

**SERVICES FOR BLACK AND
MINORITY ETHNIC
OLDER PEOPLE
SPECIALIST SCRUTINY PANEL
2008/9**

**Final report and
Cabinet response
June 2009**



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PANEL FOREWORD

There had been a widespread perception that the BME older people do not get value for money from the council for the services it provides. Therefore, the Council set up a panel to look into services which are provided by or funded by it to identify gaps in providing these services.

In order to examine the issues, the panel decided to receive evidence from a variety of groups in the voluntary sector as well as the statutory sector. In the process the panel travelled the length and breadth of the borough and met with the recipients of services, voluntary organizations which provide services, and other stakeholders.

We met more than ten organizations and more than 350 than individuals. A number of issues have been identified and these have been incorporated into the main body of the report.

Although the panel was set up to look into the quality and quantum of the services provided to BME older people, we have found that service requirements and delivery to BME elderly is no different than those of white ethnic groups and almost all, irrespective of their ethnic background, face the same challenges and problems, with some particular exceptions which are reflected in this report.

I am of the view that equality can no longer be treated as a fringe issue - it is a mainstream issue and we must endeavour to challenge ourselves at every step of the way to provide a good quality service to all.

My thanks to all the external organisations, staff and committee members that enabled us to meet so many older people. Thanks also to the service officers who provided information to the panel.

Finally, I would like to thank panel members particularly Cllrs Harris and Ware and the co-opted members for their contribution to the work of the panel. I would be failing in my duty if I did not thank Nigel Spalding for his hard work and dedication in getting this off the ground and getting so much done.



Cllr Gurcharan Singh
Panel Chairman

United Anglo-Caribbean Society Lunch Club

1. INTRODUCTION

1.1 Panel establishment and brief

The Services for Black and Minority Ethnic Specialist Scrutiny Panel was set up by the Overview and Scrutiny Committee (OSC) on 24 April 2008. Council appointed 9 members to the panel on 14 May 2008, 6 Conservatives and 3 Labour, including a Conservative Chairman and Labour Vice-Chairman.

The OSC meeting on 29 May agreed the following brief for the Panel:

“To listen to the views of older black and minority ethnic people concerning their experiences of growing older in Ealing and to examine whether services provided and funded by the Council are meeting their needs”

The panel membership, including the three non-voting advisory members appointed by the panel, is listed in section 4 of this report.

1.2 The Corporate Plan

The brief of the Panel relates to the Corporate Plan theme of “Health and Independence: Reduce health inequalities and promote well-being and independence”.

The long-term objectives for this theme include:

- “Improve the quality of life and independence of vulnerable older people and increase the number supported to live at home
- Improve the quality of life and independence of people with physical and learning disabilities and increase the numbers supported to live at home
- Reduce the prevalence of mental ill health, particularly amongst at risk groups in the community, and increase the numbers of people with mental health problems helped to live at home”

The Corporate Plan also states that:

“Helping the elderly and vulnerable adults maintain their dignity and independence is at the heart of all the services that we provide for them. This focus has helped us rise from the bottom of the Government’s ratings on social services to the top, the only local authority to have done this.

The council has continued to expand intermediate care, direct payments and support at home in order to empower vulnerable people to remain in their own home. During 2008 we will develop integrated health and social care services further to support people in their own homes. This will include a major programme of self-directed support to promote independence and offer service users a choice of direct payments or individual budgets.”

1.3 Sharpening the brief

At its first meeting, and in order to ensure that its workload was manageable, the Panel agreed to further refine its brief within the framework set by the OSC.

Firstly, the Panel decided to limit its work to an examination of services *provided and funded by the council*. In so doing, the Panel deliberately excluded consideration of the huge range of issues related to the provision of services by other organisations, particularly the NHS and central government.

Secondly, the Panel decided to focus its work on:

- people aged 65 and over
- the themes of dignity and respect, quality of life and access to information

Thirdly, after reviewing a range of demographic data (see 2.1 below), the Panel decided to focus on the needs of people originating (by migration or descent) from three broad categories (1-3) and one narrower category (4):

1. the Indian sub-continent (i.e. Asian or Asian British)
2. Eastern Europe (White - Other)
3. the Caribbean (Black or Black British: Black Caribbean)
4. people from Somalia.

Later on, when finalising arrangements for a planned series of meetings (see next section), the Panel agreed to communicate to participants that it was “particularly interested in hearing your views on the following service areas”:

- Support for carers and the provision of short breaks
- The protection of vulnerable people
- The Blue Badge Scheme, Freedom Pass, London Taxicard Scheme, Ealing Community Transport and Disabled Parking.
- Community Safety and action to promote home safety
- Day Centres
- Disabled facilities grants, the handyperson scheme
- Repair grants and major adaptations
- Occupational therapy

But it was also recorded that “Other service areas [on which views were also welcome] include”:

- Support to people living at home
- Services for people with disabilities, including visual and hearing impairments
Help with mental health difficulties
- Housing advice and applying for housing and sheltered housing
- Advice on benefits and income
- Leisure passes and sport activities
- Museums and galleries
- Adult education
- Opportunities for volunteering
- Library service and home library service
- Community safety and home security
- Ealing older peoples’ consultative forum

1.4 Methodology

Having established the above parameters, the Panel quickly agreed that the main thrust of its work should be to seek out views by:

- i.) Meeting with older people in the above four ethnic/regional categories, at venues/services where they regularly congregate.

Meetings were consequently held with:

- Over 100 Asian older people at Southall Day Centre (Milap Branch)
- 40-50 African Caribbean older people at the United Anglo-Caribbean Society Lunch Club
- Around 50 Somali older people at Neighbourly Care Southall
- More than 50 people from a diverse range of ethnic backgrounds at Neighbourly Care Southall
- 9 Polish older people at the Polish Club, Age Concern Day Centre
- 25 Polish older people at the Courtfield Social and Welfare Club
- Around 50 Armenian older people at the Centre for Armenian Information and Advice (which made a specific invitation to the Panel)

- ii.) Offering to meet with the committee members, staff, users and carers (as/where possible) of relevant voluntary and community organisations.

Following advice from Ealing Community and Voluntary Service, an invitation letter was sent to some 39 organisations resulting in smaller meetings being held with:

- staff, members and carers at Southall Day Centre (Milap Branch)
- staff at the Centre for Armenian Information and Advice
- staff and members of the United Anglo-Caribbean Society

- iii.) Offering to meet with key staff (and others) in the three local NHS Trusts

Letters to the Trusts resulted in meetings being held with:

- staff of Ealing Hospital NHS Trust
- 3 Ealing PCT staff and 4 patients at Clayponds Hospital

In total, the Panel meet with over 365 people.

Whilst the main thrust of the Panel's work was to face-to-face meetings with local people around Ealing, the Panel also:

- iv.) Invited written evidence from any interested voluntary or statutory organisation.

The United Anglo-Caribbean Society, Alzheimers' Concern Ealing and the Centre for Armenian Information and Advice took up the opportunity to provide written evidence at a Panel meeting.

- v.) Reviewed available population data on older people in Ealing and the views of older people as expressed through the 2007 Residents' Survey.

See Section 2.1.1 and 2.1.2

- vi.) Examined the range of services provided or funded by the council for the exclusive or particular benefit of older people

See Section 1.3 and 2.1.3.

- vii) Asked service officers to attend a Panel meeting and provide further information when Members probed, in particular, into those issues which had been highlighted by the oral and written evidence received.

Relevant information is incorporated into Section 2.2.

- viii) Finally, Panel members visited LB Camden in February 2009 to receive information on ways in which Camden is tackling some of the issues faced by Ealing.

An important stepping stone towards the completion of the Panel's work was an informal workshop session, run in December. At this event, Members reviewed the information received so far, identify the key issues emerging and began to consider the Panel's possible conclusions.

2. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

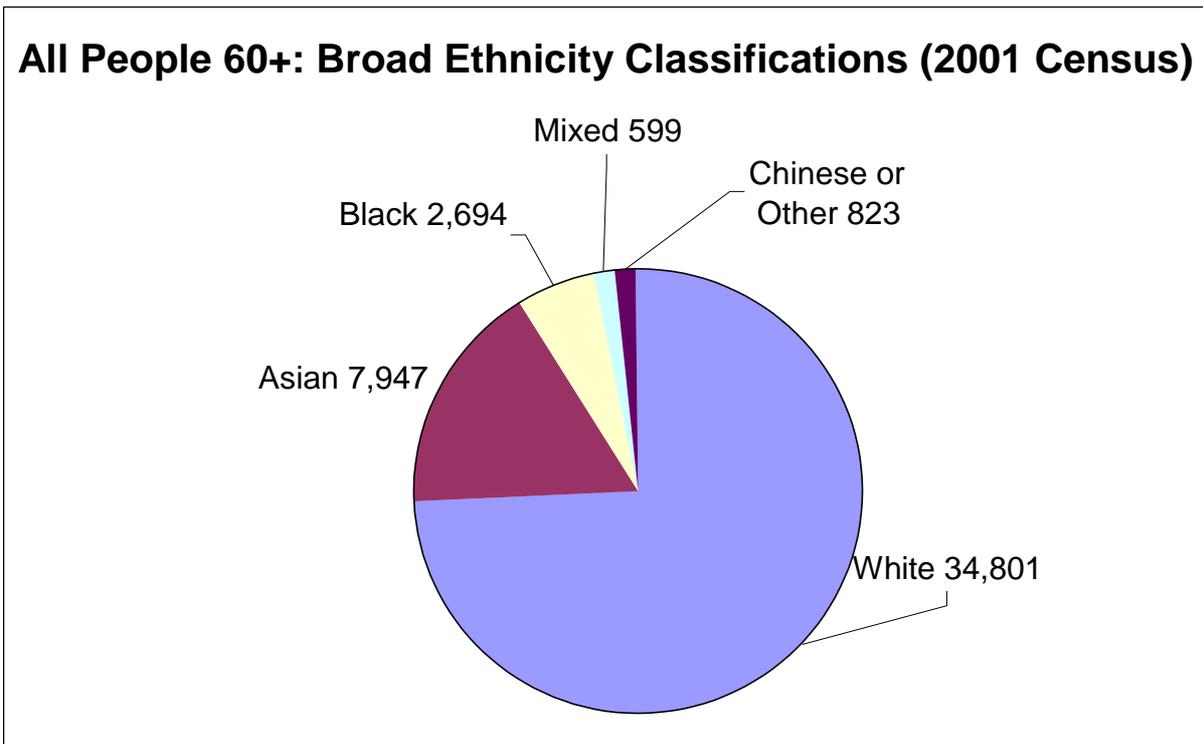
2.1 Background information

2.1.1 Population data

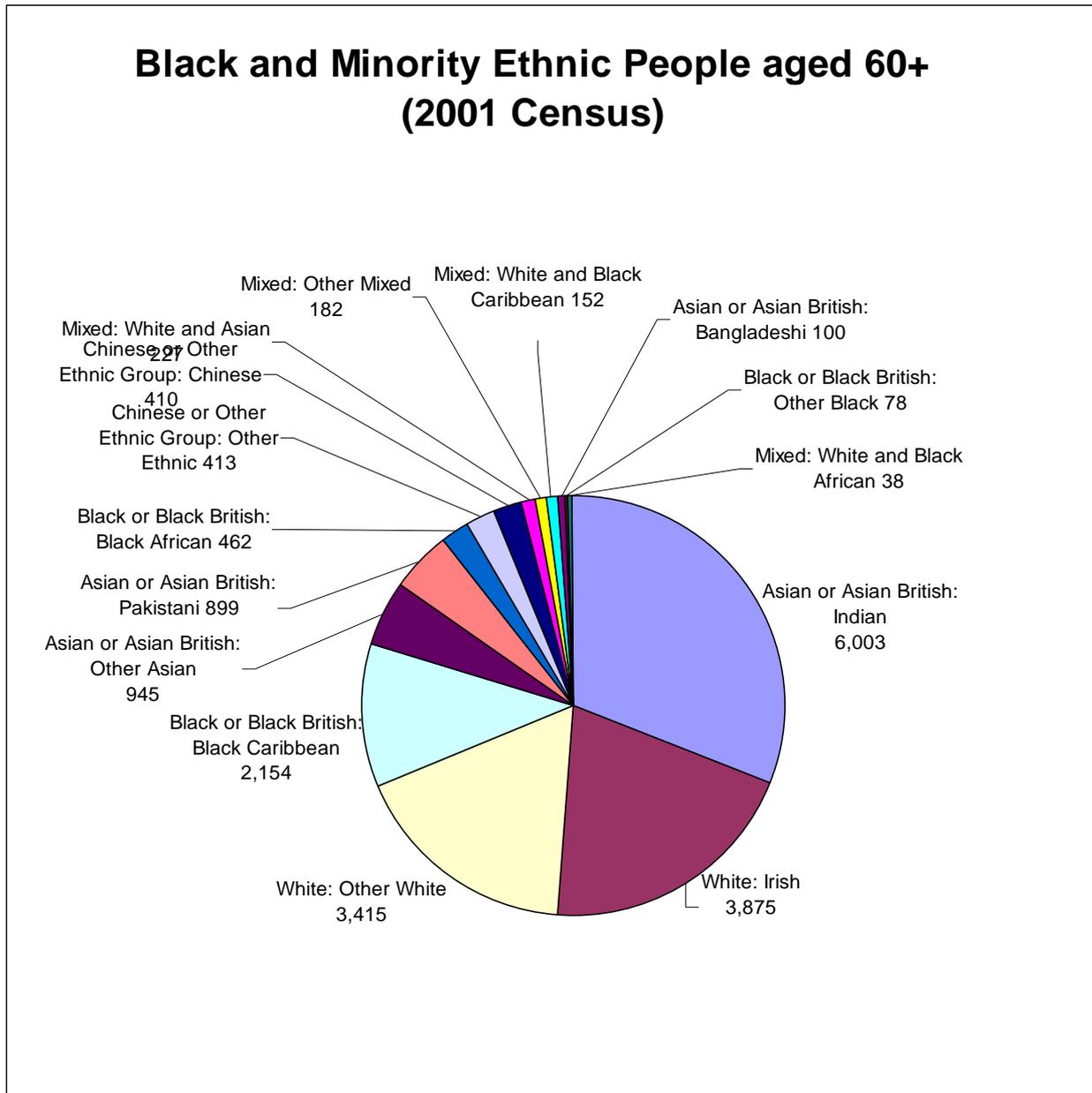
At its first meeting, the Panel reviewed data on older people, broken down by ethnicity where this was available.

As there are no current data on people aged 65+ in Ealing, the Panel considered the 2001 census data for people aged 60+. These are people who were 68+ in 2008 if they had not died. Obviously the data does not take into account migration into or out of the borough.

The first pi-chart below shows a breakdown of people living in LB Ealing aged 60+ by the broad ethnic classifications used in the census. This shows that White people (including British, Irish and Other combined) still made almost $\frac{3}{4}$ of the population aged 60+ meaning that the non-White population very still very much in the minority.



