Peer Challenge Progress Report

London Borough of Ealing

January 13th 2025

Final Report V.2

Contents

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Local Government Association company number 11177145 Improvement and Development Agency for Local Government company number 03675577
Chair: Councillor Louise Gittins **Chief Executive:** Joanna Killian **President:** Baroness Grey-Thompson

Introduction

In February 2023, the Local Government Association (LGA) was invited by the London Borough of Ealing to undertake a Care Quality Commission (CQC) Assurance Peer Challenge as part of their preparation for the forthcoming CQC assessment. The peer challenge identified several areas of good practice, alongside areas that, in the opinion of the peer team, required further focus, accompanied by associated recommendations.

This report provides a comprehensive overview of the progress achieved by Ealing's Adult Social Services and Public Health Directorate (ASSPH) in addressing the identified areas requiring further attention. Furthermore, the review will evaluate Ealing's overall performance against each of the nine quality statements, benchmarking progress in relation to the 'I' and 'We' statements held within each quality statement.

The review was conducted by an independent associate, who is a registered social worker and senior leader in adult social services, commissioned by the LGA. The associate possesses extensive expertise in the CQC single assessment framework for local authorities and operates at a national level with both the LGA and Partners in Care and Health (PCH). Their work focuses on preparing local authorities for CQC assessments and supporting transformation and improvement planning to achieve better outcomes for adults accessing adult social care services.

Review Methodology

A total of eleven focus groups were conducted over three days (16, 17 and 18 December 2024), involving:

- Front-line practitioners and middle managers from various teams within the Adult Social Services and Public Health (ASSPH) Directorate
- The senior leadership team
- Key partners, including representatives from health services and the integrated care board

- Commissioners and quality assurance officers
- The Council Portfolio Holder for Adult Social Care, Health, and Wellbeing

Additionally, over 80 documents and performance data reports were reviewed.

To ensure the accuracy of the final findings and, where appropriate, recommendations, these will be based on the triangulation of information obtained through documents reviewed, feedback heard, and observations made during the process.

Review Findings Theme 1: Working with People

Quality Statement 1: Assessing Needs - Review Findings

'I' Quality Statements:

- *I have care and support that is coordinated, and everyone works well together and with me.*
- *I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.*

'We' Quality Statements:

- *We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.*

Peer Challenge, proposed areas of focus:

- **Proportionate to need and risk:** Care Act needs and carers assessments need to be more propionate and person-centred to ensure the voice of the person is heard.
- **Efficiency:** Needs/carers assessments and review forms need to be streamlined to ensure less repetition.

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Clear and Transparent Pathways and Processes: Clear and transparent pathways are in place from referral to assessment, to support planning and implementation of support package to a six week/annual review. Assessments (for people and carers) now contain the initial referral and support plan which also includes a referral to the placements or brokerage teams. This process now provides a clear and transparent customer journey for both those people being assessed and practitioners. Each person receives a copy of the completed assessment and support plan.

Assessment and support plans have been significantly streamlined and areas of duplication removed. In addition, assessments are proportionate to the level of assessed risk and complexity of need.

Personalised, Strength-Based and Community Led Support Approach: Assessments and reviews focus on a persons strengths, abilities and outcomes they wish to achieve to ensure their needs are met effectively. Support plans are coproduced with people, with a 'do with' rather than 'do to' approach and reflect people's right to choose, built on their strengths and what they want to achieve, and how they wish to live their lives. Practitioners and managers spoken clearly articulated the importance of incorporating human rights principles, to ensure there was equity and inclusion in assessment and support planning.

To ensure that a strengths- and asset-based approach is consistently applied, all support plans are reviewed by the Scrutiny Panel prior to final approval. This process ensures that the principles of strengths- and asset-based working are fully embedded within the support planning process.

Internal case audits, conducted as part of Adult Social Care's (ASC) quality assurance framework, provide clear evidence that assessments are person-centred. These audits demonstrate that peoples strengths are effectively identified and documented, alongside the outcomes they wish to achieve. Support plans are crafted to utilise local and community assets wherever possible to meet peoples needs and outcomes. Where appropriate, packages of care and support are also incorporated to ensure comprehensive and tailored solutions are delivered.

Significant transformation and improvement activity is in progress to reduce wait times for assessment. Currently the average wait time stands at 124 days with a maximum wait time of 200 days. Progress of reducing wait times is closely monitored by the Performance and Customer Journey Board, chaired by the Assistant Directors, which meet on a monthly basis and reports into the ASMT Performance and Quality Assurance Board chaired by the DASS.

No Wrong Door Approach: Staff reported that a 'no wrong door' approach is adopted across ASC, ensuring that people receive the appropriate information and advice regardless of their initial point of contact. This approach ensures that people are promptly connected to relevant local services or, where appropriate, referred for a assessment of their needs.

Waiting Safe and Well: Front-line practitioners and managers were clearly aware of the importance of ensuring the safety and wellbeing of those people waiting for assessment and could clearly describe their procedures for those awaiting an assessment/review.

A RAG (Red, Amber, Green) rating system is utilised across all teams to ensure that people with high-risk, complex needs are prioritised and allocated for immediate assessment. For those awaiting assessment, regular contact is maintained by a duty worker who reviews whether there have been any changes in the persons circumstances, reassesses the level of risk, and reprioritises as necessary. Furthermore, all teams collaborate closely with health and community support teams, with robust processes in place to enable health and community colleagues to escalate any changes in a persons circumstances directly to ASC teams. This coordinated approach ensures a responsive and efficient system of support for those awaiting assessment.

Eligibility Framework: ASC has established a robust Care Act eligibility framework supported by comprehensive documented procedures and processes. This has resulted in consistent practice across ASC teams, with eligibility for care and support being transparent, clear, and consistently applied and decisions and outcomes delivered in a timely and transparent manner.

Magic Notes: A new AI tool, Magic Notes, has recently been implemented across ASC. This innovative tool records practitioner visits, assessments, reviews, and support planning activities, producing concise and accurate notes that ensures the voice of the person is central to the assessment and support planning process.

The introduction of Magic Notes has significantly reduced administrative workloads, with practitioners reporting approximately 44% of time saved. This reduction in administrative tasks has allowed practitioners to fully engage with people during assessments and support planning. Feedback from people and carers has been overwhelmingly positive, highlighting that the assessment process is now more interactive and person-centred, leading to a more engaging and meaningful experience.

Financial Assessments and Charging: Financial assessment and charging are explained to people at their first point of contact with ASC. This includes an overview of financial thresholds, the financial assessment process, guidance on funding care and support, and information on benefit maximisation.

Financial assessments are recorded in MOSAIC, the ASC database for recording and reporting. Once the assessment and support planning process is completed, MOSAIC automatically generates a financial assessment form.

The Community Benefits Team distributes financial assessment forms to people who have undergone an assessment. Completed forms are returned to the Financial Assessment Team, who also provide in-person support to those people unable to complete the forms independently.

Support for Unpaid Carers: Front-line practitioners reported that the needs of unpaid carers are recognised as distinct from the person with care and support needs with carers being identified early, typically at the first point of contact by the Contact and Referral Team. Carers' assessments are conducted by suitably qualified practitioners within the Intake Team. Recently, the carers' assessment and support plan have been reviewed and redesigned in co-production with carers to ensure assessment and support planning for carers is strengths-based and person-centred.

