have a common mental disorder	36,401	36,716	37,253	37,831	38,299	5%
People predicted to have a borderline personality disorder	1,015	1,023	1,037	1,052	1,064	5%
People predicted to have an antisocial personality disorder	806	820	839	860	877	9%
People predicted to have psychotic disorder	904	912	925	939	950	5%
People predicted to have two or more psychiatric disorders	16,338	16,505	16,778	17,066	17,304	6%
Social Support						
People predicted to have alcohol dependence	13,747	13,945	14,247	14,555	14,818	8%
People predicted to be dependent on drugs	7,771	7,874	8,035	8,199	8,339	7%
Total population aged 18-64	227,100	229,700	233,500	237,400	241,000	
Total % change		1%	3%	5%	6%	

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

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:

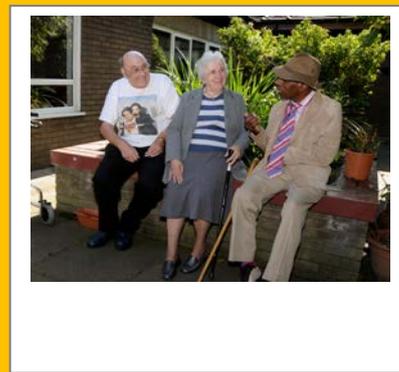
- older people
- people with a physical disability, sensory impairment or long term health condition
- people with a learning disability
- people with a mental health problem (including those with a forensic history)
- people with a substance misuse problem
- carers
- people who need safeguarding from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

The 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 service is delivered across a range of key areas that include social work and directly provided services across a range of specialist teams including: Integrated Mental Health Services. Supported by Business Support, Finance and Integrated Commissioning teams.

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.

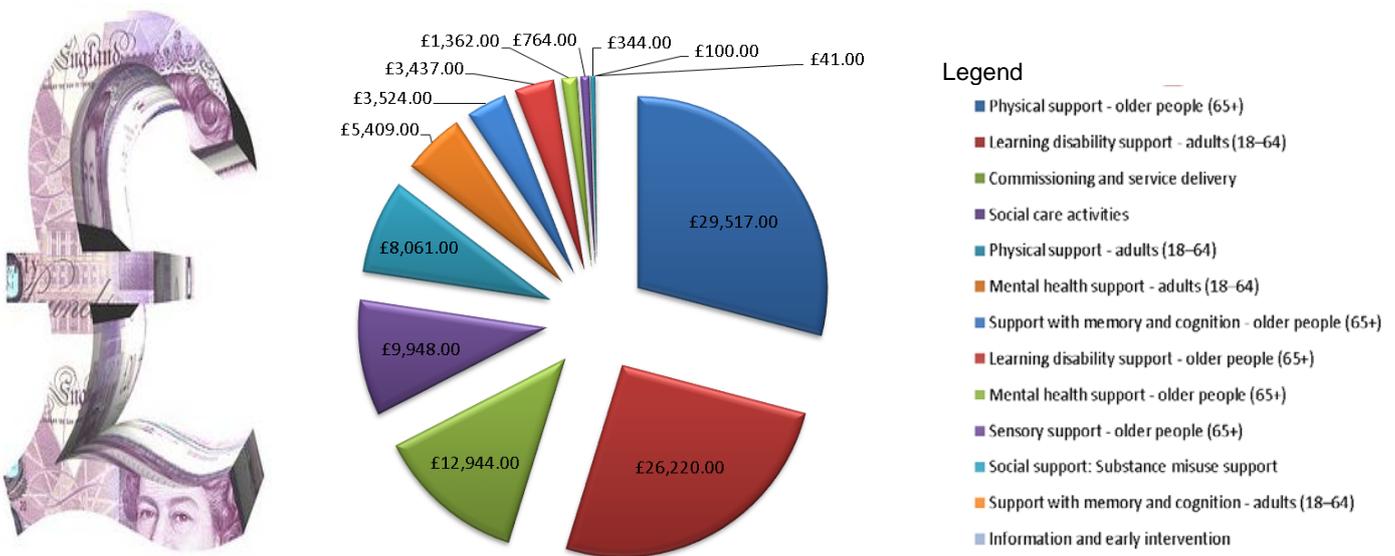
The focus on 'improving independence, health and well-being' in the vision represents a strategic shift away from a primary focus on provision of services at the point of crisis, to supporting people to be able to live as independently as possible for as long as is practicable, as well as improving the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

Adults' Services Resources - How much do we spend?