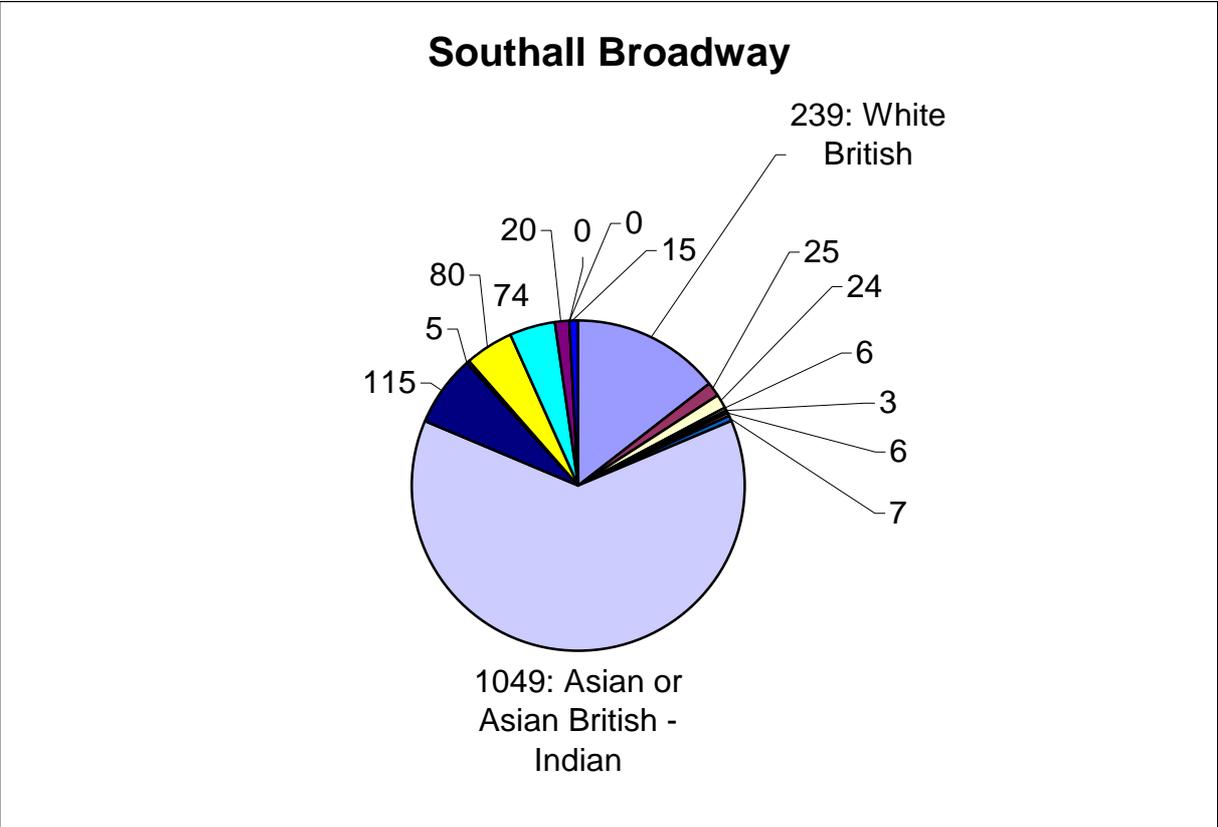
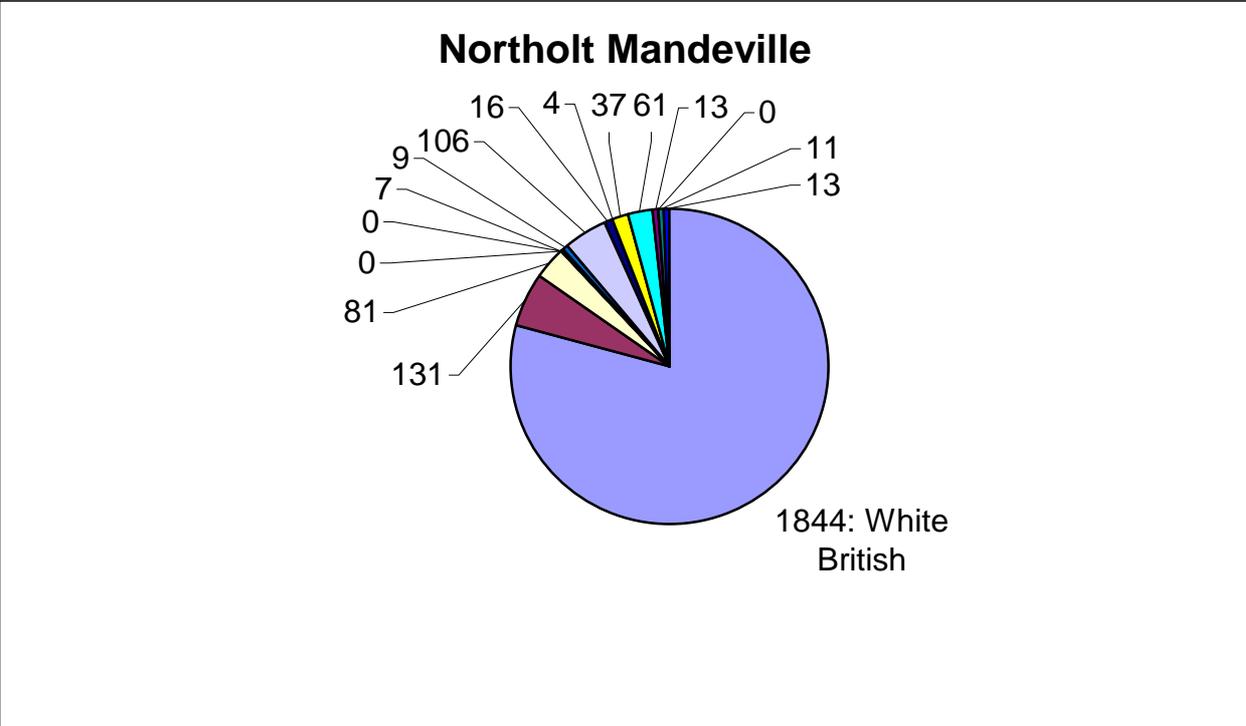
The next pi-chart below provides a more detailed break down of the number and spread of black and minority ethnic (BME) older people living in LB Ealing at the time of the 2001 census. This shows that the largest 60+ BME populations were (1) Asian Indian (2) White Irish (3) White Other and (4) Black Caribbean.



Ethnicity pi-charts were also produced for all 23 Ealing wards. As might be expected, these show huge variations across the borough. The next page shows the two extremes in terms of the comparative size of the White British and Non-White British populations. In Northolt Mandeville, White British were 79% of the population. In Southall Broadway, Asian and Asian British - Indian made up 63% of the population with White British constituting 14% of the population, making them a minority within a minority. Overall, there were:

- 18 wards in which White British were in the majority

- Just 1 ward (Southall Broadway) in which Asian and Asian British – Indian were in the majority
- And 4 wards (Dormer Wells, Lady Margaret, Norwood Green and Southall Green) where there was no majority population.

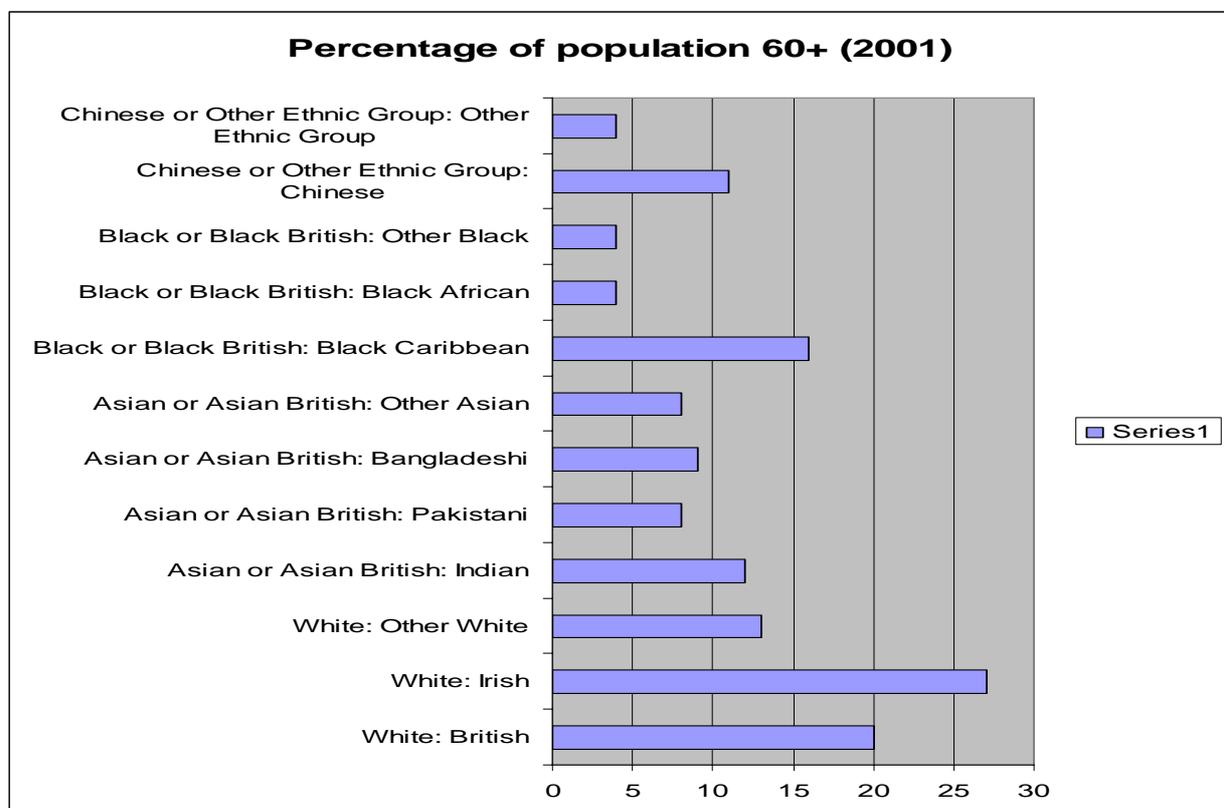


The top 11 countries of birth (excluding the UK) identified by the 2001 Census, show a good match with the pi-chart on p9:

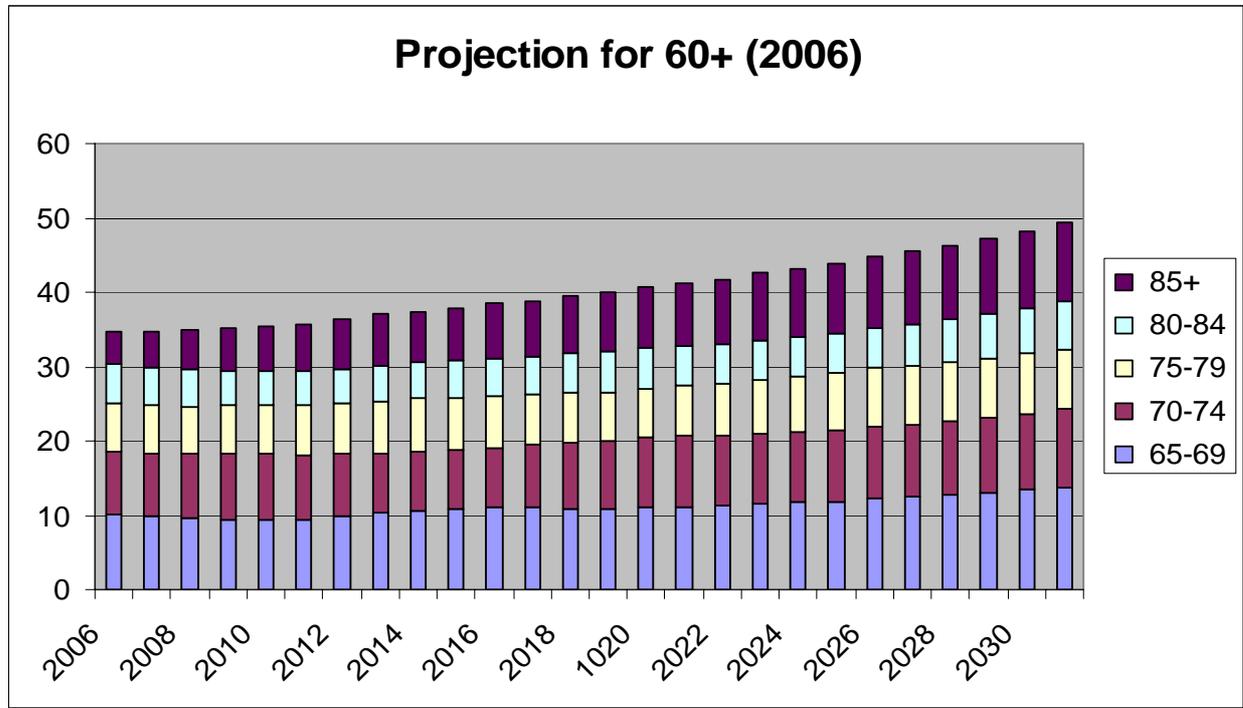
India	4,584
Republic of Ireland	3,231
Poland	1,522
Other Caribbean and West Indies	1,007
Jamaica	751
Other Eastern Europe (excluding Poland)	587
Pakistan	576
Other South and Eastern Africa (excl Kenya, South Africa and Zimbabwe)	553
Kenya	425
Other South Asia (excl India, Pakistan, Bangladesh)	415
Other Middle East (excl Cyprus and Iran)	393

