



**London Borough of Ealing**

**Adult Social Care  
Market Position Statement**

**April 2026**

## Contents

1. Purpose of this Market Position Statement .....	3
2. Strategic and Policy Context .....	3
3. How We Work with Social Care Providers.....	6
4. Population Profile .....	6
5. People with Lived Experience - Insights.....	8
6. Provider Perspectives .....	8
7.Spend on Adult Social Care Support in Ealing. ....	9
Chart 1: Comparative Spend on Long- and Short-Term Support by Age 2024-25.....	9
Table 1: Ealing Total Spend Per Week by Support Type March 2026 .....	10
Chart 2 – proportion of Spend on Long-Term Support by Care Type and Age March 2026 .....	10
Table 2 Hourly and Weekly Provision Rates for 2025-26 .....	11
8. Social Care Provider Workforce and Quality of Provision .....	11
Table 3: CQC Registered Social Care Residential Provision April 2026.....	12
Table 4: CQC Registered Community Provision April 2026.....	13
9. Use of Adult Social Care Support.....	13
Table 5: Type of Care Need by Age March 2026 .....	13
Table 6: Most Used Provision by Age March 2026 .....	15
Chart 3: Care Arrangements – 65 Years Plus.....	16
Chart 4: Care Need and Dementia Diagnosis Number in March 2026 .....	17
Chart 5: Residential and Nursing Use by Care Need Adults 65+ Years. March 2026 .....	17
Chart 6: Home Care by Primary Care Need – Adults 65+ Years .....	17
Chart 7: Care Use by People with a Learning Disability .....	19
Chart 8: Care Use by People with a Mental Health Need.....	19
Chart 9 – Care Use by People with Physical Support Needs .....	21
11. Implications for the Care Market.....	22
12. Future Opportunities.....	29
12. Council Contacts .....	29

## **1. Purpose of this Market Position Statement**

This Market Position Statement (MPS) sets out Ealing Council's assessment of current and future demand for adult social care, how services are currently used, and how the local care market will need to evolve over the next few years.

It is intended for:

- Providers of adult social care and support
- Housing and accommodation providers
- Voluntary and community sector organisations
- Health and system partners
- People with lived experience, carers, and local communities

The MPS brings together intelligence from:

- Joint Strategic Needs Assessments (JSNAs)
- Adult Social Care performance, activity, and finance data
- Workforce intelligence
- Coproduction boards and lived-experience engagement.
- Provider forums across all major care sectors
- The Adult Social Care Transformation (T27) Programme
- Ealing's Connected Communities approach

## **2. Strategic and Policy Context**

### **2.1 National context**

Adult social care is operating within a period of sustained reform and pressure. Key national reforms shaping the market include:

- The Fair Pay Agreement (anticipated from 2028/29), introducing national pay structures, progression, and training expectations.<sup>1</sup>
- The Mental Health Act 2025, strengthening duties around least-restrictive practice and Section 117 aftercare.<sup>2</sup>
- The Supported Housing (Regulatory Oversight) Act 2023, introducing licensing, quality, and governance requirements.<sup>3</sup>
- The Care Quality Commission's Single Assessment Framework, placing increased emphasis on leadership, outcomes, and safety.<sup>4</sup>
- The Procurement Act moves into full implementation with increased transparency on performance and payments alongside an obligation to break more contracts into smaller lots.<sup>5</sup>

These reforms collectively raise expectations of providers in relation to workforce standards, leadership, transparency, and outcomes.

---

<sup>1</sup> [Fair Pay Agreement FAQs](#)

<sup>2</sup> [Preparing for the Mental Health Act 2025: insights from SCIE's Advisory Groups](#)

<sup>3</sup> [Supported Housing \(Regulatory Oversight\) Act 2023](#)

<sup>4</sup> [Our new single assessment framework - Care Quality Commission](#)

<sup>5</sup> [The Procurement Act - a summary guide to the provisions - GOV.UK](#)

## 2.2 Ealing’s Vision for Adult Social Care

Ealing’s vision for adult social care is clear and ambitious: people should live well, independently, and in connection with their communities. This means supporting residents to make their own choices, maintain relationships, and participate fully in community life.

Our vision is rooted in the principles of Connected Communities, which emphasise early help, strengths-based practice, and the belief that people thrive when they are supported close to home. We want every resident to have access to the right support at the right time, delivered in a way that is personalised, culturally competent, and focused on outcomes that matter to them.

**Diagram 1- Adult Social Care Principles**



This vision underpins the Adult Social Care Transformation Programme (T27) and shapes the commissioning priorities set out in this Market Position Statement.

## 2.4 Ealing’s Seven Towns and Place-Based Delivery

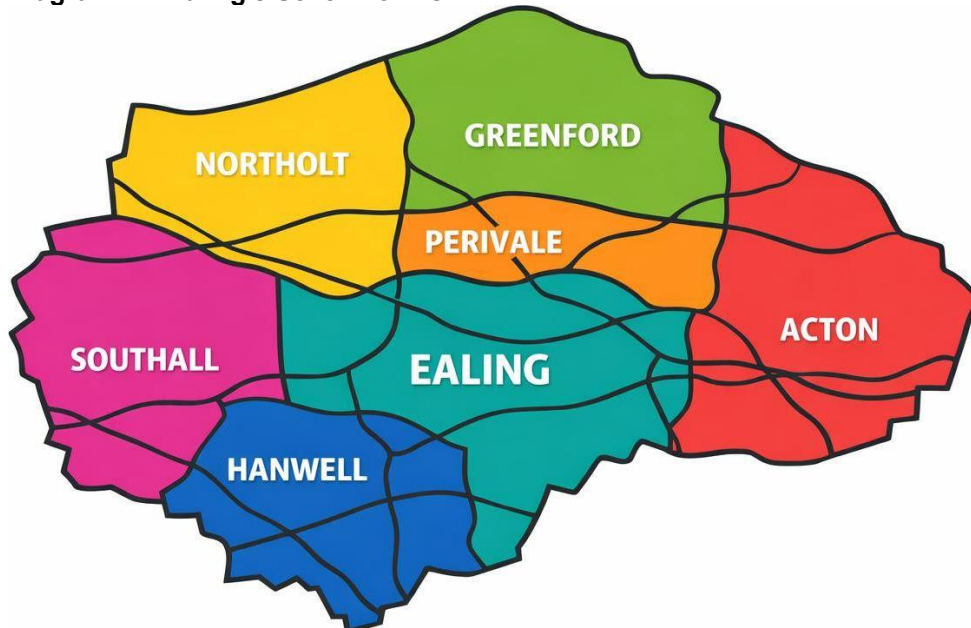
Ealing is made up of seven distinct towns, each with its own identity, communities, assets, and needs. These towns shape how we understand local demand and how we design services that reflect the lived experience of residents.

The seven towns are central to:

- Place-based engagement and community development.
- Public health profiling and understanding inequalities.
- Neighbourhood-level commissioning
- Planning for future Integrated Neighbourhood Teams (INTs)

Ealing’s emerging INTs bring together health, social care, voluntary sector partners, and community assets to support local populations. While INTs operate at a slightly different spatial level to the seven towns, they are designed to complement—not replace—local identity. They provide a practical framework for integrated delivery, shared decision-making, and multidisciplinary support.