Carers Champions are embedded across the directorate, and two carers co-chair the Ealing Carers Partnership Board, which is attended by Carers Champions from ASC and commissioning officers. Additionally, the carer co-chairs have been co-opted to the Council's Scrutiny Panel, ensuring that carers' voices are represented at both strategic and operational levels.

A newly implemented All-Age Partnership Carers Strategy, co-produced with carers, is in place. This strategy includes a partnership pathway for identifying and addressing the needs of carers, including young carers, and outlines clearly defined priorities for the local authority and its partners to achieve, aiming to further improve outcomes for people with caring responsibilities.

Non-Eligible Care and Support Needs and Self-Funders: For people who do not meet the eligibility criteria but still require some level of intervention and support, a wide range of assistance is available through strong links with local voluntary and community organisations. Examples include the Ealing Advice Centre, which helps people complete housing applications; a benefits one-stop shop that provides advice and assistance with benefit applications; and Hestia, which offers floating support to maintain independent living through a support worker who aids with tasks such as reading mail, shopping, furnishing properties, and applying for grants.

Additionally, the directorate has designated Champions in key areas such as carers, homelessness, and social inclusion. These Champions support people with non-eligible care needs and self-funders by working closely with partner and provider agencies, the voluntary and community sector, and social prescribers to ensure appropriate support is in place.

Quality Statement 2: Supporting People to Live Healthier Lives – Review Findings

'I' Quality Statements:

- *I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.*

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- *I am supported to plan ahead for important changes in my life that I can anticipate.*

'We' Quality Statements:

- *We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.*

Peer Challenge, proposed areas of focus:

- **Early intervention and prevention:** Consider implementing a prevention and wellbeing service or community navigator model as part of the wider adult social care prevention offer. This could involve strengthening links with the voluntary, community, and faith sectors, as well as other community resources, to promote independence and wellbeing. The aim would be to enhance prevention efforts and reduce pressure on adult social care services at the point of initial contact.
- **Choice and control:** Further develop and increase the direct payments offer to promote choice, independence and control.
- **Independence and choice:** Explore options for digital self-assessment and enhance assistive technology offer

Early Intervention and Prevention: Early intervention and prevention key priorities are identified via the Joint Strategic Needs Assessment (JSNA) and via the Health and Wellbeing Board. As such there are a clear set of partnership early intervention and prevention improvement actions in place which are closely monitored to ensure progress is achieved via the Health and Wellbeing Board.

The ASC delivery plan has a clearly defined vision, strategy, and subsequent action plans aimed at preventing, reducing, or delaying the need for care and support. This approach is a core component of the overarching Council Corporate plan. On speaking with front-line staff, managers and key partners there was significant evidence to demonstrate that this early intervention and prevention approach has

been well embedded as all staff and partners spoken to could clearly articulate the approach and activity plans that are in place.

Operationally, early intervention and prevention is firmly embedded within the ASC front-door approach, ensuring timely and effective support for people at the first point of contact. This proactive model, delivered by the Contact and Referral Team, integrates multiple voluntary and community services and initiatives aimed at promoting independence and preventing escalation of needs.

In the past year, the Contact and Referral Team have handled 7,700 contacts, with only 2% resulting in a formal support plan. This highlights the effectiveness of their robust pathway which focuses on information and advice and early intervention and preventative approaches.

Accessible Information and Advice: The Council's Adult Social Care (ASC) webpages offer a wealth of accessible information and advice to support people with their care and support needs. In 2023/24, 67.60% of people reported finding it easy to access information and advice, exceeding the London regional average of 66.7%, as reflected in 4a of the ASCOF survey indicators for 2023/24.

Additionally, all staff within the Learning Disability Team are receiving training on creating easy-read assessments and support plans. This initiative is part of the Principal Social Worker's (PSW) Strength-Based Project Plan activities.

Trusted Assessors: Staff within the Contact and Referral Team have received training as Trusted Assessors, enabling them to play a crucial role in the early intervention and prevention approach. They can arrange a wide range of low-level equipment to manage falls and implement initial safety measures, such as Careline, while people await further services. The team also has a direct referral pathway to the ASC Occupational Therapy Team for those requiring a specialist assessment. This approach ensures that occupational therapists focus on people with more complex needs, effectively supporting the team's demand and capacity management.

Professional capacity at the first point of contact has been enhanced through Contact and Referral Team enquiry officers having greater autonomy, which has reduced handoffs and improved productivity and outcomes for people. The Trusted Assessor model is central to this approach, ensuring timely and appropriate support.

Mental Health Early Intervention and Prevention: The ASC Mental Health Team has access to a wide range of voluntary and community mental health support services, such as MINT and ECAT, which focus on preventing mental health relapses and avoiding hospital admissions. In addition the team works closely with NHS Community Mental Health Teams ensuring that people see the right professional at the right time.

Reablement and Partnership Working: The Bridging Service offers intensive support for 5 days to 6 weeks following hospital discharge, with exceptional success rates. Early multidisciplinary team (MDT) involvement promotes independence and accelerates recovery pathways. This approach has been well-received by health partners and demonstrates the effectiveness of close partnership working in delivering improved outcomes for people and increasing hospital flow.

Reducing Demand and Freeing Up Capacity: The newly established Central Review Team undertakes 6-week reviews, reducing demand on community teams and maintaining flow through hospital and front-door services. This structure ensures continuous support, links to early intervention and prevention, and optimises resource allocation to improve overall service delivery.

Assistive Technology: The Assistive Technology offer was recommissioned earlier this year, and is moving towards a more innovative approach such as a comprehensive assistive care technology programme, commonly referred to as 'telecare', designed to enhance independent living for people requiring additional support. This programme includes a variety of monitored devices such as personal alarms, falls detectors, and location finders, all connected to a 24/7 monitoring centre. These devices are intended to support people with daily activities, including those living with disabilities, dementia, epilepsy, or other physical and mental health conditions. In addition, digital tools such as an online financial assessment and

eligibility checker are in the process of being developed to provide seamless pathways from digital to in-person support. All these initiatives form part of the Medium-Term Financial Strategy for ASC.

Direct Payments: The Direct Payments (DP) project aims to enhance the accessibility, efficiency, and uptake of Direct Payments for adults and carers, with a robust plan to double the number of reportable DPs by March 2026. Currently, 340 DPs are in place, in addition to carers' DPs.

Phase 1: November 2024 to March 2025: The initial phase focuses on laying a strong foundation for the DP programme by prioritising quick wins, streamlining processes, and building awareness:

- **Training and Engagement:**
  - Mandatory training for social work teams is being developed, with support from a DP user group that will deliver training sessions showcasing the benefits of DPs.
  - Videos featuring the Chief Executive and Council Leader will promote the importance of DPs.
- **Communication and Resources:**
  - Communication materials are under review, with a refreshed easy-read guide to be developed using allocated funds.
  - Internal audit colleagues are leading a review of current processes and systems to ensure compliance and efficiency.
- **Co-Production and Governance:**
  - A Co-Production Panel will oversee the development of concise, accessible DP communication materials.
  - Regular engagement with social workers is planned to encourage an increase in DP uptake.