The following table illustrates the proportion of the population, *within each ethnic group*, who were 60+ in 2001. This shows a marked difference in the proportion of people within each ethnic group who are 60+. For example:

- 27% of Irish people were 60+
- 20% of White British were 60+
- 16% of Black-Caribbean were 60+
- 8-12% of Asian people were 60+
- Whilst only 3% of Black African or Black Other people were 60+



Finally, the graph below shows the projected increase (in 1,000s) in the number of people 60+ (as at 2006). The population growth is most marked in the 85+ age group. Barring substantial migration, it will be the younger populations (as illustrated on the previous page) which will experience the greatest growth in older people.



2.1.2 Annual Residents' Survey 2007

At its first meeting, the Panel received information on the 2007 Annual Residents' Survey. The survey recorded Black and Minority Ethnic People as being:

Less satisfied than White British people with:

- Social Services (-1%)
- Collection of Council tax (-2%)
- Recycling facilities (-3%)
- Street cleaning (-3%)
- Arts and cultural facilities (-3%)
- Refuse collection (-4%)
- Leisure & sports facilities incl. swimming pools (-7%)
- Libraries (-7%)

More satisfied than White British people with:

- Public transport (+1%)
- Repair of roads & pavements (+2%)
- Parks, playgrounds & open spaces (+2%)
- Adult education / evening classes (+2%)
- Council housing (+4%)

- Housing benefit/council tax benefit service (**+6%**)

More dissatisfied than White British people with:

- Adult education / evening classes (+1%) and Libraries (+1%)
- Social Services (+2%)
- Arts& cultural facilities (+3%)
- Housing benefit / council tax benefit service (+3%)
- Parks, playgrounds & open spaces (+4%)
- Council housing (+4%)
- Street cleaning (+5%)
- Collection of Council tax (+5%)
- Public transport (**+7%**)

As indicated by the **bold** numbering, the data suggested there was a difference in view between White British and Black and Minority Ethnic Older People of 5% or more on only four services one of which (public transport) is largely outside the council's control.

2.1.3 Services and service use

Prior to the first Panel meeting, data was collated on the number of older people using a range of services provided or funded by the council. This information was assembled into a triangle format – see updated version on the next page - to provide a more graphic illustration of the relative frequency of service usage.

The information was reviewed by the Panel at its first meeting prompting a realisation that Panel members would be unlikely to meet many, if any, users of some services because the number of users is so small in proportion to the overall number of (BME) older people. The fact that Panel members only met older people who had the mobility and capacity to attend and participate in lunch clubs and day centres made it all the more likely that the Panel would not hear the views of older people on home care services. However, the meetings with staff, committee members, carers and representative services did bring out some issues about home care services.



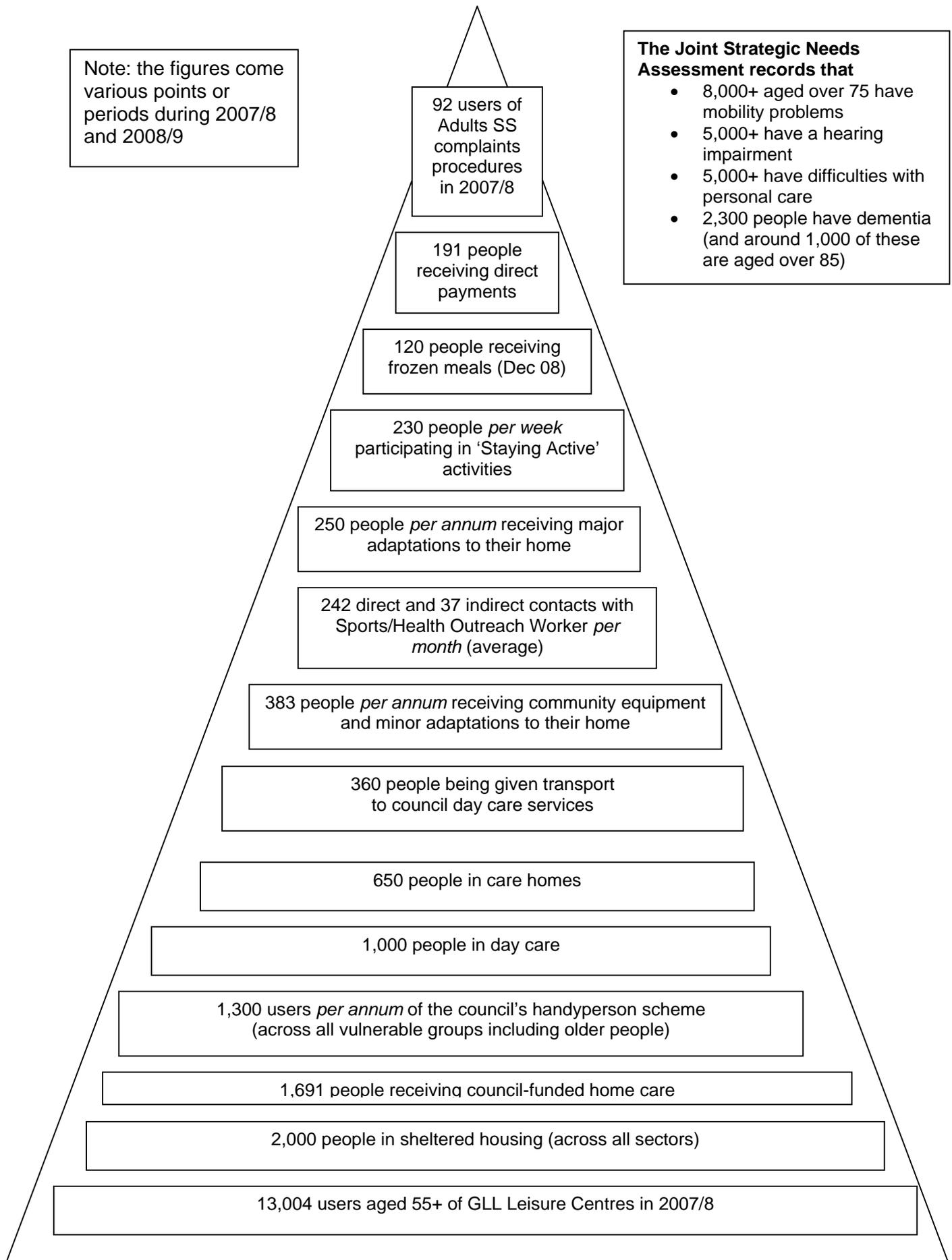
Southall Day Centre (Milap Branch)

Services used by older people

Note: the figures come from various points or periods during 2007/8 and 2008/9

The Joint Strategic Needs Assessment records that

- 8,000+ aged over 75 have mobility problems
- 5,000+ have a hearing impairment
- 5,000+ have difficulties with personal care
- 2,300 people have dementia (and around 1,000 of these are aged over 85)



2.2 Emerging themes, further information from officers, conclusions and recommendations

The notes of all meetings with older people and with voluntary & statutory organisations and the written evidence formally received at Panel meetings are available on the council's website at:

http://www.ealing.gov.uk/services/council/committees/agendas_minutes_reports/scrutiny/provision_for_elderly_black_minority/20may2008-15may2009.html

2.2.1 An Overview

Towards the end of its work, the Panel noted that many of the strongest themes emerging from its engagement with older people and their organisations related to matters that are probably of concern/interest to older people of **all** ethnic backgrounds not just those from black and minority ethnic (BME) communities. Indeed, at the workshop held in December, it was these more general themes that Panel members were most anxious to address.

The Panel interprets this discovery to be a sign that services provided to BME older people are now generally part of the mainstream of provision and that there isn't huge gulf between the experience of White British and BME older people. This understanding appears to be endorsed by the fact that, when older people were directly asked if they felt they were being treated with dignity and respect, many reported – or did not dissent from the view - that they found their treatment to be acceptable.