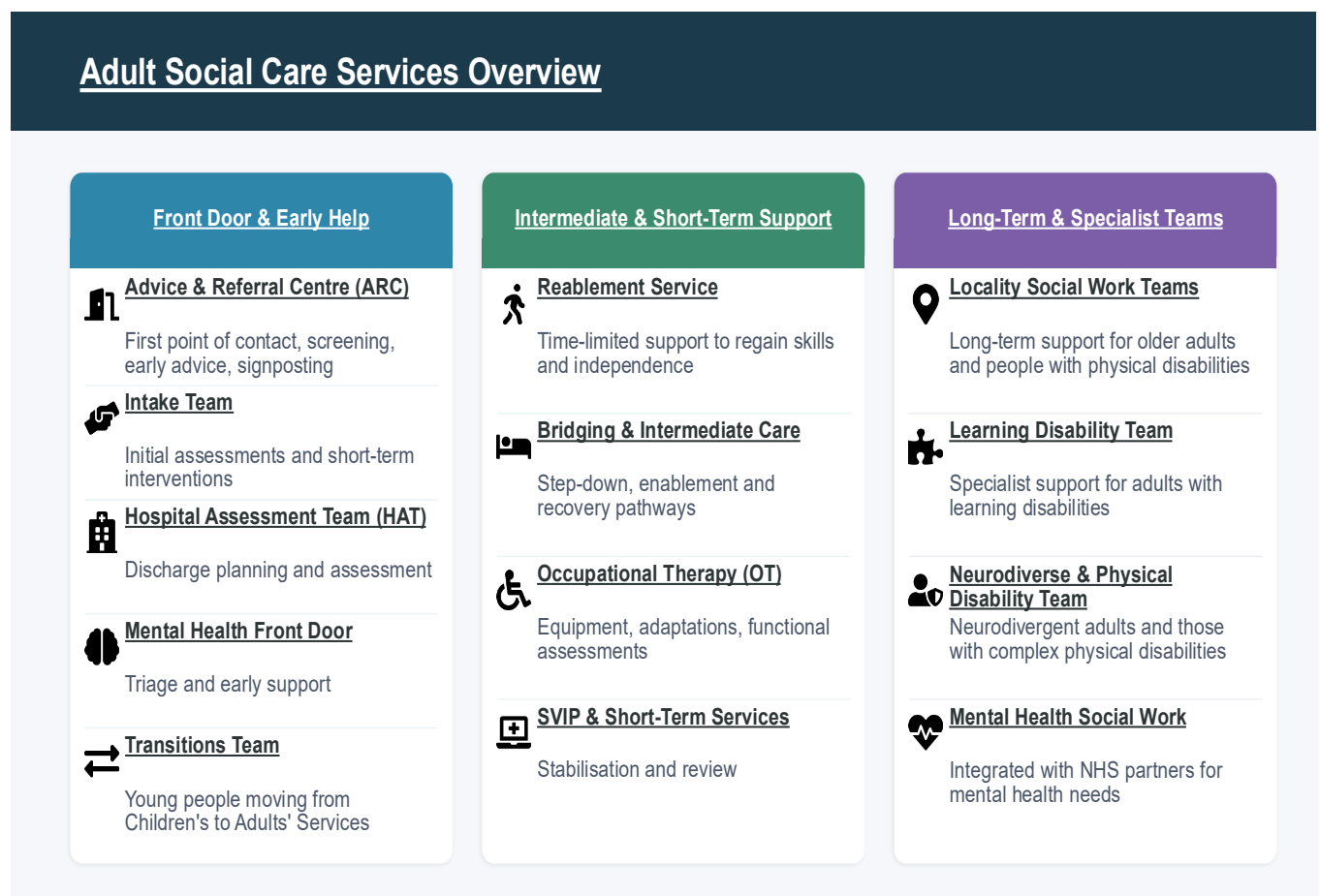
Diagram 2 – Ealing’s Seven Towns



### 2.3 Adult Social Care Access Points and Support

Adult Social Care in Ealing is organised around a clear resident journey that ensures timely access to support, strong professional oversight, and a consistent focus on independence.

Diagram 3 – Ealing Adult Social Care: Access Points, Short Term and Long-Term Support



### 3. How We Work with Social Care Providers

#### 3.1 Working with Us: Routes to Market and Procurement Expectations

Ealing commissions adult social care through a range of routes, including Dynamic Purchasing Systems (DPS), framework agreements, and individual placement processes. We aim to be transparent about future commissioning opportunities and to support providers to prepare for changes in demand, regulation, and workforce expectations.

**Diagram 4 – Working with Providers**



### 4. Population Profile

#### 4.1 Overview

Ealing is home to approximately 385,985 residents, making it the third-largest borough in London. The population has grown by around 19.5% since 2001, with younger adults tending to move into the borough while older residents are more likely to remain<sup>6</sup>. This creates a population profile characterised by:

- Strong working-age cohorts
- Rapid growth in older age groups
- High churn in some neighbourhoods
- High population density

Ealing is also one of the most diverse boroughs in the country, with over 54% of residents identifying as being from ethnic minority backgrounds and more than 160 languages spoken locally.

Health, housing, and income inequalities influence who needs long-term adult social care in Ealing. Because of these disparities, people often require support earlier in life, with greater intensity and complexity, and for longer periods—especially among working-age adults. The situation is made more challenging by limited housing options, which reduce chances for

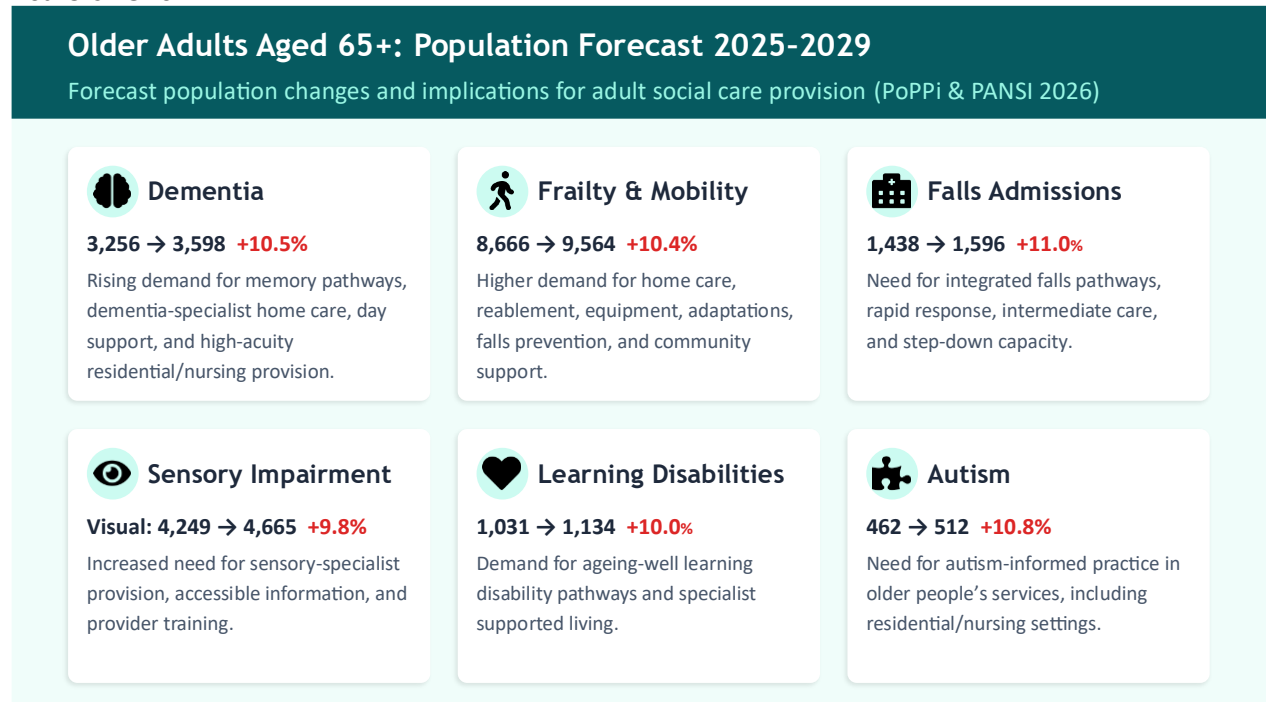
<sup>6</sup> [Ealing.gov.uk population profile](https://www.ealing.gov.uk/population-profile)

individuals to transition to more independent living arrangements.<sup>7</sup> Four neighbourhoods sit within the 10% most deprived nationally, and the borough experiences:

- The third highest overcrowding rate in London (14.2% of households)
- 26% of jobs paid below the London Living Wage
- Life expectancy gaps of over six years between neighbourhoods

The tables below summarise the main population changes and the implications of these for adult social provisions.

**Diagram 5 Population Changes and Adult Social Care Need 2025-2029 for People Aged 65 Years or Over.<sup>8</sup>**



<sup>7</sup> [ED-01345 Health of the Borough Accessible](#)

<sup>8</sup> [Projecting Older People Population Information IPC Oxford Brookes University](#) and [Projecting Adult Needs and Service Information System](#)

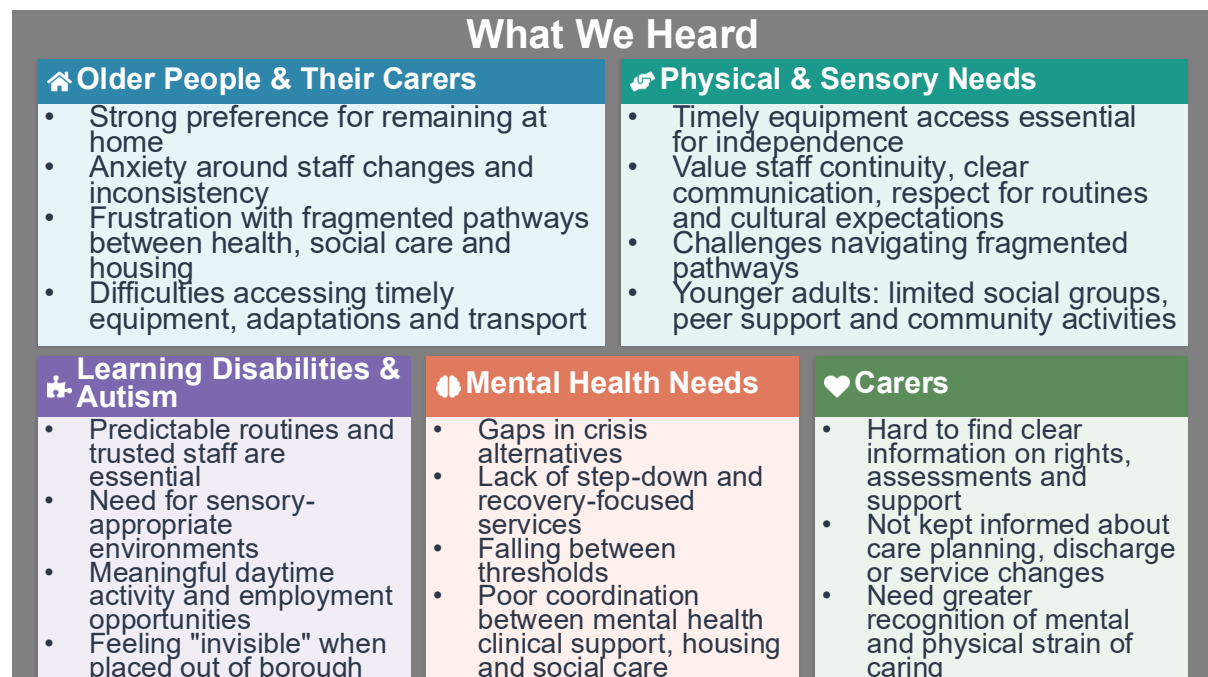
## Diagram 6 Population Changes and Adult Social Care Need for Adults Aged 18-64 Years



### 5. People with Lived Experience - Insights

Across Ealing’s coproduction boards and engagement forums, people consistently emphasise that *how care is delivered matters as much as what is delivered*.