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- **Operational Improvements:**
    - The DP team will focus on simplifying the referral process, with social workers completing needs assessments and referring to the DP team for support planning and reviews.
    - Ealing Direct will undergo a resource review to support the anticipated growth in DP numbers.

Key Objectives of Phase 1:

1. **Increase Uptake:** Double the number of reportable DPs by March 2026.
2. **Streamline Processes:** Review and improve DP systems and documents, adopting a proportionate and user-friendly approach.
3. **Enhance Communication:** Refresh DP materials to improve accessibility and attractiveness.
4. **Promote Uptake:** Actively engage with social workers and teams to drive uptake.
5. **Resource Planning:** Ensure adequate resources for future growth in DPs.

Phase 2: From April 2025: Building on the groundwork established in Phase 1, Phase 2 focuses on expanding market options and enhancing community support for DP users:

- **Market Development:**
    - Expand local and voluntary sector options for DP users, enabling personalised care choices.
    - Create a DP market development and community engagement workstream aligned with the Connected Communities Board.
- **Community Integration:**
    - A new 12-month post will link the DP offer to community plans, mapping provision across Ealing's seven towns based on user feedback.

Key Initiatives:

- Collaborate with the voluntary and community sector (VCSE) to improve service options.
- Align DP growth with place-based planning and the Connected Communities Transformation Fund.

The DP project places a strong emphasis on co-production, ensuring that people who draw on services and their carers are central to its development. Engagement with adults with care and support needs, carers, and staff has informed the project plan, fostering a collaborative approach to improving the direct payment processes and systems. This includes mandatory training for social workers to enhance understanding and promote the benefits of direct payments, as well as outreach through carer hubs and events to raise awareness.

A key focus of the project is on strengthening support for Personal Assistants (PAs). Recruitment drives, including attendance at job fairs, aim to expand the availability of PAs, while a comprehensive training programme offers free courses on lifting, handling, and autism to enhance their skills and competency. Additionally, new contracts are being designed to ensure compatibility with direct payments, enabling greater flexibility and choice for people who draw on services. The project also prioritises the development of tailored offers for mental health and transition support, ensuring that the needs of diverse groups are met effectively. Through these efforts, the project seeks to empower people and carers, providing greater autonomy and improved outcomes for those relying on ASC services.

Occupational Therapy: The Contact and Referral Team Referral refer directly to the Occupational Therapy Team (OT) for those people who have more complex needs and require an assessment by a occupational therapist. The OT Team reported that a triage and RAG rating system is in place to assess referrals which ensures those more urgent and high risk cases are seen and assessed without delay.

The team explained that people on the waiting list are periodically contacted to reassess their needs, evaluate risks, and implement any necessary mitigation measures. Waiting lists are reviewed regularly, and if a person's circumstances change, requiring an urgent assessment, they are immediately allocated and removed from the waiting list. High-risk or urgent cases are prioritised and allocated without delay, following the team's documented process.

To further ensure the safety and wellbeing of individuals on the waiting list, the team may wish to consider implementing regular contact with those who are unable to advocate for themselves and have no one to escalate their concerns to the team. This proactive approach would provide additional assurance and safeguard vulnerable individuals while they await further support.

Quality Statement 3 : Equity in Experience and Outcomes – Review Findings

'I' Quality Statements:

- *I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.*

'We' Quality Statements:

- *We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.*

Peer Challenge, proposed areas of focus:

No specific recommendations were made under this quality statement. However, as part of this review, Ealing's progress in meeting the 'I' and 'We' Care Quality Commission (CQC) quality statements has been evaluated.

Equality and Diversity Policy: The Council is firmly committed to promoting equality, diversity, and inclusion (EDI) within the borough. This commitment is articulated through its Comprehensive Equality and Diversity Policy, which outlines the council's vision and objectives in this domain.

- **Eliminating Unlawful Discrimination:** Ensuring that all forms of discrimination, harassment, and victimisation are identified and addressed, fostering an environment where all individuals are treated fairly and with respect.
- **Advancing Equality of Opportunity:** Actively working to remove or minimise disadvantages experienced by individuals due to protected characteristics, meeting the diverse needs of the community, and encouraging participation from underrepresented groups.
- **Fostering Good Relations:** Promoting understanding and cohesion among different communities, tackling prejudice, and encouraging positive interactions to build a more inclusive society.

Staff reported that these objectives are integral to ASC's operations, influencing policy development, service delivery, and community engagement. All staff spoken to were aware of the corporate aim of creating a borough where diversity is valued, and all residents have the opportunity to thrive.

Homelessness: Both the Contact and Referral Team and the Intake Team have regular engagement with the Rough Sleepers Team which ensures early identification and direct outreach to people experiencing homelessness.

Council Grants: Grants are strategically commissioned to address themes such as mental health and domestic abuse, enhancing access to services and improving outcomes and overall wellbeing for people. To further support these efforts, a £5 million grant has been allocated to tackle race and health inequalities, reinforcing the council's commitment to addressing disparities and promoting equity across the borough.

Public Health: Public Health initiatives that focus on connecting communities and addressing health inequalities are fully integrated into ASCs commissioning strategies.

Equalities Group: Staff reported that the Council is committed to fostering an inclusive workplace and has established several Staff Equality Groups (SEGs) to

support this aim. These groups play a critical role in providing feedback and challenge from a staff perspective, contributing to the development and monitoring of the Council's Equality, Diversity, and Inclusion (EDI) action plan for 2023-2025.

Staff Equality Groups are central to promoting EDI within the organisation by offering valuable insights and perspectives on initiatives, ensuring staff voices are integral to policy development and implementation. They actively identify areas for improvement to enhance equality and inclusivity across the Council's operations. Furthermore, these groups organise and participate in events that raise awareness and celebrate diversity, such as Black History Month, All Faith Week, and Transgender Day of Remembrance. Staff stated that these activities have helped to foster a more inclusive and supportive workplace culture which they are proud of.

Review Findings Theme 2: Providing Support

Quality Statement 4: Care Provision, Integration and Continuity- Review Findings

'I' Quality Statements:

- *I have care and support that is coordinated, and everyone works well together and with me.*

'We' Quality Statements:

- *We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.*

Peer Challenge, proposed areas of focus:

- **Partnership working:** The Argyle Care Home Service, funded by the NHS, provides routine and urgent General Practice care to 52 nursing homes across Ealing and West London, supporting 1,200 of 1,550 nursing beds and catering to diverse patient needs. The peer felt that there was an opportunity to further enhance integration by assigning a contracts manager from adult social care to strengthen connections with social care support services.

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- **Place-based community led approach:** The Adults Directorate may wish to consider engaging smaller community organisations to diversify and enhance the community-based offer, complementing the existing partnerships with larger providers.
- **Appropriate and sufficient care and support:** The Adults Directorate may wish to review its approach and staff understanding regarding the provision of night-time care, ensuring alignment with statutory guidance and informed by relevant Ombudsman rulings, such as case 19 007 855.
- **Market shaping:** Inclusion of operations in commissioning and market shaping

Use of Data and Information: Public health and ASC collectively collate data on demographics, health conditions and mortality rates and the impact of behaviour on health in their JSNA as well as wider detriments of health and wellbeing such as deprivation, employment, housing and homelessness. This information is used to explore new ways of working that address inequalities and target the people and places who need support ensuring they have equal access to assessment/services and that their outcomes and lived experiences are improved.