However, the Panel was also told of issues that were of particular and significant concern to BME older people for reasons of ethnicity, religion, culture and/or language. And there were also some clear exceptions to the general experience of being treated with dignity and respect - some older people described how they had been on the receiving end of disrespectful, rude or discriminatory treatment.

With some notable exceptions, it often proved challenging for Panel members to tease out – during the meetings with groups of older people - those issues that were of particular or exclusive concern to BME older people. Sometimes, Panel members felt that the older people they were meeting had settled for unreasonably low expectations of what might be provided. This was often compounded by their apparently limited knowledge of council provided and funded services.

It was primarily the meetings with smaller groups of staff, committee members, users/carers and also the written evidence received from some organisations that proved most useful in learning about and understanding issues of concern to BME older people.

Building on the above overview, the Panel's findings are presented in the following sections:

- 2.2.2: issues believed to be of general concern to older people regardless of ethnicity

- 2.2.3: issues of concern that *may* be of *greater* concern to *black and minority ethnic* older people
- 2.2.4: issues of concern that are specific to (some) black and minority ethnic older people

2.2.2 Issues of concern believed to be of general concern regardless of ethnicity

(i) Accessible Transport

Some examples of what Panel members were told:

“Rang Dial-a-Ride on Tuesday to make a booking for today (Thursday) and was told that the booking must be made on Wednesday, the day before the trip. But I couldn’t get through – it was engaged all the time. This is unfair. What is the problem?”

“Dial-a-Ride is a free service but Ealing Community Transport charges. How are they funded? There needs to be consistency to promote equality across the service sector”

“Dial-a-Ride cannot take people to hospital appointments, the taxi card & Capital Call schemes are the only options for the older people. The loss of Ealing’s Community Bus means that those more vulnerable and less mobile are unable to get out and about.”

“The Taxi Card service is unreliable and isn’t working for Southall residents. The cabs come from Ealing – they get stuck in traffic and sometimes there is a 2-3 hour waiting period.”

“I booked a Taxicard cab and was told that they could not go to a hospital in Marylebone, so had to pay £15 each way.”

“The lack of adequate transport for older and vulnerable people increases social exclusion and isolation, the very thing it was meant to alleviate.”

The above concerns were discussed with Adult Social Services officers at the penultimate Panel meeting. Officers reported that:

- Accessible transport is an area of ongoing concern and debate, but one over which the Council has limited direct control. The main areas of provision are Taxicard, Capital Call and Dial –A-Ride. All of these initiatives are commissioned and funded by Transport for London. As the commissioner of door –to-door transport services Transport for London is the main body responsible for setting the service standards and monitoring performance of the providers.
- With more older people and people with disabilities being supported to live independently in the community the demand for accessible door-to-door

transport is rising, however users and carers express ongoing concerns about the quality of provision. Adult Services liaises with London Councils and Transport for London to try to address issues with provision, however as the Council is not the commissioning body it has limited scope to influence the situation.

- The whole issue of accessible transport has been formally raised with the Transport and Environment Scrutiny Panel, as a result of which scrutiny officers are investigating this issue further.

The Panel also noted that the London Council's Leaders' Executive and its Transport and Environment Committee were both, at the end of 2008, considering (a) a range of possible options for the future of accessible transport and (b) how to deal with a forecast 2009/10 overspend on the Taxicard service.

On the visit to LB Camden, Panel members met with the Head of Passenger and Accessible Transport Service (now based in Adult Services and leading a team of 17/18 staff people). Panel members and officers were impressed by the fact that the development of a much more strategic and co-ordinated approach (including the creation of designated website) had resulted in improvements to service monitoring (including data on the ethnicity of service users), improvements to services overall and savings to the Council of around £1/2m. Comparison was made with LB Ealing where accessible transport is the responsibility of 6 different areas of the Council, making it much harder for scrutiny panels to obtain a clear picture of what is going on. The six areas with some area of responsibility are:

- Corporate Transport Strategy Team
- Social Services commission transport for day care services
- Customer Contact Centre contact point for Blue Badge scheme
- Parking Control Services
- Ealing Community Transport
- Planning deal with disabled parking issues including bays and Scootability Scheme

The Panel conclusions:

- judging by the strength and frequency with which concerns about accessible transport were raised, older people are experiencing considerable frustration with the current arrangements
- since accessible transport is fundamental to the independence and quality of life of older people, improvements are urgently required
- LB Ealing does not appear to be using the influence that it could exercise
- In contrast to LB Camden, Ealing lacks a strategic approach to accessible transport – this situation needs to change
- this issue falls within the remit of the Transport and Environment Standing Scrutiny Panel

Recommendation

R1.

That the Transport and Environment Standing Scrutiny Panel (a) considers receiving all the evidence received by this Panel on accessible transport and (b) works with relevant service officers to put forward proposals to Cabinet – by October 2009 – on how Ealing could secure significant improvements to the provision, co-ordination, and monitoring of local accessible transport services.

(ii) Accessing Home Care services and Direct Payments

Some examples of what Panel members were told:

“Social Services are taking too long to process referrals for Direct Payments. For example, Mr K was waiting up to 7 months – YPD assessment team - both the carer and the older person are suffering and there are further delays with D.P.team. At least 50% are delayed. The process is: the Day Centre refers to the Contact Centre, who pass it on to the team, which completes the assessment paperwork, which is passed on to the commissioning manager and then the direct payments department at the Carers Centre who undertake a further assessment with the client. There is a target time of consideration of the referral by the day after receipt but sometimes the team are out. Clients complain that it takes a long time.”

“Clients are given a questionnaire to fill in that it is only appropriate for professionals. Even for a doctor it is difficult to complete. Do not bother to give any interpreter. And then there is miscommunication between departments, so we have to start again”

“When accessing services such OTs and other social services it is necessary for older people to go to so many different departments – they don’t know who deals with what. For example, OTs hand Disabled Facilities Grant matters over to another contractors department which undertakes another assessment. Nobody in social services holds the file as it has been outsourced. When a particular case is being dealt with, it would be good to have somebody overseeing the matter from beginning to end. If a project is taking place, the case should remain open.”

“Had an accident 6 weeks ago and broke my arm. Live on my own. I received a telephone number to obtain temporary help but was pushed from pillar to post. Told that they only deal with long-standing cases... We need a pool of people to help on a temporary basis and the staff should be sympathetic and knowledgeable. Had to ask my son and daughter for help to get through door locks.”

“A reasonable proportion of people due to be discharged face delays; this can be for a range of reasons but some result from situations where the care requirements cannot immediately be put in place and are most likely to occur where there are complex needs....A meeting between EHT, PCT and the

Council staff to explore how to develop a more effective discharge service would be welcome; this could include case reviews to see how cases could be better handled. Anything that can be done to strengthen care in the home would be welcomed – this is a problem area for EHT.”

“My mother had to be moved...During this time she progressively deteriorated and I had to contact the council to ask for an OT to come and carry out another assessment. I was told that the OT from an outsourced organisation was no longer responsible for my mothers assessment needs and I needed to go back to Ealing council to request a new OT. This took several phone calls to advise the team that this was not really a new case but one that had already been assessed and required updating because of a marked deterioration...very disappointing.”

“The current arrangements require the carer to go out from their home but sometimes the carers actually want the opportunity to stay at home and ask that the person being cared for is taken out instead to allow the carer to have a break in their own home.”

The above concerns were discussed with Adult Social Services officers at the penultimate Panel meeting. Officers reported that:

- Since a major reorganisation in 2003, Ealing has successfully developed a ‘No waiting list’ culture for care management assessments. Ealing has robust and clear workflow systems and management structures in place. These enable the provision of timely and responsive services to service users and carers. All staff are trained to provide a person-centred assessment and fully involve service users and carers.
- Since 2003 Ealing Council has implemented Fair Access to Care Services (FACS) and produced leaflets and local guidance. All staff have been trained via a rolling training programme. The Council continues to provide services for service users who fall into the category of critical and substantial need. Any member of the public who is need of community care and contacts Social Services will be offered an assessment of need. This is offered regardless of their financial situation or eligibility for services. Since the introduction of Fair Access to Care Services in 2003, a best practice identified is a decision about eligibility - it is only decided after the assessment is completed and not after the first contact is made.
- Ealing revised its care management, review and recording policies in 2006 and provided various training to all staff and managers within Adults Services. These are available on the intranet for staff reference. These policies and procedures are consistently applied to all cases.
- Arrangements for initial referrals and the processing of referrals are clear. Ealing has a dedicated Social Services Contact Centre, which deals with all referrals immediately or on the same day that they are received.

- All referrals are passed to the relevant Care Management Team to carry out an assessment. If the potential user meets the FACS criteria, whether they are self-funders or not, Ealing offers the necessary services. The people who do not meet the FACS criteria are given full professional support and guidance to purchase their own care. Care managers also send various information leaflets, the Older People Directory and Care Home Directory for the service user's information and use. All service users are advised to contact Social Services again in the future if their needs change.
- The Older persons services has three locality Community Care teams, two hospital Care Management teams, two Integrated Community Mental Health teams, a Quality and Review Team and two Intermediate Care Services (ARISE) teams. Ealing also has an established Brokerage Team, which works closely with all Care Management teams to provide services to all service users. Our services and their carers are involved in all their service provisions to ensure it meets their individual needs.