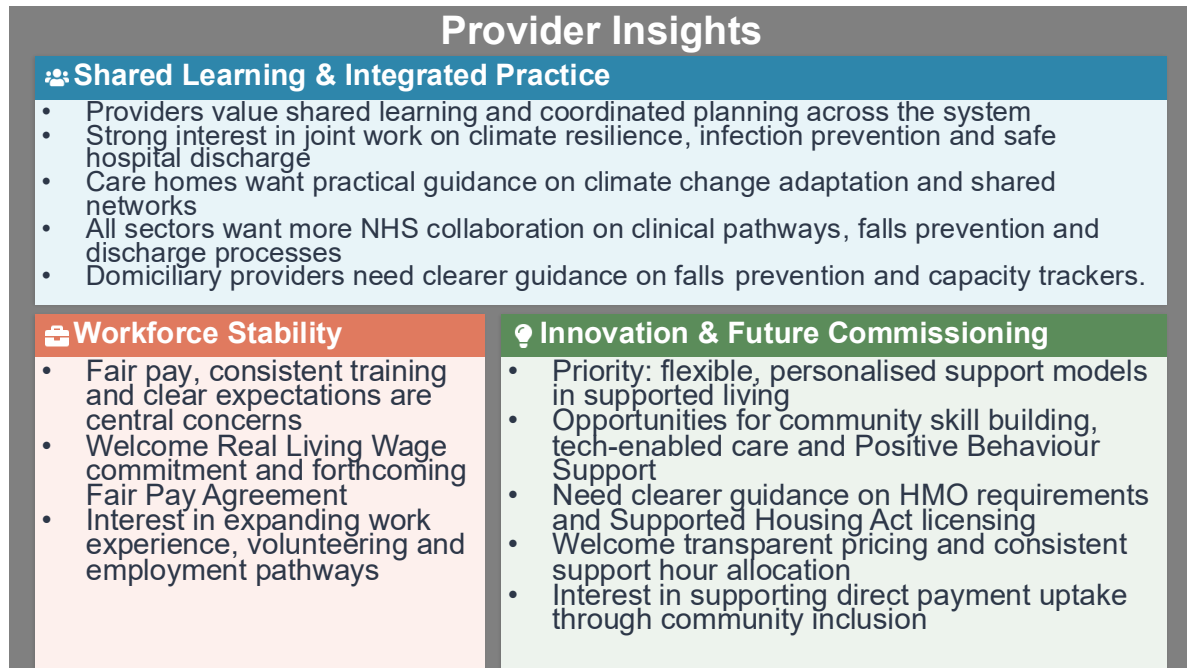
#### Diagram 7- Lived Experience Insight



### 6. Provider Perspectives

Provider forums across care homes, domiciliary care, extra care, supported living and floating support show a strong appetite for closer partnership working, clearer commissioning signals and opportunities to innovate. Providers want to play an active role in shaping the future of care in Ealing and consistently highlight areas where joint working can strengthen quality, resilience, and outcomes.

**Diagram 8- Provider Insights**

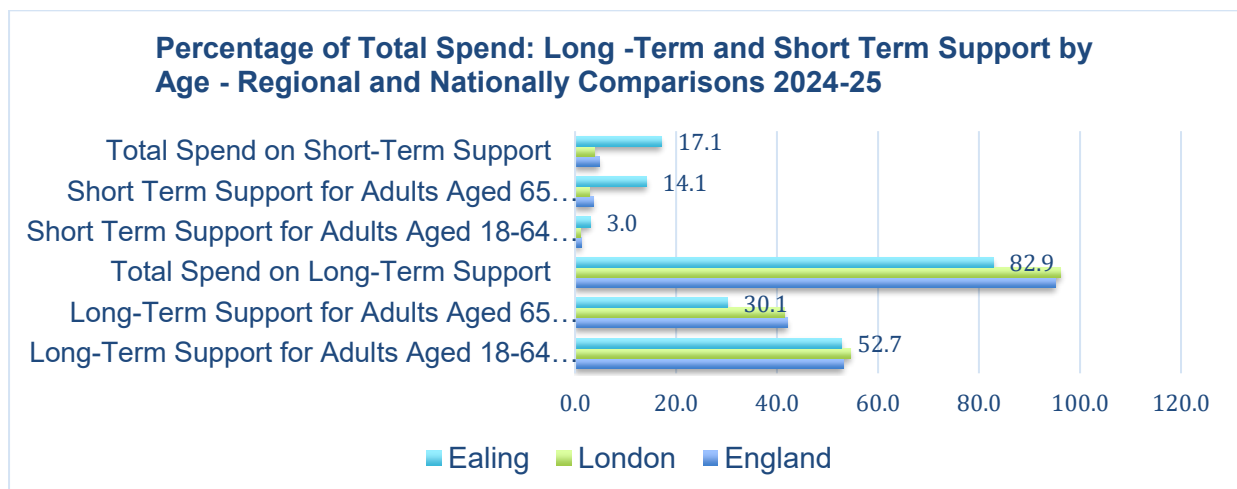


**7.Spend on Adult Social Care Support in Ealing.**

In 2024–2025, Ealing spent £94.587 million (excluding income from NHSE and client contributions) on short-term and long-term support for adults of all ages. The distribution of this spends, shown in the chart below, reflects Ealing’s commitment to helping people remain well at home. It demonstrates that a higher proportion of the budget is directed towards short-term support, reinforcing the borough’s focus on prevention, recovery and maintaining independence.

Residential and nursing care continues to account for the largest share of spend, with home care and supported living also forming significant parts of the market. For working-age adults, spend is driven by supported living and residential placements, while for older adults the majority of spend sits in home care and nursing care

**Chart 1: Comparative Spend on Long- and Short-Term Support by Age 2024-25<sup>9</sup>**

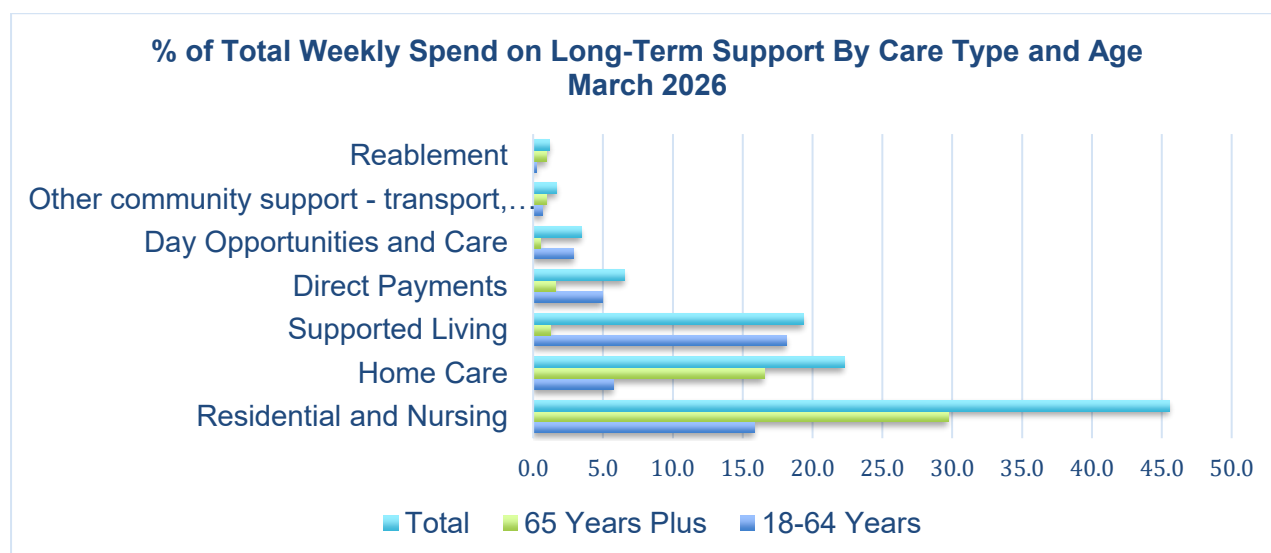


<sup>9</sup> [Adult social care finance report, England: 2024 to 2025 - GOV.UK](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/123456/adult-social-care-finance-report-england-2024-to-2025.pdf)

**Table 1: Ealing Total Spend Per Week by Support Type March 2026<sup>10</sup>**

Spend Per Week - March 2026 by Care Type	18-64 Years	64 Years Plus	Total
Residential and Nursing	£485,169	£909,221	£1,394,390
Home Care	£175,347	£505,969	£681,316
Supported Living	£554,544	£37,964	£592,509
Direct Payments	£151,801	£48,003	£199,804
Day Opportunities and Care	£89,462	£16,120	£105,582
Other community support e.g. transport, floating support, and carers	£21,384	£29,724	£51,107
Reablement	£6,922	£29,523	£36,446

**Chart 2 – proportion of Spend on Long-Term Support by Care Type and Age March 2026<sup>11</sup>**



### 7.1 Comparative rates

Across most service types, Ealing’s rates are broadly in line with its statistically similar London peers:

- Residential and nursing fees for people aged 65+ sit mid-range, signalling that Ealing is aligned with the wider market and maintaining fair, sustainable pricing.
- For working-age adults, Ealing’s residential and nursing rates are higher than many peers,
- Supported living hourly rates are higher than many peers
- Home Care is within the lower end of .