The adult social care net budget for 2017–18 was £101,587,000. The chart below shows how this is shared between people with different support needs.

Chart 2. Net Current Expenditure by service area (000's)



Data source: 17-18 RO Form 3 Includes support for voluntary organisations, business management and supporting people.

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

During 2017-18, 7,184 service users with a variety of needs received adult social care services. This includes services based in the community, as well as in residential services.

Table 2a. Number of service users receiving a service during 2017-18 by service type.

Service	18-64			65+			17-18	16-17 Total
	F	M	All	F	M	All		
Community	905	1013	1918	2652	1639	4291	6209	6030
Residential	70	127	197	229	130	359	556	621
Nursing	9	20	29	253	137	390	419	450
Grand Total	984	1160	2144	3134	1906	5040	7184	7101

Data Source: SALT data 2015-16 2017-18

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	591	452	1043	2633	1575	4208	5251
Sensory Support	15	13	28	32	14	46	74
Dementia Support	3	5	8	251	142	393	401
Learning Disability Support	267	425	692	40	46	86	778
Mental Health Support	98	231	329	175	124	299	628
Social Support	10	34	44	3	5	8	52
Grand Total	984	1160	2144	3134	1906	5040	7184

Data Source: SALT data 2017-18



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.

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 2018 to 2022

The strategy sets out high level priorities for carers and it will inform the development of future commissioning intentions.

Carers are estimated to save the UK economy £119 billion per year in care costs. This is equivalent to £18,473 per year for every carer in the UK. Health and social care will increasingly rely on informal carers as partners to support the growing number of people with health and social care needs in the community.

Carers tell us that the local health and care system doesn’t always work well for them. It can be complicated and difficult for people to move from one service to the next. Health and care staff often work independently of each other, rather than together, when looking after people.

Priorities for Action for Carers

We have achieved much since introducing our last Joint Carers Strategy 2012 – 2018, but there remains a lot to do to identify and support carers. From the feedback we have received from carers over the years we have identified the following priorities for the future:

Priority area 1: Identifying carers of all ages at an early stage, recognising them as partners in care, ensuring they are aware of their rights to assessment and services, recognising their contribution and involving them in designing local care and in planning individual care packages.

Priority area 2: Enabling carers of all ages to have a family and community life alongside caring, personalising support for carers by improving choice and flexibility of support services available and providing good quality information, advice and support.

Priority area 3: Supporting carers of all ages to stay healthy, mentally and physically, providing respite from caring and offering training to support carers in skills to care and increase carer confidence.

Priority area 4: Supporting carers of all ages to maximise their incomes and realise their potential in education, employment and leisure.

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.

Information and support has been increased through Health and Social Care grant funded services include carer services, befriending support to both vulnerable adults and isolated people which can include carers, and a requirement to provide information on benefits, debt counselling, and training and employment options for carers

Achievements in 2017/18 for Carers

- A dedicated web page for Carers <https://www.ealing.gov.uk/carers>
- The Councils Leisure pass continues to be available to carers to encourage increased take up of exercise
- The handy person service continues to provide up to 6 visits per year to allow three visits for the carer as well as the three visits for the carer for adult.
- 195 carers one off payments (of £150) have been issued in 17/18 (compared to 146 in 15/16 and 127 the year before). These one-off payments of £150 have been used for a variety of purposes. The largest area of expenditure was on contributing to the costs of Short Breaks/day trips 57%
- 51 Carers Direct Payments established, providing Carers with the choice of arranging services agreed to meet their assessed needs, such as gym membership, massage, equipment for the home, domestic support or replacement care.
- Social workers in older people services have established carer champions who advise and feed back to other social workers information about supporting carers locally.

- Training provided to social workers on carer services across family and children services and is being addressed in Adult services through Better Lives approach.
- Explored option of a care cooperatives and how to increase short breaks, sitting in/staying with service.
- Carers have had input into how to streamline the social workers on line carer assessment.

2017-18 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 (2017/2018)

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

- 2A1 - Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population
- 2A2 - Long-term support needs of older adults (aged 65 and over) met by admission 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).

Summary of 2017-18 ASCOF Performance

Table 3. Summary of 2017-18 ASCOF Performance.