Polish Club, Age Concern Day Centre, Acton

- The Contract team follow up on service providers who are under-performing. They also carry out spot checks and ensure quality of care is maintained.
- Ealing's Older People structure enables a robust system to ensure a timely and effective response to potentially urgent referrals.
- Ealing has two hospital Care Management teams and Intermediate Care teams. Ealing has achieved low delayed transfer of care through mature partnership working with our health partners.
- Ealing actively promotes 24-hour Telecare services to help service users live in their own homes. During the out of hours period, Telecare users can contact us and are responded to as appropriate, including emergencies. A personal carer can be sent out immediately if that is required - from a

dedicated agency. Scan alarm services are also available 24 hours. Adult Services and voluntary agencies also provide a Sitting-in Service and Respite Care out of hours.

- Adult social care have plans for the integration of health and social care teams alongside the development of an IT system that supports the implementation of the single assessment process. However progress towards an integrated Single Assessment Process has been slow due to limited progress with a national IT solution to link the NHS and Social Care systems. Ealing Council are currently part of a Dept. Of Health Connecting for Health project in partnership with Corelogic, the suppliers of Frameworki, to connect the social care database to the NHS spine which is expected to be completed by 2010.
- Ealing has a paper based Single Assessment Process and the standardised forms are used across health and social care. Integrated teams health and social care teams increasingly have access to both Health and Social Care systems. All care management teams use the FACE assessment tool, which is the locally agreed Single Assessment process. This is embedded with the forms on Framework I.
- The intermediate care and Hospital Care Management Teams and Therapy Staff have access to both Framework I and RIO systems. District Nurses and some voluntary sector organisations also use the FACE assessment tool.
- Officers recognise that the lack of an integrated electronic solution for health and social care practitioners is a missed opportunity for wider & more accessible information sharing. This is a national issue, due to the lack of a national strategy or solutions, and one we are progressing locally through improving access to Framework I and RIO in the integrated teams.
- After Care/Ongoing Support for direct payment: Ealing Direct offer and provide on-going support to all service users and Care Managers. Ealing Direct work closely with L.B.E. Community outreach workers to support services users where English is not their first language, examples would be helping to recruit from their own community, accessing day care services, accessing specific domiciliary care agencies.
- Monitoring of direct payments: Care Managers review Direct Payments within first 12 weeks and annually from then. Ealing Direct monitor DP every 3 months by way of L.B.E. Quarterly Expenditure Form. Full and ongoing support offered and provided by Ealing Direct to complete Quarterly Monitoring.

Panel conclusions:

- the Panel notes that there are clear policies and procedures on access to home care services and direct payments
- however, it also notes that these are often complex and not easy for outside organizations, let alone older people and their carers, to understand
- in such circumstances, it is probably unsurprising that negative comments are

made, from time to time, by service users and their advocates about the practical arrangements

- these negative comments still serve to indicate that Adult Social Services must put continued effort into (a) communicating and explaining its policies, especially Fair Access to Care and the availability of Direct Payments (b) advertising the complaints procedure and (c) simplifying and speeding up its procedures.
- the personalization agenda makes it all the more important
- this issue falls within the remit of the Health, Housing and Adult Social Services Standing Scrutiny Panel

R2.

That the Health, Housing and Adult Social Services Standing Scrutiny Panel (a) considers receiving all the evidence received by this Panel on access to home care services and direct payments and (b) asks service officers to report on progress – before the end of 2009 - in simplifying procedures, improving internal communication (and with the NHS) and reducing the delays experienced by older people and their carers.

R3.

That Adult Social Care officers ask the Local Capacity Planning Group to use case reviews, examining how cases could be better handled, as a means of developing a more effective discharge service.

(iii) Disabled facilities grants, aids and adaptations

Some examples of what Panel members were told:

“There is a long waiting list due to shortage of grants and poor follow up on maintenance issues. In view of the limited resources consideration should be given to reclaiming money from large grants for major aids/adaptations (home extensions)... This could also apply when someone moves from one house to another. In the case of smaller items i.e. Wheelchairs, Zimmer frames these are returned to be used by others in need. Carers should also be encouraged to return items.”

“Home owners have found the process of applying for loans to carry out necessary improvement works to their homes, difficult and lengthy. There is a lot of paper work and the process needs an advocate to help complete them.... The process for those who qualify for grants is extremely lengthy, from occupational therapist assessments to referral to the council. One client had to wait for almost two years for the installation of a walk in shower.”

“X knows of a client who has been waiting 5 years for the installation of a shower. The reason for the delay is unknown. Lives in sheltered accommodation. Been told to contact Social Services, who say contact Sheltered Accommodation.”

“The provision of aids and adaptations can take some time; this is another cause of delayed discharges and is especially significant for people who wish to receive end of life care at home.”

“We had a patient [living in council accommodation] who needed a property suitable for a physically disabled person. It was possible to apply for a disabled facility grant or a transfer but not both. It took two years to get the disabled facility grant. A possible housing swap came up but the swapee was in rent arrears, so was prevented from moving.”

“A project manager, was brought in to manage and co-ordinate all the workmen and scope of work required to complete the changes [following approval of DfG grant]. It would have been really helpful if there had been one person who had stayed with my mother’s welfare throughout the project too. A person (an OT or a social worker) should have been available to my mother to support the social changes required to enable the works to be carried out.”

“Following the completed works from the disabled facilities grant to my parents house (in December 2008, 6 or more months after the final snagging work was completed), an invoice arrived from Ealing Corporate Collection Services asking for payment of £278 to be paid within 5 days for Building Control Inspection Fees....There was no letter with the invoice giving an explanation for this request...I never received a response to my email, but a credit note was sent to my parents address. Again, there was no letter with the credit note and it was not clear to my parents or me what this meant.”

The above concerns were discussed with Adult Social Services officers at the penultimate Panel meeting. Officers reported that:

- Disabled Facilities Grants are dealt with by the council’s Repairs & Adaptations Service and are subject to CSCI indicators. The latest performance figure is as follows: - CSCI target of 210 days from referral to approval. LBE has achieved an actual time of 134 days by December 2008.
- Year by year Indicators for Major Adaptations

Indicator	07/08 Target	07/08 Achieved	08/09 Target	08/09 Achieved to 22/9/08	08/09 Expected end of year position
Jobs approved	146	192	220	106	221
Waiting days	259	288	210	147	130

- Action taken to achieve improvement in the service
 - The service for major adaptations (disabled facilities grants) is managed by RAS, Built Environment. Capital funding is through Housing.
 - In 2007/08 Cabinet agreed a corporate strategy to improve the customer experience of DFG service.
 - The implementation of the strategy is managed through DFG Board, which is chaired by the Head of Performance within Housing, with representatives from other key departments including Adult Services
 - Improved links between Adult Services and RAS have enabled major adaptation work to be more effectively planned and prioritised
 - Performance to date shows a continued improvement on numbers approved (more people are receiving an approval) and that waiting times are steadily improving, and are likely to exceed targets set for the current year.

- It is not necessary to involve the GP to get a referral as any member of the public can make a direct application to social services for an assessment. Information on this is available on the internet and social services leaflets which are delivered regularly to all day care services as well as public areas in local offices, voluntary agencies and libraries etc.

Panel conclusions:

- the Panel notes that a number of different services (including Ealing Homes) are involved in making arrangements for adaptations and the provision of aids
- the reduction in the wait time for major adaptations to 130 days and for Disabled Facilities Grant approvals to 134 days is welcome
- ...but this still remains an unacceptably long time for older people to wait, particularly for those who are nearing the end of their lives
- the funding and effective provision of adaptations and aids is fundamental if the council is to enable older people to live independently in homes of their own choosing
- ...and the costs to the council, NHS, older people and carers of failing to deliver these services effectively must be considerable
- this issue falls within the remit of the Health, Housing and Adult Social Services Standing Scrutiny Panel
- improvements are **urgently** required

R4.

That Cabinet ask the Executive Director for Housing and Regeneration, in collaboration with Adult Social Services, to prepare a report for Cabinet by October 2009, which details all the services and processes involved in the provision of adaptations and aids, reports on what monitoring is carried out on the quality of adaptations undertaken, explains the reasons why older people are being required to wait unacceptably long times, estimates the economic and personal impact of the waiting times and presents options for ways in which substantially improved services could be delivered.

(iv) Blue Badges

Some examples of what Panel members were told:

“Sometimes I forget to display my Blue Badge. If the ticket man issues a ticket, I explain this to the council, e.g. that it is because of illness/stress that I have forgotten my Badge. But my appeal is rejected. The council should consider this, but instead they just charge the ticket.”

“Did not know that had to apply for Blue Badge a month before it was due to expire; had previously been advised that coming 3 days before expiry was too early; was wrongly advised that an application for disability allowance had to be made before the Blue Badge could be renewed.”

“Originally did not have difficulty getting the Blue Badge but now it is means-tested and it is necessary to go to the doctor.”

“Blue Badge: it’s very difficult now.”