<sup>10</sup> Ealing Council Long-Term Support Data Extract March 2026

<sup>11</sup> Ealing Council Long-Term Support Data Extract March 2026

**Table 2 Hourly and Weekly Provision Rates for 2025-26<sup>12</sup>**

	Home Care Hourly	Blended Supported Living Hourly	Residential Older Adults	Nursing Older Adults	Residential Younger Adults (18-64 Years)	Nursing Younger Adults 18-64 Years
<b>Ealing</b>	£19.47	£23.81	£1,196	£1,224	£2,112	£1,654
<b>Brent</b>	£20.49	£21.47	£1,436	£1,320	£1,548	£1,557
<b>Waltham Forest</b>	£20.20	£20.55	£1,208	£1,199	£1,785	£1,536
<b>Merton</b>	£26.06	£36.63	£1,188	£1,130	£2,236	£2,332
<b>Hillingdon</b>	£20.25	£22.90	£1,169	£1,174	£1,787	£1,407
<b>Croydon</b>	£22.80	£21.95	£1,168	£1,300	£1,704	£1,644
<b>Lewisham</b>	£23.14	£29.25	£1,154	£1,265	£1,847	£1,752
<b>Haringey</b>	£20.16	£20.47	£1,115	£1,080	£1,640	£1,400
<b>Harrow</b>	£18.45	£24.87	£1,094	£1,230	£1,956	£1,727
<b>Greenwich</b>	£22.96	£26.09	£1,063	£966	£1,296	£1,039

## 8. Social Care Provider Workforce and Quality of Provision

Ealing’s workforce principles are grounded in the Connected Communities approach. These principles guide our commissioning expectations and our partnership with providers.

### Our Workforce Vision

*We commission for a social care workforce that is:*

Supported through strong leadership and clear professional pathways

Digitally enabled and ready for the national digital switchover

Focused on strengths, independence, and relationships

Culturally competent and reflective of local communities

Skilled, confident, and valued

### 8.1 Workforce Overview<sup>13</sup>

Skills for Care data shows that Ealing’s adult social care provider workforce comprises approximately 8,300 posts, with:

- Around 7,500 filled
- Around 850 vacancies
- 500 posts employed by people using direct payments.

<sup>12</sup> Provisional MSIF Return Ealing Council March 2026

<sup>13</sup> [Skills for Care Workforce Intelligence LB Ealing 2024-25](#)

Key challenges include:

- Vacancy rate of 12.2%
- Turnover of 23.4%
- 47% on zero-hours contracts
- 59% with less than three years' experience in social care
- An ageing workforce, with 1,800 staff approaching retirement within 10 years.

## 8.2 Pay for care workers.

Ealing's median hourly rate for a care and support worker (£12.64) is broadly in line with the London average. Providers report that the implementation of the Real Living Wage (London) across all Community Services DPS Lots has supported recruitment, but retention challenges persist.

The forthcoming Fair Pay Agreement (expected 2028/29) will introduce national pay floors, qualification-linked pay bands and strengthened employment protections, creating both opportunities and cost pressures for the sector.

## 8.3 Training and qualifications

Training and qualifications reveal several key insights:

- While mandatory training compliance is robust, the availability of specialist training—including dementia care, autism-informed practice, and delegated health tasks—remains inconsistent across the sector.
- Ealing's workforce has a lower proportion of individuals at Level 2 or Level 3 qualifications compared to the London average, highlighting the necessity for a more cohesive strategy in workforce and leadership development via the Registered Managers Network.

Ealing provides a workforce development offer, including free training for provider staff. We are committed to expanding access to specialist training and supporting providers to build a stable, skilled, and resilient workforce. This includes:

- Mandatory training
- Dementia capability
- Autism-informed practice
- Delegated health tasks
- Leadership development through the Registered Managers Network

## 8.4 Quality of local provision<sup>14</sup>

Table 3: CQC Registered Social Care Residential Provision April 2026

Ealing Summary – CQC Registered Social Care Residential Provision April 2026			
CQC Rating	Better than	Worse than	Same as
<b>Good or outstanding: Ealing = 80.4%</b>	England	London and North West Boroughs	n/a
<b>Inadequate. Ealing = 0%</b>	England, London, and North West London Boroughs	n/a	n/a
<b>Requires improvement Ealing= 19.6%</b>	n/a	England, London, and North West Boroughs	n/a

<sup>14</sup> [CQC Care Directory with Ratings April 2026](#)

**Table 4: CQC Registered Community Provision April 2026**

<b>Ealing Summary – CQC Registered Community Provision.</b>			
<b>CQC Ratings</b>	Better than	Worse than	Same as
<b>Good or outstanding. Ealing =88.5%</b>	London Region and England	NW London Boroughs	n/a
<b>Inadequate – Ealing =0%</b>	London Region and England	n/a	NW London Boroughs
<b>Requires improvement Ealing =11.5%</b>	London Region and England	North West London Boroughs	n/a

- Domain-level evaluation highlights consistently high standards in Caring and Responsive practice, underscoring Ealing's commitment to personalised, relationship-focused care.
- Areas identified for improvement include leadership and governance, with 20.3% of community services requiring enhancement within the Well-Led domain, and safety in residential care, where 24.5% of providers require improvement.

## **9. Use of Adult Social Care Support**

### **9.2 Current provision**

Ealing supports more than 5,300 adults through long-term adult social care arrangements of these 1555 are aged 18-64 years and 3825 are aged 65 years or over.<sup>15</sup>

Key trends include:

- Increasing complexity across all age groups
- Growth in people with dual or multiple needs
- Increasing numbers of adults with mental health needs at the point of service entry
- Longer durations of support.

**Table 5: Type of Care Need by Age March 2026<sup>16</sup>**

<b>Support Needs</b>	<b>% of Care Arrangements for 65+ Years</b>	<b>% of Care Arrangements for 18-64 Years</b>
Carer	1.2	3.3
Physical Support – ALL	79.0	27.4
Learning Disability	3.8	39.3
Mental Health	9.5	26.0
Memory and Cognition	7.6	0.6
Social (ALL)	1.2	2.6
Sensory (ALL)	0.2	0.3
Other	0.3	0.7

<sup>15</sup> [Adult social care activity report, England: 2024 to 2025 - GOV.UK](#)

<sup>16</sup> Ealing Council Long-Term Support Data Extract March 2026

### **9.2.1 Older Adults 65 Years Plus**

Older adults account for the majority of:

- Physical support needs
- Home care hours
- Residential and nursing placements

However, diagnostic categories increasingly mask complexity, local data shows that many people with a dementia diagnosis are primarily recorded as having physical support needs, reflecting:

- Multi-morbidity
- Frailty
- Mobility issues
- Sensory impairment

This has significant implications for workforce skills, service design, and provider sustainability.

### **9.2.2 Working-age adults (18–64)**

Working-age adults present a much more varied demand profile. Of all working-age care arrangements:

- 39.3% relate to learning disability.
- 26% relate to mental health.
- 9.6% include an autism diagnosis.
- Significant overlap exists across categories.

Ealing has historically had higher-than-average rates of long-term support for working-age adults with a learning disability and physical disabilities. The rate of local term support for adults with a mental health need has increased rapidly since 2019-20 although numbers appear to have now stabilised. While recent years have seen a reduction in long-term learning disability support rates overall spend and intensity of care have continued to rise as they have for a mental health need.

### **9.2.3 Self-Funders**

Self-funders form an important part of Ealing's care market. While the proportion varies across neighbourhoods, self-funders influence demand for home care, residential and nursing care, and specialist provision. Many self-funders approach the council for advice, brokerage, or support when their needs increase or their financial circumstances change.

National data estimates that 23% of people using community services in Ealing are self-funders, around 800 people<sup>17</sup> whilst 22% of people using residential care are self-funders, around 210 people.<sup>18</sup>

### **9.2.4 Direct Payments (DPs)**

Direct payments are a vital part of Ealing's offer, enabling people to design support that fits their lives, preferences, and cultural expectations. DPs provide flexibility, choice, and control,

---

<sup>17</sup> [Estimating the size of the self-funding population in the community, England - Office for National Statistics](#)

<sup>18</sup> [Care homes and estimating the self-funding population, England - Office for National Statistics](#)

and can be used for a wide range of personalised support, including community participation, employment-related activities, and carer support. Our focus is on ensuring that people who choose a DP can access high-quality support at a fair and equitable cost, comparable to commissioned services. We are committed to improving access, strengthening advice and guidance, and ensuring that DPs are a viable option for carers.

### 9.3 How People Currently Draw on Support.

**Table 6: Most Used Provision by Age March 2026<sup>19</sup>**

	Home Care	Day Provision	Supported Living	Direct Payments	Community Other	Nursing Short and Long-Term	Residential Short and Long-Term
Support Arrangements 18-64 Years Number	550	200	637	256	131	49	193
Support Arrangements 65 Years and Over Number	1565	109	59	118	85	365	334

#### 9.3.1 Community Support

Across all age groups, most people are supported through community-based services, including:

- Home care
- Supported living.
- Direct payments
- Day and evening opportunities
- Outreach and floating support

For example:

- Most older adults currently receive home care for physical support.
- Supported living is the most common model for people with learning disabilities.
- Supported living is also the dominant model for working-age adults with mental health needs.