Code	Indicator	Polarity	2017-18 Actual	2017-18 Target	Actual Vs Target
Enhancing quality of life for people with care and support needs					
1A:	Social care-related quality of life	BIB	18.3	18.3	↔
1B:	The proportion of people who use services who have control over their daily life	BIB	66.8%	67.0%	↓
1C1a	Adults 18+ receiving self-directed support	PIB	87.9%	87.2%	↑
1C1b	Carers receiving self-directed support	PIB	38.1%	44.9%	↓
1C2a	Adults 18+ receiving direct payments	BIB	17.0%	17.6%	↓
1C2b	Carers receiving direct payments	BIB	19.5%	21.1%	↓
1D:	Carer-reported quality of life	BIB	Biennial PI	N/A	N/A
1E	Adults with learning disabilities in employment	BIB	4.7%	5.9%	↓

Code	Indicator	Polarity	2017-18 Actual	2017-18 Target	Actual Vs Target
1F	Adults in contact with secondary mental health services in employment	BIB	7.0%	N/A	N/A
1G	No. of LD adults in settled accommodation	BIB	72.1%	70.0%	↑
1H	Adults in contact with secondary mental health services in settled accommodation	BIB	72.0%	N/A	N/A
1I1	The proportion of people who use services who reported that they had as much social contact as they would like.	BIB	41.3%	39.7%	↑
1I2	The proportion of carers who reported that they had as much social contact as they would like.	BIB	Biennial PI	N/A	N/A
1J	Adjusted Social care-related quality of life - impact of Adult Social Care services	BIB	0.4	N/A	N/A
Delaying and reducing the need for care and support					
2A1	Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	SIB	8.2	13.0	↑
2A2	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	SIB	336.3	544.0	↑
2B1	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	BIB	96.5%	93.0%	↑
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)	BIB	2.6%	N/A	N/A
2C1	Total delayed transfers of care from hospital	SIB	13.5	13.6	↑
2C2	Delayed transfers of care from hospital attributable to social care	SIB	7.4	10	↑
2C3	Delayed transfers of care from hospital jointly attributable to NHS and social care	SIB	0.6	0.6	N/A
2D	The outcome of short-term services: sequel to service	BIB	57.6%	67.0%	↓
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	57.8%	60.6%	↓
3B:	Overall satisfaction of carers with social services	BIB	34.0%	Biennial PI	N/A
3C:	The proportion of carers who report that they have been included or consulted in discussion about the person they care for	BIB	63.3%	Biennial PI	N/A
3D1:	The proportion of people who use services who find it easy to find information about services	BIB	61.4%	71.6%	↓
3D2:	The proportion of carers who find it easy to find information about services	BIB	58.8%	Biennial PI	N/A
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%	65.7%	↑
4B:	The proportion of people who use services who say that those services have made them feel safe and secure	BIB	82.1%	84.4%	↓

Key: BiB = Bigger is Better
SiB = Smaller is Better
PiB = Plan is Best

2017-18 Key Achievements in Priority Areas



In 2017/18 Adult Social Care and Public Health 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:

- We are transforming our adult social care service with a new approach based on people's own strengths and networks to promote greater independence for longer and achieve a financially sustainable service.
- Our in house reablement homecare service has retained a Good CQC rating for the last 4 years. The service helps residents to regain confidence and skills to remain at home, usually after period of illness. In the last year this service has provided over 600 vulnerable residents with support and/or one off welfare checks. 58% of referrals for support resulted in people regaining their independence and not requiring any further long term care.
- Launched and developed our highly rated Reablement and Homeward services that support over 1200 people per year to prevent admission into and to support them when discharged from hospitals
- Reducing delays for people coming out of hospital has been a local and national priority Ealing's ranking improved by 11 places across London boroughs in the last year, and 72 places nationally. During the year the hospital social work teams have supported 685 residents to be discharged from hospital (there were only 16 people delayed during December, our busiest month).
- We are working with health to avoid readmissions – we continue to be in the top 20% nationally for this indicator. 93% of older people (65 and over) remain at home 91 days after discharge from hospital into our reablement/rehabilitation services.
- We promote independence to provide support for people to live in the community for as long as possible. For example, during 2016-17, 7,101 service users with a variety of needs received adult social care services. This includes services based in the community, as well as residential services. 6,030 received support in the community, 1, 71 received support in a residential care setting.
- We want to ensure that that people have a positive experience of care and support and safeguard people from avoidable harm. Our customers have told us what they think via an annual survey. Over the term we have sustained Overall satisfaction of people who use services with their care and support (above 60%) and the proportion of people who use services who say that those services have made them feel safe and secure (above 80%).
- We have provided 13 adults with learning disabilities a better quality home environment through our Shared Lives service by matching them with family carers who can offer short breaks or long term care in their own homes. The service has been rated as Good by the CQC.
- We launched our loneliness and social isolation charter to build on ways of working with community and health partners by using our grants programme and by making a priority for the new Active Citizens programme.