“Why can’t the form be made more available, e.g. from the Post Office and other officers?”

Just need to ask for the form (3 pages). It does not involve the doctor. I put my consultants name down. Was told it could take a year but including the consultants name helped. Within weeks, I had an assessment. Then needed to go back.

“A lot of people just leave the form uncompleted. They need to be made simpler. Find it annoying that a person with disabilities has to go through such formality to get a Badge. What are we expecting of an old lady who is 95, for example? Why are there so many questions? Why is a passport required? There must be a simpler way of addressing it...How can an immobile older person get a photo?”

“Outreach workers should be provided with a blue badge or some form of permit scheme should be introduced to allow staff to reach the most isolated older people.”

Panel members also heard several complaints from people who felt aggrieved about receiving a parking ticket when they had forgotten to display their Blue Badges.

At the penultimate Panel meeting, officers reported that the policy and procedures for Blue Badges were being reviewed by Customer Services and Adult Social Services and that the outcome of would be communicated internally and externally.

Panel conclusions:

- whilst it is the responsibility of Blue Badge holders to ensure that their Badge is appropriately used and displayed, the council also has a responsibility to ensure that Badge holders fully understand and are therefore equipped to meet the requirements

- the current review of policy and procedures for Blue Badges is welcome
- ...but the Forward Plan (as at 20.2.09) does not indicate if and when Cabinet will be considering the outcome of this review
- this issues falls within the remit of the Transport and Environment Standing Scrutiny Panel

R5.

That the outcome of the review of policy and procedures for Blue Badges and the resulting proposals be offered to the Transport and Environment Standing Scrutiny Panel prior to their consideration and receipt by Cabinet. [Note: the earliest date when this issue could be considered by the Standing Scrutiny Panel is June 2009 – this may require Cabinet to put back consideration of the review until June/July 2009.]

R6.

That the council take a pro-active approach to advising applicants on the appropriate usage, and the consequences of misuse, of Blue Badges.

(v) Energy-saving schemes

“Work on boiler and heating system carried out by Warm front and EAGA Partnership was shabby and unprofessional and waste of time and council funds and she wants the officers from the council to check their work before any payment is made to them.”

“Know of three people who are having problems with installations by WarmFront.”

“Many of our older Service Users responded to the grants from the Warm front team. The experience of each of the services users varied and whilst most were satisfied with the service there were a few points that were raised.

- *Once an assessment was carried out by Warm Front the customer had to liaise with the contractor directly. This was not always easy and created confusion as to who was responsible for putting things right.*
- *Long delay between assessments’ and the work being carried out.*
- *The Warm Front telephone helpline messages were not clear to the service users. Long delays in responding to the calls.*
- *Service users were not made aware that the grant would only cover part of the works required in their home. Some had large contributions to make towards adequately heating their home.*
- *No Funding towards the remedial works.*
- *Support from local authority should be given throughout the procedure and the local authority to ensure that the grant is administered efficiently should carry out monitoring of the grant.”*

The above issues were discussed with a service officer at the final two Panel meetings who reported that as follows:

- The Warm Front (WF) is a Government funded initiative that provides grant for insulation and heating improvements up to the value of £2,700 except where oil central heating is being installed or repaired where a maximum of £4,000 will apply. The project is delivered by Warm Front's contractor, EAGA plc. The service is not "free" - it is a government grant up to the amount of £2700 dependent on eligibility.
- The WF package can include:
 - Insulation: loft insulation, draught proofing, cavity wall insulation and hot water tank insulation
 - Heating systems: gas room heaters with thermostat controls, gas, electric or oil central heating, converting a solid fuel open fire to a modern glass fronted fire and timer controls for electric space and water heaters
 - Other measures: energy advice and low energy light bulbs
- Warm Front and LB Ealing
As a Government funded programme Warm Front operates separate to the council. But the Council, working with its West London sub regional partners (Brent, Harrow, Hillingdon, Hounslow Kensington & Chelsea and Hammersmith and Fulham) have agreed that where improvements would cost more than the £2,700 maximum they will pay a top up to cover the extra costs. So far spent Ealing have spent over £300,000 from the WL energy efficiency budget making improvements to the homes of vulnerable people in the borough.
- Warm Zone project
Energy for Ealing scheme, run by London Warm Zone is the Council's own scheme for making energy efficiency improvements to homes in the borough. This is a scheme developed with Ealing's West London sub regional partners. It is designed to improve housing conditions in private sector homes by providing energy efficiency measures to vulnerable households in order to bring their homes up to the Decent Homes Standards for thermal comfort. Warm Zone scheme has its own eligibility criteria and complaint procedure. Ealing council has just appointed an Energy Officer who will oversee this scheme. This officer, Janet Rudge, will oversee the Warm Zone programme, dealing with queries and complaints.
- Eligibility criteria
There are three main eligibility requirements:
 - Tenure: owner-occupied or private rented tenants
 - Households: householders aged 60 or over, householders with a child under 16, or pregnant women. All households must be in receipt of one or more benefits
 - Benefit dependency: householders in receipt of one or more of the following benefits:
 - IncomeWorking Tax Credit with an income of less than £15,460
 - Disability Living Allowance

- Child Tax Credit (with an income of less than £15,460)
 - Housing Benefit (which must include a disability premium)
 - Income Support (which must include a disability premium)
 - Council Tax Benefit (which must include a disability premium)
 - War Disablement Pension (which must include a mobility supplement or Constant Attendance Allowance)
 - Industrial Injuries Disablement Benefit (which must include a mobility supplement or Constant Attendance Allowance)
- Free Insulation
Over 70s can qualify for free insulation under the government's Carbon Emission Reductions Targets (CERT) funding. CERT is available through a number of outlets including most energy suppliers. However, Warm Front also works with CERT so where insulation is required for those over the age of 70, the cost of this could be done through CERT funding and the customer would not have to pay.
 - Complaints about Warm Front
All WF enquiries and complaints are dealt with WF and the Council is not involved in dealing with complaints and if the Council gets any they can be passed to the WF via the contacts in the document below. WF has a large contact centre which includes various departments in cases where customers have enquiries and complaints. All information is given to the customer upon application.
 - Local Warm Front Team Contacts

Shida Bassiti	Network Regional Manager –South	07960042167	Shida.bassiti@eaga.com
Martin Carrick	Partnership Development Officer (London)	07852 265337	Martin.carrick@eaga.com

- National Warm Front contacts

Warm Front website			www.warmfront.co.uk
Eaga Group Website			www.eagagroup.com <i>Warm Front reports, timelines, grant info, referrals</i>
Warm Front Contact Centre	For public use	0800 316 2814	enquiry@eaga.co.uk
Customer Complaints	For public use	0800 316 2814	customer.response@eaga.co.uk
Benefit Entitlement Check	For both stakeholder and public use	0800 072 9006	

Panel conclusions:

- some of the services provided are unsatisfactory but it is not clear if and how the council can exercise its influence to secure improvements
- this issue falls within the remit of the Health, Housing and Adult Social Services Standing Scrutiny Panel

R7.

That the Health, Housing and Adult Social Services Standing Scrutiny Panel be provided with the evidence received by this Panel on energy-saving schemes and be asked to consider adding an examination of how older people are prioritised into its 2009/10 work programme.

2.2.3 Issues of concern that *may be of greater concern to black and minority ethnic* older people

(i) Knowledge of Council provided and funded services

Some examples of what Panel members were told:

“The people are not aware of their entitlement to the services provided by the council.”

“We need advice on benefits, transport etc and information on services provided by Ealing Council.”

“How can we comment on services if we don’t know what is available? We only know now because we come to this Day Centre. Would like to know what is available borough-wide.”

“At our Health Information Day...a number of people raised concerns about access to information on the range of services offered by Ealing Social Services Department. There was a general feeling that older people were not well informed about the services and when they were informed of services, they found them far harder to access in practice.”

“Don’t know who to ask about services at the Council – welcomed copies of the Older People’s Services Directory and the Care Directory which they had not previously seen.”

“[It was] observed that participants’ level of knowledge of council provided and funded services appeared to be limited so it was not surprising if they were not requesting services.”

“Please change the phone system. Getting through on the council telephone system (020 8825 5000) is a nightmare. Sometimes get transferred from one extension to another without a response using the CISCO searching system. Even got a message to say “to pick up your message, dial x” when we are external callers. The previous system was better”

The above concerns were discussed with Adult Social Services officers at the penultimate Panel meeting. Officers reported that:

- Each year the A-Z of services for older people has been reprinted and distributed to all public areas which includes voluntary agencies and day centres. The A-Z of older people services and the Ealing care directory is also available on the Internet.
- Adult services regularly updates and re-prints all the core Adults and Older People leaflets. These are distributed to public receptions, Libraries, GP surgeries, Community Centres, Health Centres and voluntary sector agencies across the borough.
- All leaflets can also be downloaded from the Adults Intranet site on the following link: http://inside-ealing.lbe.gov.uk/services/departments/social_services/publications.html
- The Ealing council website provides details of services for older people on http://www.ealing.gov.uk/services/social_services/services_for_older_people
- Ealing council website provides details on all adult services on http://www.ealing.gov.uk/services/social_services/adult_services/
- Leaflets are available on:
 - Accessible Transport
 - General Complaints
 - Blue Badges
 - Care Homes with Nursing
 - Charging Policy for Residential Care
 - Charging Policy for Community Care
 - Direct Payments
 - Ealing Support for Carers
 - Fair Access to Care
 - Freedom Pass
 - Help in a Mental Health Crisis
 - Home Care Services
 - Mobile Meals
 - Occupational Therapy Services
 - Older Peoples Consultative Network
 - Residential Care for Older People
 - Services for Adults
 - Services for people living with HIV
 - Services for people with Visual Impairment
 - Short Breaks for Older People
 - Safeguarding Vulnerable Adults
 - What does Social Services Do?
 - Data Protection
 - Freedom of Information

The Panel was subsequently informed that the 'Directory of Services for Older People' would not be updated and re-printed in 2008/9 because of budget constraints. At its final meeting, the Panel was informed that the A-Z would be reprinted in the 2009/10 financial year.