This reflects both policy direction and the clear preference expressed by local people to live independently and remain connected to their communities.

#### 9.3.2 Residential and nursing care

Despite this community focus, residential and nursing care remain critical for people with the highest levels of need.

- 365 nursing placements
- 334 residential placements for older adults

Residents entering residential or nursing care increasingly present with:

- Advanced dementia

---

<sup>19</sup> Ealing Council Long-Term Support Data Extract March 2026

- Multiple long-term conditions
- Complex medication regimes
- High levels of personal care need
- Behavioural and psychological symptoms

## 10. Care needs by Population Group

### 10.1 Older Adults (65+) - Rising Demand and Increasing Complexity

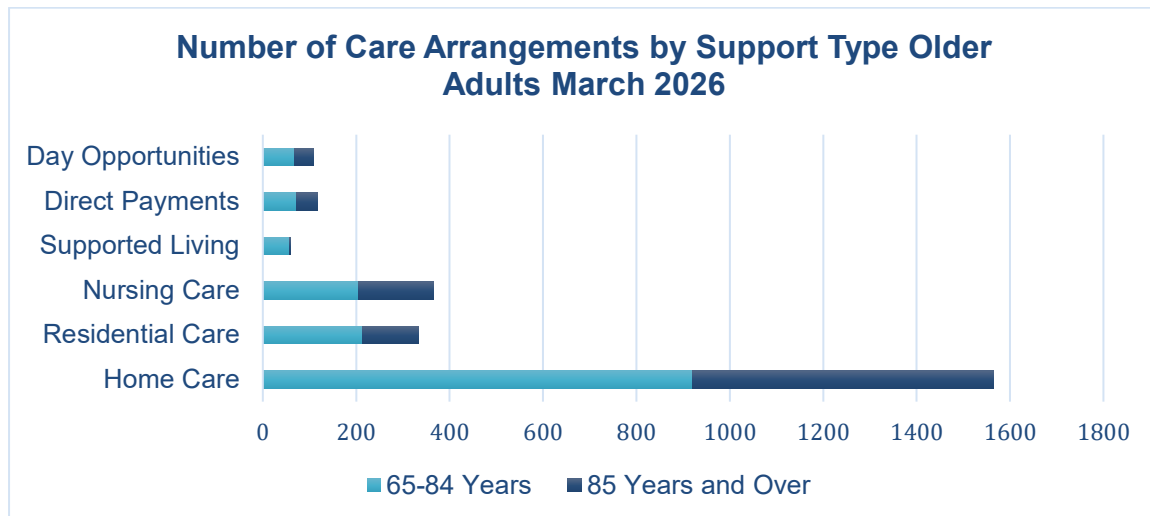
Most older adults use home care, but residential and nursing care becomes much more common as people age. For those aged 65 to 84, 921 individuals receive home care, whereas among those aged 85 and over, 644 rely on home care and there are 161 nursing placements in this group. Physical support is the main recorded need for most older people—including many who have dementia—reflecting a high prevalence of multiple health conditions and frailty.

#### 10.1.1 Older People Future Needs

Ealing’s older population is growing and becoming more complex. To meet future demand, we will need:

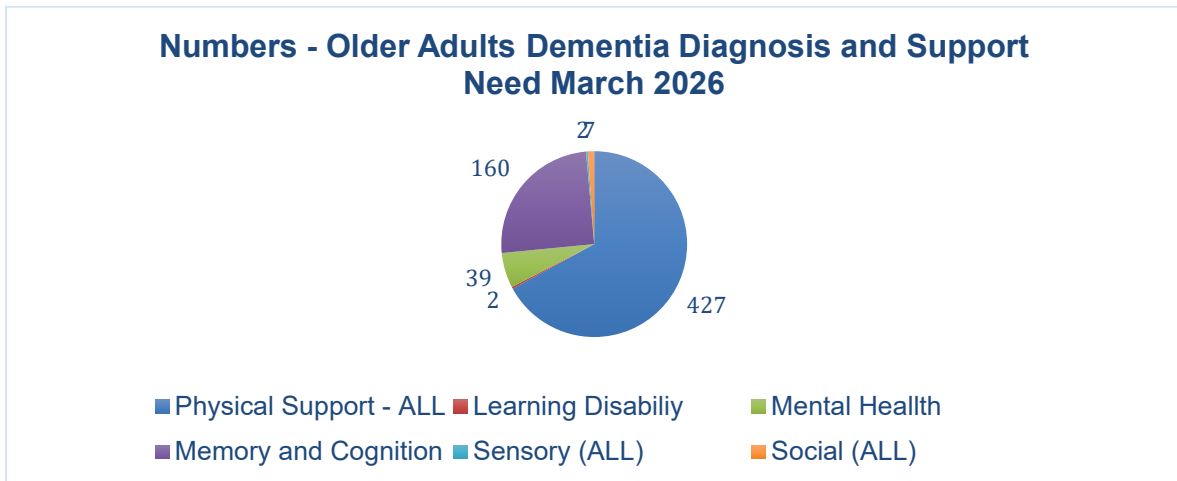
- Dementia-capable community services
- Expanded reablement and intermediate care
- Increased step-down capacity.
- Workforce skills in frailty, multimorbidity, and end-of-life care

**Chart 3: Care Arrangements – 65 Years Plus<sup>20</sup>**

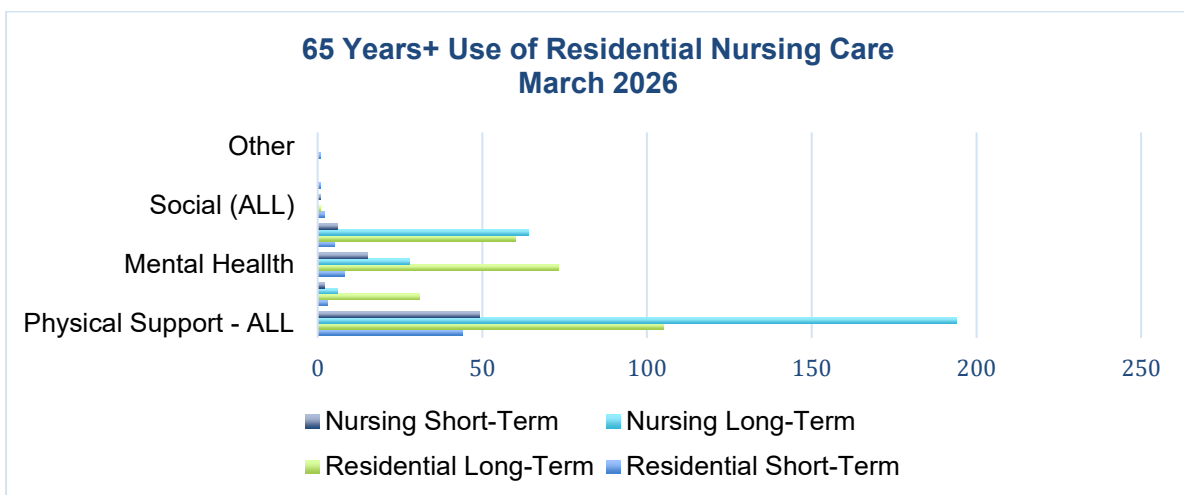


<sup>20</sup> Ealing Council Long-Term Support Data Extract March 2026

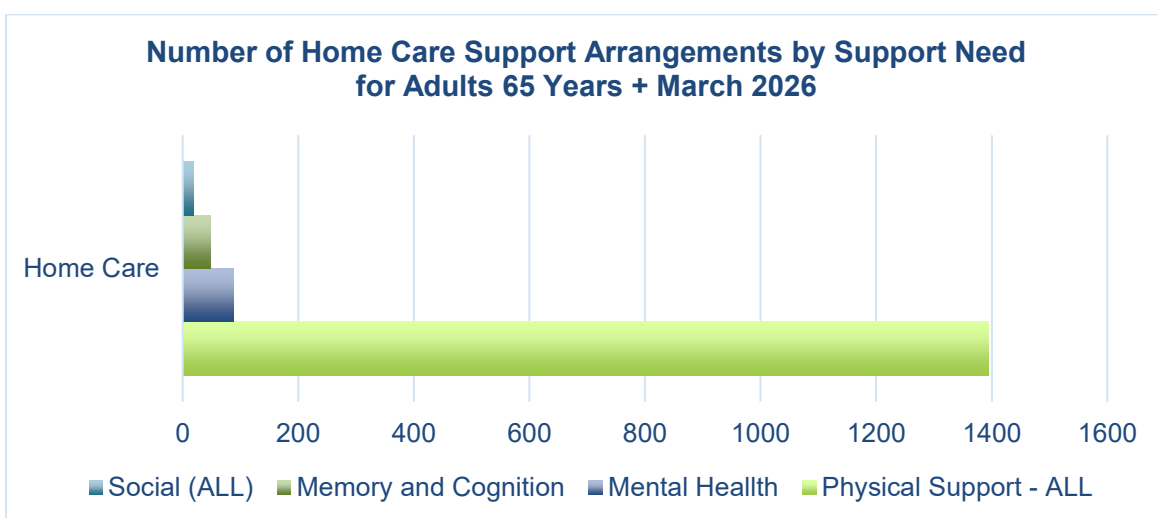
**Chart 4: Care Need and Dementia Diagnosis Number in March 2026<sup>21</sup>**



**Chart 5: Residential and Nursing Use by Care Need Adults 65+ Years. March 2026<sup>22</sup>**



**Chart 6: Home Care by Primary Care Need – Adults 65+ Years<sup>23</sup>**



<sup>21</sup> Ealing Council Long-Term Support Data Extract March 2026

<sup>22</sup> Ealing Council Long-Term Support Data Extract March 2026

<sup>23</sup> Ealing Council Long-Term Support Data Extract March 2026

## 10.2 People with a Learning Disability and Autistic People

Providers and evidence from Ealing's Joint Strategic Needs Assessment highlight a clear shift in the profile of need:

- More people require specialist autism-informed support, including for sensory needs, communication differences, and behaviours of distress.
- A growing number of adults present with dual diagnosis (learning disability or autism and mental health), requiring integrated clinical and social care pathways.
- People are living longer with learning disabilities, increasing demand for complex physical health support, learning disability adaptations in dementia pathways and adapted housing.