- We have secured the long term future of the Solace out of hours support service for people experiencing mental health issues by investing in improvement to the centre facilities.
- We have prioritised the importance of improving mental health outcomes by appointing a champion councillor.
- We continue to work to our ambition for a Dementia friendly Borough with the appointment of a Dementia champion and the creation of Ealing Dementia Action Alliance holding Dementia Awareness Weeks, memory walks and regular memory cafes
- Making Every Contact Count training delivered - we have trained over 400 professionals across social care, the voluntary sector and CCG aiming to develop their skills, knowledge and confidence in applying a motivational Interview style approach to empower customers to make positive changes to their health and welfare.
- Secured almost £2m Government funding to improve the support available for persons needing advice and assistance from the community and voluntary sector
- Agreed our long-standing commitment to reducing HIV prevalence and promote the importance of good sexual health through our financial support for the 'Do It London' campaign and the availability of PrEP on the NHS.
- 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. Our new Carers Strategy will seek further ways of supporting the valuable work of carers.
- Investment to increase physical activity amongst the population through outdoor gyms, Ealing walks programme, Beats the Streets pilot, and secured funding from Sport England for a pilot in Southall.
- We are increasing the provision of residential respite provision for adults with learning disabilities and challenging behaviour adding 4 extra bed rooms to an existing site, and using £400k of NHS investment to provide 3 brand new self-contained units.
- Falls prevention: Brought our telecare monitoring services back in house for over 700 residents, so that monitoring and response services are local and personalised in the event of a fall at home. Last year we also expanded the free Strength and Balance programme.
- We continue to provide over 30,000 items of equipment to support people to live at home through the community equipment service.



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 acknowledging the important role played by informal carers and local support networks.

As part of Future Ealing, the Better Lives (adults) programme is now firmly established to deliver new ways of working with residents and partners. At its' core Better Lives is a cultural and behaviour focused change programme designed to be more preventative in the way we manage demands for long term care and support, thereby addressing spend and 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.

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.

Better Lives will be a priority for the service for the foreseeable future influencing how we work with people, partners and providers. In addition we continue in our commitment to support informal carers, Safeguard Vulnerable Adults, promote effective integration with the NHS and reduce unnecessary admissions to and discharges form Hospital.

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 2017/18 were:

I am writing to commend S for the outstanding service received with respect to my OT needs at home. S was extremely kind, patient and caring with respect to my OT assessment. I have dealt with several individuals / teams in both the NHS and Local Authority over many years following my disability and mental health issues, and found S's service and level of professionalism second to none.

She dealt with my issues promptly and has made a huge difference to both me and my family's lives and day to day living needs. I very much appreciate her help and support which will not be forgotten. She has a friendly approach and is a pleasure to work with.

S's commitment to excellence makes her a valuable asset to any organisation and deserves support in progressing her career aspirations.

I am the son-in-law of B, who has been cared for by your service for a couple of years and who passed away at the end of last month. On behalf of my wife and myself I wanted to let you know just how much we have appreciated V's support for B in his last years. She has been caring, dynamic and tolerant: in fact going far beyond the professional minimum in every respect. V has shown considerable understanding of a delicate family situation while actively mobilising the practical support B needed; she also managed to persuade B to accept help, in itself an achievement for someone who was often very stubborn: he was a complex and not always easy man! We were touched by her messages of support and condolence once he had died; V's professionalism has extended through the entire process. In B's time of need, we could not have wished for a better advocate for him.

Dear Reablement Service

I am writing to thank you for the care you have given to my Mother. I believe M had been coming regularly for the last few weeks, and she was so kind. Brushing my mum's hair, leaving the bed made, keeping the sink spotlessly clean! Etc. etc. She was very friendly and compassionate in the way she spoke with my mother. So a huge thanks!

M

'Genuinely caring staff who listen. Short waiting time. 24/7 duty care line'

'Staff are considerate and kind. Staff are calm so clinic does not seem busy'

'The people here are very supportive and do a really good job helping people who are not well'.