New Commissioning Plan and Collaborative Working: ASC has implemented a new commissioning plan, adopting a collaborative approach. A number of working groups and panels across departments have been implemented which consist of commissioners and staff from Locality, Learning Disabilities and Mental Health teams. These groups and panels are actively contributing to service reviews, such as the day services provision redesign process. To further ensure operational services are central to ongoing market shaping commissioners regularly attend team meetings across the directorate.

Task-and-finish groups, involving human resources, housing, communications, and social work teams, are also focusing on community services to address shared priorities. On 20th November, a new LD independent living options programme was

delivered in partnership with housing colleagues, showcasing the value of this integrated approach.

Partnership Boards: A conscious effort has been made to strengthen relationships through participation in partnership boards and joint initiatives with other departments, including Housing. Key examples include the Housing Adult Support Programme, where commissioners and housing colleagues are developing a new commissioning strategy to achieve improved joint outcomes.

Market Shaping and Service Improvement: The Commissioning Team are working closely with operational teams to shape services for people with a learning disability and further improve employment opportunities. Staff reported that a significant challenge they face is increasing the number of people with learning disability in employment. To address this, the commissioning alliance are actively working with organisations such as the Sure Trust to support people with complex needs and autism into employment.

A notable initiative of the Council is the annual Learning Disability Takeover Day, where people with a learning disability who draw on ASC services take on roles within the local authority, including shadowing or acting as the Chief Executive during Learning Disabilities Week.

Re-Procurement and Operational Involvement: The re-procurement of the Dynamic Purchasing System (DPS) has been a collaborative effort, with operational teams actively involved in understanding the procurement process, reviewing, and redesigning service specifications.

Examples to date include a new DPS for community services, including enhanced floating support, which will go live on 1st April 2024. Additionally, new GP partnerships aligned to local geographies have been introduced.

Voluntary sector grant funding has similarly included operational teams input through panel participation, ensuring a balanced and informed approach to selecting organisations and reviewing applications.

Coproduction in Commissioning: Commissioning strategies are coproduced with people with lived experience and carers to ensure the focus is on what matters to people, what their collective outcomes are and what their best life looks like. An example is the All-Age Carers Strategy were carers were actively involved in the development of the strategy and associated action plans that are monitored by the Carers Partnership and Carers Hub.

Furthermore, efforts are underway to reshape the day centre market in collaboration with operational team colleagues and people who draw on services and carers to ensure a more innovative and diverse range of services beyond traditional offerings.

New Providers: Meetings with new providers now include operational managers to foster alignment between commissioning and service delivery.

Night-Time Care and New Service Developments: Night-time care services have undergone significant transformation, with the decommissioning of the Careline service and its replacement by Harrow Council's Lifeline service. This transition has provided better intelligence on falls, pendant alarms, early dementia identification, and the need for adjustments to care packages.

Strengthening VCSE Partnerships: ASCs partnership with the VCSE sector remains strong, with multiple strands of collaboration. Small grant agreements have been established with local providers for services such as dual sensory assessments, supporting small businesses, and complementing the council's connected communities and strengths-based approach. Plans are underway to appoint a community connector to further enhance the VCSE offer, particularly for local dementia charities and to integrate smaller providers into the local offer.

Grant funding is now delivered on a locality basis to ensure alignment with community needs and priorities. This locality-based funding model supports a more responsive and tailored approach to delivering impactful services.

Partnership Joint Priorities: Commissioning strategies are aligned with the strategic objectives of partner agencies, across the local area and the Market Position Statement and Market Sustainability Plan evidences joint priorities and approaches which makes specific reference to identified groups in planning and shaping future services (e.g. mental health enablement/support to keep people well and reduce hospital admissions, housing support options for people with complex and high risk needs).

Quality Statement 5: Partnerships and Communities - Review Findings

'I' Quality Statements:

- *I have care and support that is coordinated, and everyone works well together and with me.*

'We' Quality Statements:

- *We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.*

Peer Challenge, proposed areas of focus:

- **Place-based:** The peer team suggests greater clarity in strategy and plans at Place, Town, and Primary Care Network (PCN) levels to align with the Corporate Plan's seven towns approach, clarify PCN roles, and enhance understanding for Place and NHS partners.
- **Partnership priorities and ambitions:** Clarity is needed on how Adult Social Care contributes to delivering the ambitions of the Integrated Care System

(ICS), enabling it to fully demonstrate the demands that may necessitate additional investment in capacity.

- **Workforce strategy:** Operational managers highlighted recruitment and retention challenges, particularly for Occupational Therapists. The Adults Service may wish to consider a joint workforce strategy with the NHS to promote cross-organisational working and improve retention.
- **Partnership working:** Reinvigorate the partnership boards by clarifying their purpose, roles, and engagement expectations, while encouraging strong attendance. Discussions should prioritise outcome delivery, as regulators are likely to focus on tangible results rather than internal processes.
- **Communication and engagement:** Following the conclusion of the Section 75 agreement with West London NHS Trust, the Adults Directorate acknowledges the need to provide robust support for the returning Mental Health Team. Ensuring the team feels valued and fully integrated will require clear communication, support systems, and alignment with practices positively experienced by other teams.

Significant Commitment to Partnership Working: There is a real commitment across the Council to partnership working. This has resulted in strong and collaborative relationships with partner organisations which secures the best outcomes for people. An example of this the NHS Argyle Care Home Service provision where by ASC works closely with the Integrated Care Board (ICB) and West London health partners to prevent hospital admission by utilising a multi-disciplinary team approach with partnership escalation procedures in place. ASCs commissioning and contracts team are pivotal to this work as they commission the majority of step up and step down beds and respond quickly to emerging local need.

Partnership Boards and Panels: All partnership boards have been reviewed to ensure they have a clear purpose and that each organisation is clear on their roles and responsibilities. The Section 117 Panel Board convenes weekly and operates effectively, with senior representatives from the Integrated Care Board (ICB) and ASC Heads of Service actively participating.

A multi-agency complex risk assessment panel is also in place, which provides robust support and intervention for addressing complex and high-risk cases. This panel includes representation from various agencies, such as the police, NHS partners, ambulance service, the Community Safety Partnership and the Fire Brigade.

The Ealing Carers Partnership functions efficiently, with active involvement from ASC teams and a dedicated ASC commissioning. In addition, social workers are actively engaged in the Carers Hub, attending meetings to provide support and guidance.

Health and ICB partners spoken to reported that the Council is recognised for its responsiveness and close collaboration with partners, providing invaluable support that facilitates smoother operations, improves peoples outcomes and strengthens partnership working.

Partnership Working with the Voluntary, Community and Social Enterprise Sector(VCSE): ASC actively collaborates with the VCSE sector to improve the wellbeing of its residents. While there isn't a formal VCSE alliance in place, the council has implemented several initiatives to strengthen these partnerships.