### 10.2.1 Current overview

- An autism diagnosis features in 9.6% of all working-age care arrangements.
- 39.3% of all 18–64 care arrangements relate to learning disability.
- 26% relate to mental health needs, often overlapping with autism or learning disability.
- Supported living is the dominant model for 18–64-year-olds, with 252 adults aged 18–64 in supported living.
- There are 233 out-of-borough placements for people with a learning disability for supported living and residential care.
- Supported living is the most frequently used care type for people with a learning disability.
- More people with a learning disability are in residential and nursing care settings than in other comparable areas.
- People and families consistently ask for local, stable, autism-informed provision and meaningful daytime activity.

### 10.2.2 Future Need

Population projections indicate that the number of adults with a learning disability will remain stable but with increasing acuity as people get older, while the number of autistic adults is expected to rise. National prevalence trends suggest:<sup>24</sup>

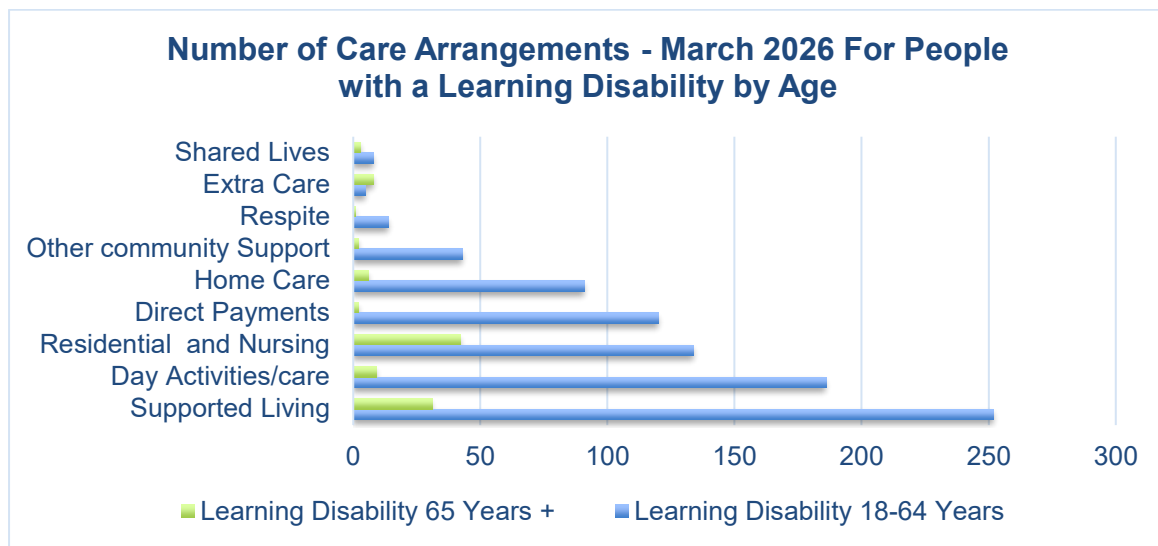
- More older adults with a learning disability will require specialist supported living or specialist residential provision.
- Demand for functional occupational therapy support, positive behaviour approaches and trauma-informed practice will continue to grow.
- There will be increased need for step-down provision from mental health inpatient settings and for section 117 aftercare.
- The transition cohort (18–25) remains significant, with 148 care arrangement in place for those aged 18–25 with a learning disability.<sup>25</sup>
- Reduced reliance on out-of-area placements through greater provision for dual diagnosis and complex needs
- More day opportunities, employment support, and transport provision.

---

<sup>24</sup> [Projecting Adult Needs and Service Information System](#)

<sup>25</sup> Ealing Council Long-Term Support Data Extract March 2026

**Chart 7: Care Use by People with a Learning Disability<sup>26</sup>**



### 10.3 Mental Health

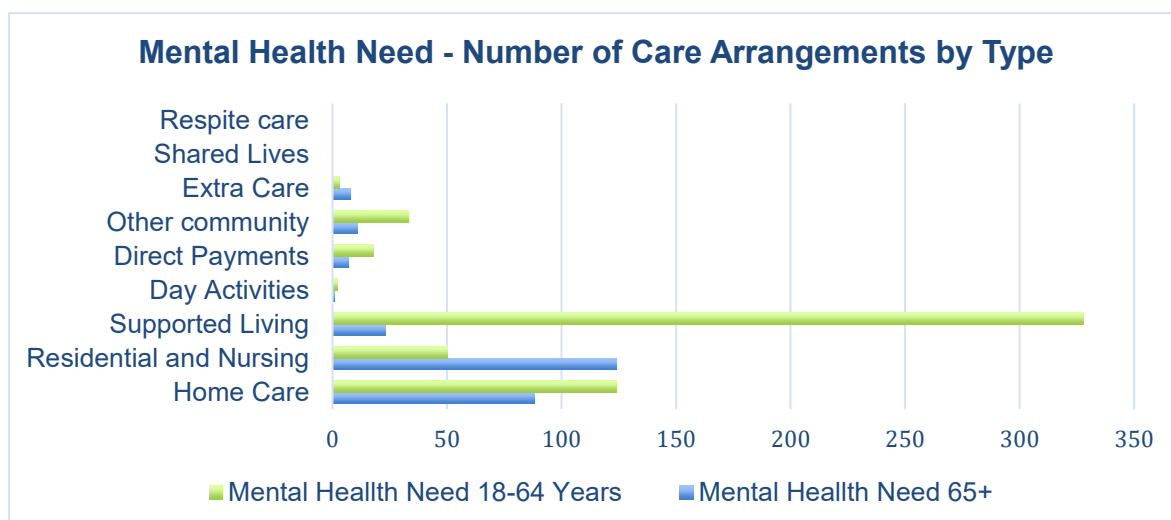
#### 10.3.1 Population

Around 19.2% of adults in Ealing have a common mental disorder.<sup>27</sup>

Demand for adult social care support for working-age adults with mental health needs has increased sharply since 2019–20. Ealing’s rate of working-age adults drawing on long-term support rose above both England and London averages between 2021–22 and 2023–24, before stabilising in 2024–25 as early intervention and recovery pathways began to strengthen. However, the overall trend remains upward, and complexity is increasing.<sup>28</sup>

Benchmarking data shows that Ealing’s long-term support rate for mental health (166.7 per 100,000 working-age adults) remains higher than many peers, reflecting both need and gaps in community-based alternatives.

**Chart 8: Care Use by People with a Mental Health Need<sup>29</sup>**



<sup>26</sup> Ealing Council Long-Term Support Data Extract March 2026

<sup>27</sup> [EALING JSNA 2023 Mental Health](#)

<sup>28</sup> [Adult Social Care Activity and Finance Reports 2015-2016 to 2023-24 - NHS England Digital](#)

<sup>29</sup> Ealing Council Long-Term Support Data Extract March 2026

### 10.3.2 Changing and Unmet Needs

Neighbourhood teams and Ealing Community Partners highlight the complex interplay between mental health, long-term conditions, housing instability, and social isolation. Residents often experience delays in accessing timely support, unclear referral routes, and inconsistent communication between agencies. Providers report limited step-down and recovery options, particularly for people with complex and dual diagnosis needs.

Co-production boards emphasise the need for:

- Crisis alternatives to avoid hospital admission.
- Culturally competent mental health pathways
- Better integration between mental health, autism, and learning disability services.
- Neurodivergence-informed support, particularly for autistic adults and people with ADHD who frequently fall between service thresholds.

## 10.4 Physical Disability

### 10.4.1 Population Need

Physical support needs form the largest proportion of adult social care demand in Ealing.

Rising complexity: More people are supported at home with multiple long-term conditions, cognitive impairment, sensory loss, and high levels of personal care.

Working-age adults (18–64):<sup>30</sup>

- Around 12,600 adults are predicted to have impaired mobility.
- Over 9,200 adults are predicted to have a moderate personal care disability.
- Approximately 700 adults live with long-standing health conditions caused by stroke.

Older adults (65+):<sup>31</sup>

- The number of older adults unable to manage at least one daily activity is projected to rise from 8,666 (2025) to 9,564 (2029).
- Falls-related hospital admissions are expected to increase from 1,438 to 1,596 over the same period.
- These trends reflect rising frailty, multi-morbidity, and longer life expectancy, all of which increase demand for home care, reablement, equipment and residential care.