'The staff are really supportive and caring and understanding and I respect that people are trying to help me get to a better place and I generally feel listened to by duty and the team'.

The Adults Complaints Service recorded 101 complaints during the year, compared with 103 for the same period last year. This indicates a decrease of 1.9% from last year in complaints received and processed under the statutory complaints procedure within the department.

Tables 4a & 4b summarise complaints received during 2017/ 2018 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

Risk/Stage	Services Area	2016/2017	2017/2018
Low risk	Adults	95	97
Stage 1	Corporate Complaints	8	4
Medium risk	Adults	1	0
Stage 2	Corporate Complaints	0	0
High risk	Adults	0	4
Stage 3	Corporate Complaints	0	0

Table 4b. The Outcomes of Low Risk Complaints

Risk/Stage	2016/2017	2017/2018
Upheld	20	22
Not upheld	55	72
Partially upheld	26	5
Other	2	2
Total	103	101

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 Dickieh@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 17-18 results are shown below and compared to the previous year.

Table 5. ASCS Scores

Outcome	17-18	16-17	Social Care Impact
Quality of Life Score	18.3 (59.8% rate QoL as good or better)	18.5 (58.4% rate QoL as good or better)	91% of clients said care and support services helped them to have a better quality of life. Down from 94% in 16-17.
Clients extremely, very, or quite satisfied with services	88%	88%	
Clients had as much social contact as they want with people they like	41%	40%	58% 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	69%	71%	
Clients feel as safe as they want	66%	66%	82% of clients said care and support services helped them to feel safe?

Healthwatch Ealing



'Local voices improving local health and social care'

Healthwatch Ealing (HWE) 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.

Ealing Council originally commissioned the Local HWE services in April 2013 and retendered the services for a new contract which started in April 2017. On the 1st April 2017 Your Voice in Health and Social Care (YVHSC) assumed contractual responsibility for HWE.

HWE have implemented a digital feedback centre that yields a minimum of 400 patient experiences per month. It is important that a HWE service reflects patient feedback and this is an opportunity to identify significant experience numbers and identify emerging themes and trends in the community.

HWE are delivering a comprehensive Enter and View programme and are working with our partners to identify services that will benefit from this intervention. The Enter and View programme highlights areas of concern and areas of good practice, affecting change through realistic and supportive recommendations. Services will also be identified from patient experience feedback. HWE conduct two visits per month and occasional observational assessments.

HWE are delivering deep dive studies across the borough both independently and through YVHSC commissioned work. A deep dive is an extensive piece of research that targets a specific service or outcome.

HWE focus on developing volunteer roles that reflect the borough and its diverse communities.

Over the last year from April 2017 to March 2018 HWE have carried out several projects over the year, some of these are:

- HWE held 69 engagement events across the borough consisting of local surgeries, open consultations and forums enabling the community to engage and make their views and opinions heard. HWE continue to hold specific monthly surveys at Ealing Hospital.
- HWE have engaged with 2642 people as part of the Patient Experience Programme. Patient experience forms help influence the priorities for informing the shape of provision, and enable HWE to recommend changes to health and social care providers and monitor the impact of the recommendations for continuous improvement

- HWE have reached 408 people through outreach stalls, presentations and talks to community groups.
- The GP access survey was conducted in June and July 2017. HWE spoke to 2000 Ealing residents about their experiences of accessing GP services. HWE spoke to various communities, including those who don't have English as a first language. The volunteers spoke several languages and could ensure people from all communities were able to take part. Recommendations included:
 - Providing improved telephone access for patients,
 - Reducing waiting times by offering quicker access to appointments for patients
 - Making patients more aware of online booking systems.

The HWE website provides better accessibility and the latest technology that the public can use easily to find a local health or social care service, including support services and partner organisations. The full reports (as well as others) can be viewed at <http://www.healthwatchealing.co.uk/resources>

Ealing Community Network (ECN)

Ealing Community Network Ealing Community Network (ECN) aims to provide a strong, *A united voice for the local voluntary and community sector* 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 CCG and with the council's Adult Services in Ealing. Their work includes:

- Regular VCS health partnership meetings with CCG and council officers.
- VCS involvement in the Ealing Integrated Care Programme including
 - Leading VCS engagement on the Model of Care Steering Group
 - Representing the VCS on the LBE CCG Joint Management Team
 - Representing the VCS on the Health and Wellbeing Board
- Inputting to the CCG Health Self Help Partnership
- Supporting a quarterly Ealing VCS Health and Social Care Forum
- Holding a successful Ealing Health Summit

ECN also held a number of Ealing Mental Health Forum events attended by council and CCG Officers as well as West London Mental Health Trust, Job Centre Plus and Care Coordinators.