One such initiative is ‘Together in Ealing’, which focuses on addressing health inequalities by placing communities at the centre of decision-making. This programme aligns with the council's commitment to combating inequalities, as outlined in the Council Corporate Plan 2022-2026. It emphasises collaboration with the VCSE sector to develop new models for community engagement and service delivery.

Additionally, the Council has been involved in research partnerships aimed at improving health equity. Collaborations with organisations like the Institute of Development Studies (IDS) and local VCSE groups have been instrumental in exploring community assets and fostering cross-sector cooperation to address health disparities in Ealing and West London.

Furthermore, the council has engaged in consultations to shape the future of VCSE funding programmes. The ‘Consultation on VCS Funding Programme (2023-2027)’

sought input from various stakeholders to inform funding priorities and ensure that the VCSE sector continues to play a vital role in supporting Ealing's diverse communities. Through these collaborative efforts, the Council demonstrates its dedication to working alongside the VCSE sector to create a fairer, healthier, and more inclusive community.

Hospital Discharge: ASC has been actively involved in developing the integrated discharge strategies to improve patient outcomes (West London Alliance Integrated Hospital Discharge Programme). These strategies focus on aligning health and social care services to provide a streamlined approach to hospital discharge, ensuring that patients receive coordinated support tailored to their individual needs.

Workforce Strategy: The ASC Workforce Strategy 2022–2025 outlines a comprehensive framework aimed at developing and sustaining a highly skilled, stable, and diverse workforce to meet the increasing demand for services. The strategy focuses on four key priorities: recruitment and retention, career progression and professional development, maintaining equality and diversity, and strengthening partnerships. Its overarching vision aligns with the council's commitment to helping residents ‘live better lives through high-quality, equitable care and support.

A critical element of the strategy is addressing the recruitment and retention challenges. Initiatives include the establishment of the Social Care Academy to centralise training opportunities, a ‘Grow Our Own’ programme to foster career pathways, and measures to reduce reliance on agency workers. In parallel, the council emphasises professional development through structured career progression schemes, coaching, and leadership training to nurture resilient practitioners capable of innovative service delivery. Additionally, the strategy underscores the importance of a culturally inclusive workforce and collaborates with regional and higher education partners to support sustained workforce development.

Currently ASC does not have a workforce strategy exclusively dedicated to occupational therapists. However, ASC clearly recognises the critical role that occupational therapists play within ASC services and is actively addressing workforce challenges in this area. During the Health and Wellbeing Board meeting

on 28 June 2023, the Strategic Director for Adults and Public Health (DASS), acknowledged the difficulties in recruiting and retaining occupational therapists, a challenge prevalent not only in Ealing but across North West London and the broader UK. To mitigate these challenges, ASC have trained staff as Trusted Assessors and have rebalanced its workforce by reducing over-reliance on qualified professional staff and incorporating unqualified staff who can contribute to service delivery. In addition, reablement and rehabilitation pathways, have been reviewed where overlaps exist between occupational therapy and social work, aiming to enhance system efficiency and service quality.

To support these efforts ASC may wish to consider the Royal College of Occupational Therapists (RCOT) Occupational Therapy Workforce Strategy for 2024–2035, which outlines priorities Councils should take, such as optimising occupational therapy, demonstrating value and impact, retention and career development, and effective workforce planning. While this national strategy is not specific to Ealing, it provides a framework that the ASC can reference to inform its workforce planning and development initiatives for occupational therapists.

ASC Vision, Strategy and Delivery Plan: The Better Lives and Connected Communities strategy embodies the council's commitment to empowering residents to live more fulfilling and independent lives. This strategy prioritises prevention, integration, and person-centred care, working to build resilience within communities while ensuring that services remain responsive and equitable. At its core, the strategy aligns closely with the ambitions of the Integrated Care System (ICS), emphasising collaborative working with health and community partners to deliver cohesive, high-quality care across the borough.

By fostering stronger partnerships with the NHS, Primary Care Networks (PCNs), and voluntary sector organisations, the strategy enables ASC to fully demonstrate the demands on its capacity. This includes evidencing the rising complexities of care needs and the growing demand for preventative services, which may necessitate additional investment. Through its integrated approach, the strategy strengthens the

council's ability to deliver ICS priorities, such as reducing hospital admissions, improving outcomes for residents, and enhancing efficiency in the care system. The Connected Communities initiative, in particular, underscores the importance of early intervention, connecting residents to local services, and addressing inequalities, which are critical components of the ICS framework.

The strategy also aligns with the Council's Corporate Plan and its seven towns approach, which focuses on tailoring services to the unique needs of local communities. This approach ensures that the delivery of adult social care is both place-based and reflective of the specific challenges and opportunities within each town. By embedding the principles of Better Lives and Connected Communities into the seven towns framework, the strategy ensures that ASC services are more accessible, locally focused, and aligned with community needs.

Additionally, the strategy clarifies the role of Primary Care Networks (PCNs) within the local care landscape by integrating their services into the broader system of community place-based care. It supports PCNs in addressing primary care needs while aligning their efforts with place-based health and wellbeing objectives. For Place and NHS partners, the strategy provides a clear roadmap for collaboration, ensuring a shared understanding of roles, responsibilities, and priorities. This alignment fosters a unified approach to improving population health, tackling inequalities, and delivering sustainable services that meet the evolving needs of Ealing's diverse communities.

In summary, the Better Lives and Connected Communities strategy serves as a vital mechanism for delivering the ambitions of the ICS. It enhances the council's capacity to evidence demands for additional investment, while ensuring a coordinated, place-based approach that strengthens relationships with PCNs and NHS partners, all within the overarching vision of the council's Corporate Plan.

ASC Mental Health Team: Staff within the ASC Mental Health Team have reported feeling more integrated into ASC since their transition back to the Council. The team manager highlighted that a rapid recruitment drive is underway to reduce reliance on agency staff and increase the number of permanent team members.

Following the disbandment of the Section 75 arrangements, a robust partnership mental health strategy has been established. This strategy promotes collaborative working and the delivery of place-based joint priorities. Despite the organisational changes, the team remains co-located with their Community Mental Health Team colleagues, maintaining close operational links.

Since their return to the Council, several initiatives have been implemented to enhance service delivery. This includes the introduction of a dedicated mental health line, allowing residents to speak directly with an experienced mental health duty social worker. Additionally, the team now benefits from a dedicated housing officer and a move-on worker, who focuses on housing, supported living, and step-down cases to independent living. Examples were shared of successful transitions, where people had moved from supported living into independent accommodation, demonstrating the positive impact of these initiatives.

Review Findings Theme 3: Ensuring Safety within the System

Quality Statement 6: Safe Pathways, Systems and Transitions - Review Findings

'I' Quality Statements:

- *When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.*
- *I feel safe and am supported to understand and manage any risks.*

'We' Quality Statements:

- *We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.*

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Peer Challenge, proposed areas of focus:

- **Capacity:** The Adults Directorate should assess the potential risks associated with the backlog of work at the Adult Social Care front door and develop a sustainable long-term solution. This should include a comprehensive review of current capacity to manage workflows and the structure of the long-term team.