Across all ages, 55.4% of care arrangements relate to mobility or personal care. Need increases sharply with age, but there is also a substantial cohort of working-age adults with long-term physical disabilities.

### 10.4.2 Physical Support Future Needs

Provision must strengthen:

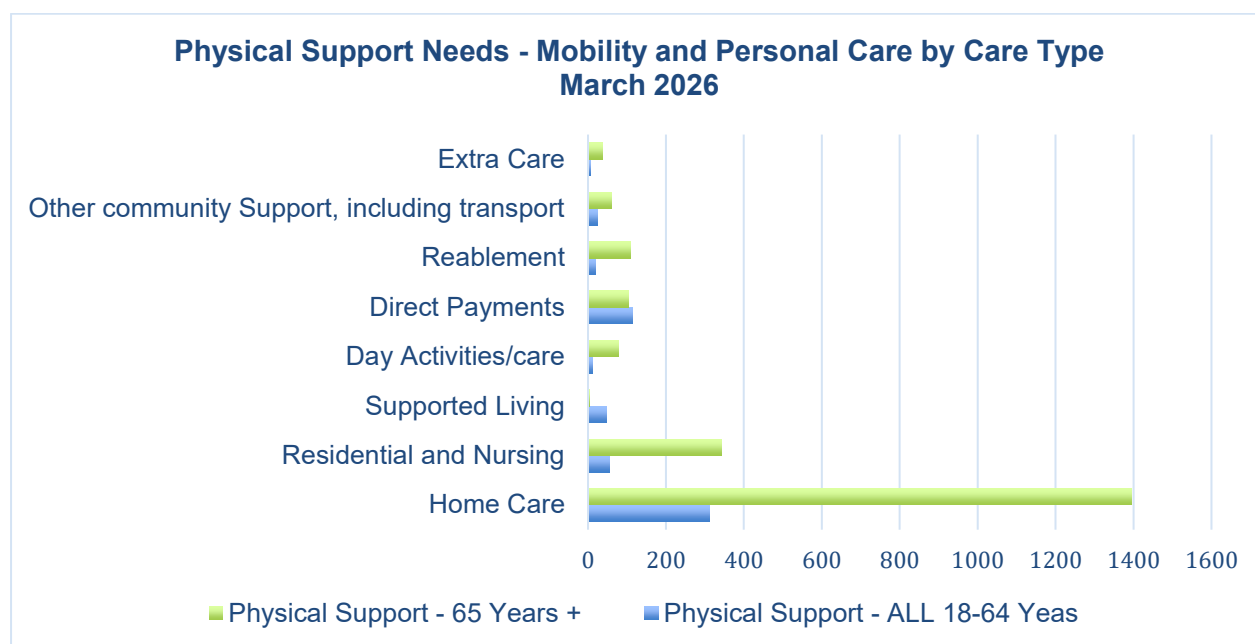
- Access to and use of equipment and adaptations, including Disabled Facilities Grant funded adaptations.
- Enablement and floating support to help people stay or return home.
- Peer support and community inclusion
- Transport and accessibility.
- Supported employment pathways.

---

<sup>30</sup> [Projecting Adult Needs and Service Information System](#)

<sup>31</sup> [Projecting Older People Population Information System](#)

**Chart 9 – Care Use by People with Physical Support Needs<sup>32</sup>**



## 10.5 Carers

### 10.5.1 Population

The Carers JSNA<sup>33</sup> shows that carers experience poorer physical and mental health, higher levels of financial strain, and increased social isolation compared with residents who do not provide care. Only 34.4% of carers report being in very good health, compared with 51.8% of non-carers.

Caring responsibilities are often intensive: 27% of carers provide more than 50 hours of care each week, and half of working-age carers have left employment or reduced their hours. The number of older carers is also rising, with the population of carers aged 65+ projected to increase by 38% by 2040.

Young carers face particularly acute challenges. Ealing has 1,937 young carers, including 353 under 16, many supporting parents or siblings with complex needs. Young carers report loneliness, anxiety, and difficulties balancing school, friendships, and caring. Ofsted has highlighted inconsistent identification and variable quality of assessments.

Although uptake remains low relative to need, carers access a range of support from the council and its partners. Support for carers in Ealing includes carers assessments, emergency planning, and direct payments to help sustain caring roles and prevent breakdown. Provision spans respite and short breaks, information and advice, training, and wellbeing and peer support. These services help maintain carers' confidence and resilience, support safe hospital discharge, and reduce crisis-driven demand—although access to clear, timely information remains a challenge for some carers.

### 10.5.2 Carers: Future Needs

- Direct Payment-linked support - carer direct payments will play an increasingly important role in enabling carers to access flexible, personalised support. This includes replacement care, short breaks, wellbeing support, and support that helps carers sustain employment or education.

<sup>32</sup> Ealing Council Long-Term Support Data Extract March 2026

<sup>33</sup> [Carers JSNA 2024](#)

- Carer wellbeing and respite options - there is growing demand for flexible, culturally appropriate respite and wellbeing support. Provision should move beyond inflexible models to offer preventative, outcomes-focused support.
- Provider expectations around carer-inclusive practice - providers are expected to demonstrate carer-inclusive practice, including recognising carers' roles, involving them appropriately in planning and communication, and working collaboratively to support stability and wellbeing.

## 10.6 Younger Adults Transitioning into Adult Social Care

Younger adults aged 18–25 in Ealing include those with a learning disability, autistic young people, and early mental health conditions.

- 68% of young people aged 18-25 years receiving long-term support have a learning disability.
- 170 younger adults aged 18–64 with a learning disability have an autism diagnosis, and a substantial proportion of these are in the 18–25 cohort.
- Many young people present with dual diagnosis (learning disability and/ or autism and mental health), requiring integrated clinical and social care pathways.<sup>34</sup>

Many require specialist communication support, sensory-appropriate environments, and predictable routines.

A significant proportion are placed out of area, reflecting gaps in local provision. This group prioritises independence, skills development, and pathways into work, and relies heavily on supported living, day opportunities and family carers. Stronger local provision, better transitions, and more community-based, employment-focused support are key commissioning priorities.

## 11. Implications for the Care Market

### 11.1 Residential and Nursing Care

Market pressures and risks	<p>Workforce shortages, particularly registered nurses, and experienced managers</p> <p>Rising acuity increasing staffing ratios and clinical risk.</p> <p>Limited supply of dementia-capable nursing beds</p> <p>Reduced flow through short-term and step-down placements, leading to longer lengths of stay.</p> <p>Rising costs driven by staffing, agency use and regulatory requirements.</p>
Commissioning direction and expectations	<p>Dementia-capable residential and nursing provision, including culturally competent environments.</p> <p>Improved clinical leadership and governance.</p> <p>Stronger alignment with frailty MDTs, discharge pathways, and neighbourhood teams</p> <p>Capacity for short-term, step-down and recovery-focused placements</p> <p>Preparation for, and compliance with, CQC's Single</p>

<sup>34</sup> Ealing Council Long-Term Support Data Extract March 2026

	Assessment Framework and the Fair Pay Agreement
Opportunities for providers who can	<p>Develop or expand dementia-specialist nursing provision.</p> <p>Offer flexible short-term / step-down models.</p> <p>Demonstrate strong clinical oversight and workforce stability.</p> <p>Support market sustainability through collaboration and innovation.</p>

## 11.2 Home Care

Strategic shift in the role of home care	<p>Ealing is intentionally shifting from a time-and-task model toward a preventative, reablement-led and outcomes-focused approach. Home care providers will increasingly be expected to:</p> <ul style="list-style-type: none"> <li>• Support independence and functional recovery.</li> <li>• Work as part of integrated neighbourhood teams.</li> <li>• Identify deterioration early and prevent escalation.</li> </ul> <p>Support timely hospital discharge and reduce readmissions</p>
Commissioning direction and expectations	<p>Reablement-aligned delivery.</p> <p>Dementia-specialist, autism-informed and mental health-informed home care</p> <p>Strong clinical collaboration with community nursing and therapy services</p> <p>Workforce capability in medication support, falls prevention and TEC.</p> <p>Cultural competence and continuity of care.</p> <p>Alignment with INTs and frailty pathways</p>
Opportunities for providers who can:	<p>Develop specialist home care models.</p> <p>Offer small, consistent care teams.</p> <p>Invest in training, digital readiness and supervision.</p> <p>Support carers and family networks as partners in care.</p>

## 11.3 Supported Living

Changing need and complexity – demand drive by	<p>Increasing numbers of autistic adults</p> <p>Higher levels of dual diagnosis</p> <p>People ageing with learning disabilities.</p> <p>More complex behavioural and health needs</p> <p>Transitions – young people moving out of the family home and older adults who can no longer live with parents or in</p>
--	--

	shared housing.
Commissioning direction and expectations	<p>A range of supported living including some specialist provision, reducing reliance on out-of-borough placements.</p> <p>Autism-competent and PBS-informed environments</p> <p>Clear separation of housing and support</p> <p>Compliance with the Supported Housing (Regulatory Oversight) Act 2023</p> <p>Greater transparency in pricing and support allocation</p> <p>Dual-diagnosis pathways</p> <p>Step-down from hospital and residential care</p> <p>Local provision for more complex needs.</p>
Opportunities for providers	<p>Develop new local supported living schemes.</p> <p>Adapt existing provision for higher complexity.</p> <p>Work in partnership with housing associations and developers</p> <p>Pilot outcomes-focused and recovery-based models</p>