For latest information on health partnership work in Ealing and Hounslow contact info@ealingcvs.org.uk

Ealing Community and Voluntary Service (CVS)



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.

Ealing CVS have run varied programs of training and work with groups to develop effective safeguarding policies and practice. Ealing CVS are located at Lido Centre, 63 Mattock Lane, London, W13 9LA. Ealing CVS can be contacted on 0208 280 2230/ info@ealingcvs.org.uk and found at <http://www.ealingcvs.org.uk/>

There is continued on-going partnership working with a diverse range and number of voluntary sector organisations towards providing the best possible services for residents. The achievements have been wide ranging, below are some examples of the kind of work taking place: -

- An Employment Coaching Project, run by CAPE (Communities Activities Project Ealing), supported by ECIL (Ealing Centre for Independent Living), providing advice, encouragement and support to people with disabilities looking to access employment and volunteering opportunities.
- CAPE provided activities at Cape's Recovery Centre and The Lotus Centre including weekly social forums, vocational/training /physical, mental health and wellbeing groups, talking therapy groups, financial planning, ICT Digital Inclusion Surgeries and advocacy support surgeries. Outreach work included engaging with people most excluded, often chaotic in presentation, carrying out preventative work to reduce cases of relapse along with early intervention to reduce needs for additional support from statutory services.
- Southall Community Alliance and partners provided support, activities and assistance to Ealing residents, specifically targeting and supporting BME communities through a programme of sporting, social and education activities, as well as awareness raising programmes on self-care and keeping healthy and active.

- The Asian Health Agency delivered 1,830 hours of short breaks within the home for Carers. Short respite breaks were provided in day centre and community settings delivered for carers and cared for.
- Dementia Concern provided Weekend Day Care and Call & Care Service. Both services are a vital life-line for carers enabling them to continue caring and help people with dementia to maintain daily living skills.
- Certitude provided respite for family carers of people with learning disabilities. This included a range of options such as in the home, community centre and holiday based short breaks. Service users are supported to use community facilities, establish social networks, meet people and make friends.
- Neighbourly Care provided practical and peer group support, alleviating social isolation, loneliness and providing social interaction for older people via 20 hubs throughout the borough. The programme included a befriending project, health activities, exercise and yoga classes, strength and balance exercises, health eating, support for carers as well as many more activities.
- The National Autistic Society's ASSIST project provided support to autistic people to access training, employment or volunteering, resulting in increasing social integration and physical skills. ASSIST (Asperger support, Signposting and Information Services Team) provides support for individuals with Asperger Syndrome, their families and their carers, who have difficulty accessing support with statutory agencies.
- The Treat Me Right project worked with people with learning disabilities and autism to support them to access services, as well as providing training and awareness raising sessions with professionals in mainstream services to improve their understanding/knowledge about people with LD and their support needs.
- Disability Unite provided a range of activities to improve access to services and opportunities to enable people with physical disabilities, sensory impairments and/or long-term health conditions to live as independently as possible at home and within their communities. This included advice and information, short respite breaks, day centre activities, escorting sessions to GP/health, local authority and benefits appeal hearings etc., days trips were organised to various places and a weekly activity programme at various locations in the borough offered a range of session for exercises, yoga, games, bingo, music and other social and recreational activities.
- A partnership project led by Ealing Abbey Counselling Service provided IAPT compliant psychological therapies and BACP approved talking therapies for adults with mild to moderate mental health issues, depression or anxiety. The partners include specialist Asian Family Counselling and bereavement counselling.
- Ealing Specialist Advice Service, the key information and advice service provided a specialist information and advice service for welfare benefits, money management, debt counselling and housing advice to older people, carers and people with physical and learning disabilities and

sensory impairment. There continues to be high demand for the service with up to 40 new referrals daily at some times of the month.

The Local Account 2018-19

The next local account will be prepared from Nov 2019, reporting on activity and achievements in 2018-19 and priorities for the year ahead.

Useful Information

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/201046/decision_making/350/local_strategic_partnership/2

Adults' Services

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: MeahSimsS@ealing.gov.uk

By telephone to: Stephen Meah-Sims on 020 3882 7149

By post to: Director of Adults' Services

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