Demand and Capacity Management: Since the LGA Peer Challenge, the backlog of work at the front door (Contact and Referral Team) has significantly reduced, with the remaining backlog primarily related to Safeguarding Adults at Risk Referral Forms (SARRFs) received from the police.

SARRFs are screened and RAG-rated (Red = urgent, Amber = medium, Green = low) separately from other referrals to ensure prompt action on urgent and medium-risk cases. A dedicated social worker triages and acts upon these cases immediately. Low-risk SARRFs are also triaged by a social worker who may provide information and advice, referrals to community-based services, or directing cases to the appropriate ASC team if the person is already known to them. The Contact and Referral Team Manager monitors the triaging of SARRFs daily to ensure steady progress and prevent the accumulation of a backlog.

The team has reported that a significant proportion of SARRFs relate to people with mental health needs, many of whom are already known to either the ASC Mental Health Team or the NHS Community Mental Health Teams. To address this, streamlined referral pathways to both teams have been established, facilitating seamless re-referrals where necessary. This approach ensures that people receive timely and appropriate support.

Safe and Effective Transitions: Clear documented processes and procedures are in place to ensure that when people move from one service to another this is done in a safe way, which includes escalation processes where risks or problems are identified. Front-line practitioners and managers had a clear understanding of the possible risks to people across care and support journeys and as such work

proactively with health colleagues and other organisations to ensure systems are in place that support safe and effective transitions.

Robust Hospital Discharge Escalation Processes: Staff from the Hospital Team reported close and effective partnership working with their acute hospital colleagues and that robust escalation procedures and processes are in place if packages or care and support are not put in place within 48 hours. Staff reported this escalation process in particular has been significantly effective in supporting increased hospital flow.

Young Peoples Transitions: The Council has a established a comprehensive 'Preparing for Adulthood' (PfA) pathway to support young people with special educational needs and disabilities (SEND) as they transition from childhood to adulthood. This pathway is designed for individuals aged 14 to 25, providing tailored information, advice, and guidance to support young people and their families to make informed decisions about their futures. The PfA pathway focuses on key areas such as accessing education, employment, and training opportunities, promoting independent living, enhancing health and well-being, and fostering friendships and community involvement.

A critical component of this transition process is the Care Act 2014, which mandates that local authorities conduct transition assessments for young people likely to require care and support after turning 18. These assessments evaluate the young persons current needs (eligible and otherwise), the potential impact on their wellbeing, and the outcomes they wish to achieve as adults. Ealing's Transitions Team, catering to individuals aged 14 to 18, plays a pivotal role in this process by providing social care planning and support services to children and young adults with complex needs arising from disabilities. This includes assisting Looked After Children (LAC) and Care Leavers in moving towards independence and achieving outcomes where adult social care services are required.

Quality Statement 7: Safeguarding - Review Findings

'I' Quality Statements:

- *I feel safe and am supported to understand and manage any risks.*

'We' Quality Statements:

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Peer Challenge, proposed areas of focus:

- **Making safeguarding personal:** Reinstate the Making Safeguarding Personal (MSP) questionnaire and further develop it for other interventions, such as more general feedback from adults/carers that have had an assessment/review, to support engagement and learning from feedback.
- **Domestic abuse:** The Adults Directorate may wish to review statutory responsibilities in domestic abuse cases, clarifying the roles of Adult Social Care and other organisations to ensure safety, avoid duplication, and minimise risk.
- **Statutory compliance:** The Adults Directorate should clearly define staff recording requirements for safeguarding concerns and safeguarding enquiry stages. Excessive enquiry activity at the safeguarding concern decision stage may hinder compliance with section 42 (1) and (2) of the Care Act 2014 and the pan-London timeframes for triaging of safeguarding concern decisions.

Policy and Procedures: ASC works in accordance to locally agreed multi-agency safeguarding policies and procedures (pan-London) produced and published by the local Safeguarding Adults Board (SAB) that all partners are signed up to.

New Way of Working: Following the Local Government Association (LGA) peer challenge, an extensive review of the Safeguarding Team was conducted. The review revealed that low conversion rates from safeguarding concerns to enquiries were due to enquiry work being undertaken at the safeguarding concern stage (Section 42(1)). The review also identified that as a result of the safeguarding team triaging all safeguarding concerns and conducting the majority of safeguarding enquiries, this had led to a gradual deskilling of staff across the directorate, despite the provision of mandatory and refresher safeguarding and Mental Capacity Act training.

As a result of the review, safeguarding activity was decentralised and re-integrated into local teams across the directorate in November 2024 with the Principal Social Worker (PSW) appointed as the senior lead for safeguarding. Prior to this change, all staff underwent training on proportionate information gathering at the safeguarding concern stage (Section 42(1)) and on applying the three-stage statutory test, to ensure that where an adult has care and support needs, is at risk of abuse or neglect, and, as a result of their care and support needs, is unable to protect themselves an enquiry is undertaken. Additionally, safeguarding forms were revised to ensure adherence to statutory processes and pathways.

To support this new approach, three safeguarding practitioners, who are qualified social workers and highly experienced, were recruited into the Contact and Referral Team. These safeguarding practitioners now triage concerns using a strengths-based approach and by applying the statutory three-stage test. Safeguarding enquiries are allocated to appropriately skilled practitioners within relevant teams across the directorate. Staff have reported that pan-London safeguarding target times are consistently met for triaging concerns, as well as for the allocation and completion of enquiries.

To further embed the new way of working, ASC hosted multiple safeguarding workshops during Safeguarding Week in November 2024. These sessions focused on personalised and strengths-based approaches. Additionally, monthly safeguarding clinics, led by the PSW, provide a forum for staff to reflect on practice and process, share best practices, and discuss concerns or challenges.

The PSW and Assistant Directors have implemented rigorous plans to monitor and evaluate the progress of the new safeguarding framework. Monthly reports are submitted to the Safeguarding Adults Board (SAB), the senior leadership team, and the portfolio holder. Regular safeguarding audits continue to inform practice improvements and process refinements. Power BI dashboards are in place that track key performance indicators such as timelines for triaging concerns and completion of enquiries. These tools ensure that safeguarding processes align with statutory requirements and the Making Safeguarding Personal (MSP) approach.

Learning from audits is utilised to design bespoke training and address specific areas of concern. The PSW, as the lead officer for safeguarding, meets regularly with the safeguarding lead from Children's Social Care (CSC) to ensure alignment of approaches. In the New Year, the PSW will deliver a presentation to CSC on working with adults who have care and support needs, using a strengths- and asset-based approach.

Staff have responded positively to the new way of working. They noted that previously, they felt deskilled due to limited involvement in safeguarding activities. Although early days the revised approach already seems to be improving continuity for people, with fewer handoffs between teams and safety plans that align with the persons desired outcomes. Staff also acknowledged that enquiries are now allocated to suitably qualified practitioners, such as mental health professionals for people with mental health needs, which is improving the overall quality of safeguarding and safety planning responses.