#### 11.4 Extra Care Housing

Strategic importance	<p>Extra Care is a key preventative asset, supporting:</p> <ul style="list-style-type: none"> <li>• Independence</li> <li>• Reduced reliance on residential care</li> <li>• Value for money across the system</li> </ul>
Commissioning direction and expectations	<p>Expand Extra Care- disability-specialist Extra Care for working-age adults.</p> <p>Align Extra Care with neighbourhood-based support</p> <p>Working with VCF Partners</p>
Opportunities for providers	<p>Partnering with housing providers and developers</p> <p>Developing mixed-needs Extra Care models.</p> <p>Embedding community-focused, inclusive design</p> <p>Linking Extra Care with preventative and reablement services</p>

#### 11.5 Prevention, Enablement and Reablement

Strategic importance	<p>Enablement, reablement and floating support play a vital role in preventing escalation, supporting recovery, and helping people maintain independence.</p> <p>For older adults and those with physical support needs these services help them return home from hospital and maintain</p>
----------------------	---

Commissioning direction and expectations	<p>their independence.</p> <p>For working-age adults with fluctuating needs, mental health conditions, or housing instability these services help them stay visible and active in their local community.</p>
	<p>Expand reablement and enablement capacity.</p> <p>Strengthen integration with home care, OT, and community nursing.</p> <p>Embed prevention across contracts and pathways.</p> <p>Align prevention with Connected Communities and neighbourhood teams.</p> <p>Step-down from hospital or residential care</p> <p>Community inclusion and skills development</p> <p>Support to maintain tenancies</p> <p>Partnerships with VCF Sector</p>
	<p>Opportunities for providers</p> <p>Delivering flexible, short-term, outcome-focused support</p> <p>Working closely with therapy services</p> <p>Supporting falls prevention and skill-building</p> <p>Linking people to community assets and peer support</p>

### 11.6 Carers Support

Strategic importance	<p>Insufficient carer support increases:</p> <ul style="list-style-type: none"> <li>• Risk of care breakdown</li> <li>• Emergency admissions</li> <li>• Long-term care demand</li> </ul>
Commissioning direction and expectations	<p>Improve early identification of carers.</p> <p>Strengthen information, advice, and navigation.</p> <p>Expand flexible and culturally appropriate respite.</p> <p>Embed carer support across pathways.</p>
Opportunities for providers	<p>Innovative respite and short-break offer.</p> <p>Community-based peer support</p> <p>Training and wellbeing services</p> <p>Partnerships with VCSE organisations</p>

### 11.7 Digital and Technology-Enabled Care

Future role of technology	<p>Technology has a growing role in:</p> <ul style="list-style-type: none"> <li>• Supporting independence</li> <li>• Improving safety and monitoring</li> <li>• Supporting workforce productivity</li> <li>• Enhancing communication and care coordination</li> </ul>
---------------------------	---

Commissioning direction and expectations	<p>Ealing will prioritise:</p> <ul style="list-style-type: none"> <li>• Digital inclusion</li> <li>• Safe and ethical use of TEC</li> <li>• Provider readiness for digital care records and VoIP</li> <li>• Integration of technology into care pathways</li> <li>• Digital enablement and functional skills development.</li> </ul>
Opportunities for providers	<p>Adopt TEC and digital records.</p> <p>Use tech solutions to reduce the use of restrictive care models.</p> <p>Support digital skills for residents.</p> <p>Collaborate on innovation.</p>

### 11.8 Day Opportunities, Travel & Employment Support

Strategic Importance	<p>Prevents escalation by supporting independence, skills, and social connection.</p> <p>Provides essential respite that enables carers to sustain work and family life.</p> <p>Supports pathways into work, volunteering, and community participation.</p> <p>Helps delay or avoid higher-cost care, including residential placements.</p>
Commissioning direction and expectations	<ul style="list-style-type: none"> <li>• A personalised, strengths-based, outcome-focused offer.</li> <li>• Mix of building-based and community-based provision, including evenings/weekends.</li> <li>• Stronger employment pathways, especially for younger adults with LD/autism.</li> <li>• Culturally competent, autism- and dementia-informed practice.</li> <li>• Accessible transport and travel training.</li> <li>• Flexible delivery across multiple spaces; clear communication with families.</li> <li>• Digital inclusion and support for Direct Payments as a default route</li> </ul>
Opportunities for providers	<p>Develop interest-led, community-connected programmes.</p> <p>Expand evening/weekend and peripatetic models.</p> <p>Create employment, volunteering, and skills-building pathways.</p> <p>Offer autism-friendly, sensory-adapted and dementia-capable environments.</p> <p>Partner with community assets, employers, arts, leisure, and</p>

	<p>health services.</p> <p>Provide flexible, DP-friendly models that support choice and independence.</p> <p>Creative approaches with neighbourhood VCSE partners.</p>
--	--

### 11.9 Community Equipment Services

Strategic Importance	<p>Critical to independence, safety and maintaining people at home.</p> <p>Enables timely hospital discharge and prevents avoidable admissions.</p> <p>Reduces need for double-handed care and higher-cost support.</p> <p>Supports carers and prevents breakdown of informal care.</p>
Commissioning direction and expectations	<ul style="list-style-type: none"> <li>• Stable, resilient service with strong logistics, maintenance, and recycling.</li> <li>• Open-book accounting and transparent cost/volume data.</li> <li>• Integration with NHS and ASC pathways, especially discharge and reablement.</li> <li>• Improved digital systems, ordering processes and prescriber training.</li> <li>• Developmental contract model allowing innovation and redesign</li> </ul>
Opportunities for providers	<p>Innovation in recycling, refurbishment, and sustainable delivery models.</p> <p>Enhanced rapid-response and preventative equipment offers.</p> <p>Technology-enabled equipment and digital tracking solutions.</p> <p>Partnership opportunities with NWL ICB, acute trusts and reablement teams.</p>

### 11.10 Adaptations and Assistive Technology

Strategic Importance	<p>Timely access to equipment, adaptations, and assistive technology is central to Ealing's prevention and independence strategy.</p> <p>These services support people to remain safely at home, reduce falls, enable hospital discharge, and delay or avoid the need for long-term care.</p>
Commissioning direction and expectations	<p>We are committed to strengthening partnerships with providers who can deliver responsive, high-quality, and innovative equipment services.</p>
Opportunities for providers	<p>Technology-enabled care</p>

	<p>Smart home adaptations</p> <p>Falls prevention equipment.</p> <p>Specialist seating, moving, and handling, and pressure care solutions.</p>
--	--

**11.11 Advocacy**

Strategic Importance	<p>Advocacy is a statutory requirement and a critical safeguard for people who may struggle to express their views or participate fully in decision-making.</p> <p>Demand for advocacy is rising, driven by increasing complexity, safeguarding activity, and Mental Capacity Act duties.</p>
Commissioning direction and expectations	<p>We need advocacy services that are culturally competent, accessible, and able to support people with diverse communication needs.</p>
Opportunities for providers	<p>Market gaps include specialist advocacy for people with autism, learning disabilities, and those with fluctuating mental capacity.</p>

## 12. Future Opportunities

Ealing is committed to collaborating with providers to shape a sustainable, high-quality care market that supports independence, inclusion, and strong community connections. As demand changes and services become more integrated, there are a number of future opportunities for providers to work with the Council in new and flexible ways.

### 12.1 Employment, day opportunities and transport support

There will be further opportunities to deliver employment support, day opportunities, and transport services that help people remain active, connected, and economically engaged. Provision will increasingly move away from traditional building-based models toward flexible, community-embedded approaches, supporting access to employment, volunteering, education, and meaningful daytime activity. Providers offering personalised, outcomes-focused models that respond to diverse cultural needs, and that support both working-age adults and older people, will be well placed to respond to these opportunities.

### 12.2 New ways of working rooted in communities.

Ealing's Connected Communities approach creates opportunities for providers to work more closely with neighbourhoods, local assets, and Integrated Neighbourhood Teams. Future commissioning will prioritise prevention, early help, peer support, and approaches that reduce social isolation and reliance on formal care. Providers able to work in partnership with voluntary and community organisations and deliver place-based, inclusive support will be central to this model.

### 12.3 Supported Living, working-age extra care, and enablement and reablement.

Future opportunities also include the development of supported living and working-age Extra Care models that enable people to live more independently within their communities. There will be increasing emphasis on enablement and reablement approaches that support recovery, stabilisation, and skill-building, reduce escalation into long-term care, and strengthen community-based alternatives to residential provision. Providers with expertise in flexible support, transitions, and integrated working will play an important role in shaping this offer.

## 12. Council Contacts

### Useful Council Contacts

#### Brokerage Team

Tel: 020 8825 9781

[Homecare@ealing.gov.uk](mailto:Homecare@ealing.gov.uk)

#### CarePlace

[careplacesupport@ealing.gov.uk](mailto:careplacesupport@ealing.gov.uk)

#### Contracts & Market Engagement Team

Tel: 020 8825 8585

[Adults\\_Contracts\\_Team@ealing.gov.uk](mailto:Adults_Contracts_Team@ealing.gov.uk)

#### Homecare Payments

[BMTeam@ealing.gov.uk](mailto:BMTeam@ealing.gov.uk)

#### Floating Support Payments

[AFO\\_RN@ealing.gov.uk](mailto:AFO_RN@ealing.gov.uk)

#### Children's Payments

[BSTChildrens@ealing.gov.uk](mailto:BSTChildrens@ealing.gov.uk)