Making Safeguarding Personal: The Making Safeguarding Personal (MSP) questionnaire has been integrated into the safeguarding form template within MOSAIC. This ensures that, at the conclusion of every safeguarding enquiry, individuals and/or their representatives or advocates are invited to provide their views. Specifically, they are asked whether their desired outcomes were achieved as part of the enquiry process, whether they now feel safe or safer, and if they felt actively involved in the safeguarding enquiry and safety planning process. Feedback from these questionnaires is collated and analysed through Power BI dashboards, which provide valuable insights to inform improvements in practice, refine processes,

and support the development of future strategies. This approach ensures that all safeguarding enquiries adopt a personalised and strength-based approach.

One of the sub-groups of the Safeguarding Adults Board (SAB) is currently undertaking a review of the use of an MSP approach and aims to evaluate the extent to which an MSP approach is being applied across both the safeguarding concern and enquiry stages. Key areas of focus include assessing whether advocates are being utilised appropriately, determining if individuals' desired outcomes are being met, and, where outcomes are unmet, exploring the reasons and identifying the approaches taken in response.

In addition to this, the Principal Social Worker (PSW) conducts regular audits of case files to assess the safeguarding journey of individuals, with a particular focus on the quality of practice and adherence to processes. As part of this safeguarding journey, individuals are informed of the procedure to raise a complaint if they are dissatisfied with the outcome of the safeguarding enquiry or if they believe that appropriate practices and processes have not been followed.

This comprehensive approach demonstrates a clear commitment to embedding MSP principles into safeguarding practice, ensuring personalised, accountable, and transparent processes that promote continuous improvement and better outcomes for those involved.

Domestic Abuse: The Multi-Agency Risk Assessment Conference (MARAC) is convened weekly, while the Emergency MARAC (EMARAC) occurs daily to ensure that safety actions can be implemented promptly and without delay. Both meetings are chaired by the police and attended by ASC management representatives, who participate on a duty rota basis. Front-line practitioners and managers reported that these meetings are highly effective, with representation from a wide range of agencies, including ASC, housing, ambulance and fire services, voluntary, community and social enterprise (VCSE) organisations, and care providers. Close partnership working is emphasised, with a focus on the individual's strengths and a collaborative approach to rapidly developing crisis responses and risk mitigation plans. These plans ensure the individual remains at the centre of the process,

guided by their wishes and preferences. The daily frequency of the EMARAC eliminates delays or time lapses in the implementation of protective actions. Information and decisions arising from these meetings are disseminated promptly by the attending ASC manager, ensuring effective communication and timely implementation of agreed actions.

Front-line practitioners confirmed they have received, and continue to benefit from, extensive training in domestic abuse and domestic violence. This training is highly regarded by staff, as it equips them with the knowledge and skills to understand the complexities of domestic abuse, recognise the signs and indicators, and provide appropriate support to those affected. The training also emphasises the importance of a trauma-informed and strength-based approach, ensuring that staff can engage with individuals sensitively and respectfully while prioritising their safety and well-being. Regular refreshers and updates are provided to ensure practitioners remain informed about the latest policies, practices, and legislation in relation to domestic abuse. This commitment to continuous professional development supports high-quality practice and underpins the collaborative efforts of all agencies involved in the MARAC and EMARAC processes across Ealing.

Review Findings Theme 4: Leadership

Quality Statement 8: Governance, Management and Sustainability - Review Findings

'We' Quality Statements:

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Peer Challenge, proposed areas of focus:

- **Golden thread:** Clearly define the Adult Social Care vision and priorities, demonstrating how they contribute to delivering the Corporate Plan Priorities.

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- **Strategic planning and sustainability:** The Adult Social Care plan should provide a clear narrative and roadmap aligned with the Medium Term Financial Strategy to ensure priorities deliver sustainable, positive outcomes for residents.
- **Communication and engagement:** Clearer communication and engagement plans are required for staff, partners, residents, and wider stakeholders.

Golden Thread: The ASC vision and strategy align closely with the priorities set out in the corporate plan, ensuring a cohesive and integrated approach to service delivery. The Better Lives and Connected Communities strengths-based vision and strategy was operationalised through a structured exercise that translated the political manifesto into actionable outcomes. This process ensured alignment between the ASC vision and the overarching corporate vision, particularly focusing on community connections and workforce development strategies.

This connection is further embedded within the ASC Delivery Plan, which is reviewed monthly to ensure all actions and initiatives align with the Better Lives and Connected Communities key priorities. The strategy and actions within the delivery plan have clearly strengthened local place-based connections across the seven towns of Ealing which can be evidenced in the wide range of place-based community resources and partnership locally place-based working.

Governance and Assurance: There is significant evidence to demonstrate that governance and accountability are critical to ensuring the ASC vision delivers corporate plan priorities. A robust governance and assurance framework is in place to monitor progress and report outcomes, ensuring alignment between operational delivery, strategic goals, and corporate priorities. This comprehensive approach allows ASC to effectively contribute to the council's broader objectives/priorities while maintaining a focus on improving lives for adults with care and support needs through strengths-based and community-driven services and practice.

Medium-Term Financial Strategy: ASC priorities are intrinsically linked to the Medium-Term Financial Strategy (MTFS), ensuring alignment between financial planning and strategic objectives.

A comprehensive review of the financial gap over the next three years has been undertaken, identifying key areas of challenge such as housing, staff skill development, and inflationary pressures. This analysis informs the strategy for meeting priorities while addressing budgetary constraints. Actions to bridge these gaps and reduce expenditure are embedded within the Delivery Plan, ensuring that the budget-setting process remains a rolling and adaptive exercise.

Demand management forms a core element of the transformation work planned for the upcoming year, with governance mechanisms already in place to drive progress from April. This includes integrating financial oversight into the broader transformation agenda.

To strengthen delivery, portfolio boards have been established this quarter to focus on cross-cutting areas. These boards facilitate collaboration across council directorates, enabling shared ownership of key priorities such as digital workforce development, connected communities, and financial management. Additional corporate support is being leveraged to enhance delivery, with close partnership working, particularly with Children's Services, serving as a model for inter-departmental collaboration. This approach ensures that ASC priorities are not only aligned with the MTFS but also supported through integrated and sustainable financial planning.

Communication and Engagement: A robust communication and engagement plans are in place across ASC which was evidenced as all front-line practitioners and managers were able to clearly articulate the vision and priorities for ASC and commissioning, which have been brought to life by preventative, person centred, strengths-based and community asset based approaches.

All staff spoken to reported that the senior leadership team are visible, approachable and passionate about providing good outcomes for people. The culture of the local

authority is one which is positive and empowering which staff, senior leaders and the Portfolio Holder for Adult Social Care, Health, and Wellbeing are proud of.

A robust series of monthly face-to-face engagement sessions are in place, including ‘Ask the Senior Management Team’ and ‘PSW Sessions,’ which provide staff with direct access to senior management for discussions and queries. A mandatory monthly office day has been introduced, bringing all staff together to foster collaboration, build on relationships across teams and support staffs wellbeing. A monthly message from the Assistant Directors and the DASS is also disseminated across the directorate which provides corporate and directorate information and sharing of best practice. Each of these initiatives have been designed to ensure consistency and engagement across the workforce.

Monthly provider forums are held to maintain strong communication and collaboration with the adult social care provider market, supported by extensive community engagement facilitated by the DPS (Dynamic Purchasing System) and market management team. A risk-based approach is adopted for these activities to ensure priorities are addressed effectively. Recent projects, such as the Direct Payments (DP) initiative, have been co-produced with individuals who draw on services, reflecting the inclusive approach taken in the development of strategies for Learning Disabilities, Mental Health, Autism, and Carers. A quarterly newsletter is distributed to all people and carers receiving services, providing updates and maintaining regular contact. Partnership boards, include people who draw on services ensures that the voices of people who draw services are represented and heard.

The ‘Your Voice, Your Town’ initiative features engagement events across the seven towns of Ealing, gathering insights on what residents want and need from the council. This feedback directly informs the shaping of the ASC delivery plan, ensuring it reflects the priorities of local communities.

Strong communication channels are maintained with health partners through fortnightly meetings addressing key topics such as integration issues, ‘gold issues’, and the wider health and adult social care executive agenda. Operationally, this

includes participation in MADE (Multi-Agency Discharge Events) and other multi-agency forums to ensure seamless communication, engagement and coordination between health and adult social care services.

These communication and engagement plans demonstrate a structured and inclusive approach, ensuring that all stakeholders whether workforce, providers, people who draw on services, carers and or health partners are actively involved in shaping and delivering ASC priorities.

Quality Statement 9: Learning, Improvement and Innovation - Review Findings

'We' Quality Statements:

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Peer Challenge, proposed areas of focus:

- There are some positive examples of co-production in service development; however, greater focus is needed to fully embed this approach. Further efforts are required to ensure that the voices of individuals with lived experience are consistently represented across all aspects of adult social care and commissioning.

Strong Commitment to Coproduction: ASC demonstrates a strong commitment to co-production by ensuring that people with lived experience are integral to its governance and decision-making structures. Co-production is embedded across the ASC Partnership Boards, including the Safeguarding Adults Board (SAB) and the Health and Adult Social Care Scrutiny Panel. People with lived experience are actively co-opted onto these boards, contributing their insights to shape strategies, service changes, and improvements to care and support provision. This inclusive

approach ensures that policies and services reflect the real-world experiences and needs of the local community.

A notable example of this commitment is the Carers Partnership Board, where two carers serve as Co-Chairs. This arrangement exemplifies the co-production ethos by ensuring that carers' voices are central to discussions and decisions affecting them. These boards also draw on extensive community engagement to recruit people with lived experience and ensure diverse representation. Quarterly newsletters and events such as ‘Your Voice, Your Town’ further strengthen communication and engagement with residents, ensuring their needs are consistently reflected in ASC’s strategic priorities. This approach not only aligns with Ealing’s Health and Wellbeing Strategy but also places communities at the heart of care and support services, fostering better outcomes through collaboration and shared accountability.

The Principal Social Worker (PSW) has facilitated ten co-production sessions with staff to date, which provided a safe and supportive environment to address misconceptions about co-production and illustrate its application through practical examples. These sessions have now evolved into regular monthly co-production meetings, designed to share best practice and foster a deeper understanding of co-production principles among staff.

Audits have also been established to evaluate the integration of co-production at the operational level, particularly during assessment and support planning. These audits include a two-part process: the first involves reviewing practice to assess the extent to which co-production is embedded, and the second gathers direct feedback from people who have used services. Auditors ask consistent questions to ensure a comprehensive understanding of peoples experience. Insights and learning derived from these experiences feed directly into service improvement planning, ensuring that co-production principles inform and enhance practice across ASC.

Coproduction Achievements to Date

Representation on Partnership Boards

- Each board includes individuals with lived experience to influence how services are delivered.
- A newly established Co-Production Board features two Co-Chairs with lived experience.
- The Carers Strategy, co-produced with stakeholders, was presented at the Health and Wellbeing Board.

Leadership Engagement and Development:

- Co-Chairs regularly meet with the Director of Adult Social Services (DASS).
- A Co-Chairs' Away Day was held to identify priorities, enhance community involvement, and discuss remuneration frameworks.

Strategic Participation:

- Co-Chairs of the Carers and Autism Co-Production Boards are co-opted onto the Scrutiny Panel.

Enhanced Communication and Recruitment:

- A dedicated ‘Be Involved’ email inbox has been established and is promoted in newsletters sent to individuals who use services, resulting in increased engagement.
- Newsletters now feature a co-production section to keep stakeholders informed and involved.

Digital Transparency:

- A presence on the Do Something Good website has been created, with plans for all co-production boards to publish minutes and action plans for greater transparency.

Community Involvement in Initiatives:

- Co-production groups have participated in several initiatives, including:
- Testing accessibility equipment for Pear Tree Parks and green spaces through a wheelchair user group.

- Reviewing challenges faced by professionals during school bus hours as part of the School Streets initiative.

Operational Strengths-Based Practice:

- Strengths-based support planning is embedded operationally to achieve better outcomes and improve individual wellbeing, with examples shared at both macro and micro levels.

Co-Production in Service Design:

- The Dynamic Purchasing System (DPS) and service specifications were co-produced with individuals who draw on services.
- A comprehensive day services review was conducted with the involvement of all participants.

Co-Production Resources:

- A co-production leaflet was developed to explain opportunities for involvement and how individuals with lived experience can contribute.

Governance and Collaboration:

- The Co-Production Board meets with the DASS on a quarterly basis to review progress and set future priorities.

These achievements reflect a robust and inclusive approach to co-production, ensuring that people with lived experience play a central role in shaping and improving services.

Learning and Professional Development: The ASC training programme was consistently recognised by staff as an excellent resource for professional development, supported by a robust learning and development plans. The programme is designed to meet the diverse needs of the workforce, offering a structured combination of general courses, specialist training for social workers and regulated staff, and targeted programmes for care providers. This comprehensive approach has ensured that all staff are equipped with the knowledge and skills required to deliver high-quality, person-centred care and achieve positive outcomes for individuals.

The training programme is further strengthened by its alignment with practice, providing a varied and relevant offer that is bespoke to individual training needs. Newly appointed staff, including ASYEs (Assessed and Supported Year in Employment), are supported in identifying appropriate training opportunities tailored to their professional development goals. Peer support is also integral to the programme, fostering open and honest communication alongside visible, accountable, and approachable leadership. This contributes to a positive organisational culture where staff feel valued and are motivated to stay for the long term.

The programme also benefits from a stable and expert workforce, where professionals share knowledge and foster strong internal transitions. Teams, while distinct in their functions, work collaboratively, avoiding silo working and promoting open channels of communication. This integrated approach has been reinforced by the DASS and senior leadership, including Heads of Service (HoS), who actively participate in team managers' meetings to ensure cohesion. It was evident that ASC operates as a unified group, reflecting a culture of accountability, collaboration, and shared purpose, all of which are reinforced through the training and development offer. These elements collectively ensure that ASC staff are equipped to deliver excellent, person-centred care, supported by a culture of continuous learning and professional growth.

Adult Social Care Risk Register: An adult social care risk register is in place with appropriate risks escalated to the corporate risk register. Identified risks have both immediate risk mitigations and long-term solutions that form part of improvement and transformation plans. The risk register is reviewed monthly at the governance and assurance board. Progress on risk actions are reported monthly to the Corporate Management Team with fortnightly briefings to the portfolio holder for ASC.

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