Neighbourly Care Southall

Panel members also discussed the telephone access arrangements. Customer Services officers reported that:

- The [idea of having just one customer contact number] was considered a number of years ago and the decision taken that we could provide a better service if we retain a few key numbers (currently about 6) which are answered by staff knowledgeable in the services, rather than going to 1 number where staff would only have a simple understanding of all services and would need to transfer customers with complex enquiries

Panel members were impressed by LB Camden's policy, based on earlier research into the views of service users and non-users, of ceasing to use words like "services" and using instead words like "opportunities" and "activities". Hence LB Camden's directory is titled 'A borough of opportunity for people in their 50s and beyond 2008-13' and the presentation is enhanced by many positive images of older people. The same approach is followed by Camden's 'Promoting Independence Group' in its production of a newsletter titled 'Golden Gazette', also available on their website at www.camden.gov.uk/olderpeople.

Panel conclusions:

- there is only limited awareness amongst BME older people of the range of services provided or funded by the council of particular benefit to older people
- the current approach to communicating written information to BME older people is inadequate and it was disappointing that resources could not be found to update the directory of services for older people in 2008/9

- what is needed is a comprehensive publications strategy based upon research into which formats and styles are most effective in raising awareness of services amongst BME older people
- we should learn from the approach to publicity adopted by LB Camden
- there should be one council contact telephone number for all services

R8.

That the Chief Executive establish and monitor a cross-council working group to develop and implement a corporate publications strategy that will raise awareness and understanding amongst older people of council provided and funded services, ensuring that this strategy is demonstrably effective across **all** ethnic groups.

R9.

That **one** telephone number be established and publicised for the provision of information on all council services.

(ii) Voluntary organisations and the NHS as conduits of information

Some examples of what Panel members were told:

“Hospital staff would benefit from more information and knowledge of what services are available for older people, even if this only amounts to a contact person”

“Does anyone from social services come to talk about the services provided by the council?”

- No
- Two years ago we did
- We should have these talks twice a year”

“The Centre has helped the majority of people here. Without the staff here we would not have known how to go about getting council help.” (CAIA)

“It would be a good idea to have advice sessions here on housing issues.”

“Don’t mix much with other Day Centre users or [the] staff. Don’t receive advice at [this organisation], except for being given good information about smoke alarms. Do not actively collect leaflets from [this organisation]; it would be good to have leaflets here.”

“A lot of people do not get Leisure Passes. We need to know about it. People should come to the Centre and talk about it.”

“Our main source of information is through groups like this. The information is available but someone should come and provide information.”

“Nobody from the council comes to give advice.”

“Would be useful if there was some booklet about services to give out as we only have one copy. Need clear information, simply presented.”

“We need to consider how to get to older people at home who are disadvantaged. Many are proud and do not reach out. We need some mechanism for the council or some other organisations to identify who and where they are to give them the information and advice that they need. There are a lot of leaflets available at the council and high profile organisations. But these do not seem to get to the older people most in need. We need to address this.”

The above concerns were discussed with Adult Social Services officers at the penultimate Panel meeting. Officers reported that:

- The A-Z of older peoples services has been available to all voluntary agencies for the last three years. Each year the A-Z of services has been reprinted and distributed to all public areas which includes voluntary agencies and day centres. There have been occasions when the commissioning manager has taken these A-Z to voluntary agencies for distribution and been informed by two organisations that they do not want any more due to storage reasons. The A-Z has been issued to religious venues on request following advertisements in the Around Ealing magazine. Information has also been made available advertising the agencies in Ealing through the newsletter issues to all GPs in Ealing.
- Ealing council funds a number of voluntary agencies to provide both advocacy and information and advice and there are many other organisations that Ealing Council funds or works with which can also provide advice. [Lists of such organisations were provided to the Panel.]

Panel conclusions:

- there is a variable level of knowledge, amongst the voluntary groups working with older people and amongst NHS staff, about services provided or funded by the council for older people
- some organisations and services working with older people are taking a positive approach to providing older people with helpful information and advice; this is based around experienced/trained (bi-lingual or multi-lingual) staff, regular contact with and visits from council officers and other service providers, the organisation of regular information sessions and the availability of written information
- some organisations and services are taking a more passive approach, having an almost exclusive interest in the service which they provide; this has resulted from a combination of lack of resources, knowledge, information and/or useful contacts/networks but is also partly related to a lack of will
- there are key points in life when older people and their carers are in greater need of service information such as hospital discharge, a change of capacity, moving home
- further work needs to be done to equip voluntary organisations and key NHS staff with an overview and understanding of the range of services available so that they can more effectively support older people

R10.

That the Head of Policy assist appropriate voluntary organisations and key frontline NHS staff working with older people, to develop a co-ordinated rolling programme of presentations and talks about council provided and funded services to BME older people, paying particular attention to the smaller, under-supported, communities.

(iii) Quality of partnership working

Some examples of what Panel members were told:

“Partnership working is minimal. We have been happy to work with the Home Care Support service but it has taken 5 years to get partnership working going whereby they come to this Centre.”

“We have a good record of working in partnership with other organisations...but the Council needs to be more forthcoming and recognise [the Centre’s] role in ensuring Armenian older/disabled people/carers are receiving their rights/entitlements.”

“Considerable progress has been experienced in joint working with the Council over the last 5 years, working through the multi-agency panel and focusing on the National Service Framework requirements for services for older people”

“We would like to recommend that:

- ...it should be part of the council’s policy to ensure that voluntary organisations that represent older people from minority ethnic communities are also consulted and encouraged to become involved in developing policies that will benefit all sections of the community including the communities they represent.” (UACS W)*
- Impact assessments should also take into account the issue about who is best placed to provide services (including commissioned services) to certain sections of the local community. Appropriate consideration should be given to local knowledge, services provided to date and satisfaction levels **as well as** value for money in determining who should be awarded contracts to deliver health and social care services to local BME communities.” (UACS W)*

“We have to work in partnership. We ran a floating support project for older African-Caribbean people. At that time we found it difficult to work with social services and the PCT. We had to go and dig to find the older people. Most of the clients came by word of mouth. The only time they are followed up by social services is when they are released from hospital. People either need and may get extensive services or they get nothing at all. People in the middle are the problem area – how can we reach them?” (UACS S&M)

Panel conclusions

- the quality of partnership working between the council and the voluntary organisations visited by the panel was hugely variable
- effective partnerships need commitment from both parties and they form the basis for understanding which organisation is best equipped and situated to deliver what services

R11.

That the council and voluntary organisations undertake a joint review, through the Local Strategic Partnership and Ealing Community Network, of the depth, strength and effectiveness of the arrangements for partnership working in the interests of older people, ensuring that the arrangements adequately represent the interests of all sections of the community, particularly the full range of BME communities in LB Ealing.

2.2.4 Issues of concern that are specific to (some) black and minority ethnic older people

(i) Carers and language/cultural issues

Some examples of what Panel members were told:

“There is a specific issue for BME older people in that there may be language issues for the council carer. For example, a carer cannot communicate with a 90 year old or cook suitable food. We have been approached by Home Instead which provides a very appropriate service. Perhaps they could be contracted to provide the service. They charge a bit more but the council sets the budget. Recommendation: that the council have more BME agencies providing more culturally appropriately services e.g. Home Instead.”

“We do not seem to get much support for Black carers. The council always scrutinises you and you are unlikely to get help if you have an extended family. The council should look at extending the carers’ initiative.”

“Reported once that a carer had not arrived and spoke to the Manager. The Manager dealt very quickly and another carer was provided. But we kept asking Social Services to let us know if the carer was not coming so that this could be explained to the client. However this was only done with CAIA’s intervention. How many more are suffering because they have no one to intervene and speak on their behalf? One client did not have a shower for two weeks.”

“Some prefer to liaise with people of their own culture/language. Can sometimes access carers from their own ethnic group and language. But it is not always possible. Sometimes only want male or female carers, e.g. the growing number of Eastern European people.”

“How does the council find out who is caring? We know there is lots of help for

carers but is it reaching people? There is a cultural issue here – we need to raise awareness amongst carers that it is OK to get help. And we need make sure that there is support and information available as well, challenging stereotyping. “

“I rang social services to request an increase in the care package provided in that we needed 2 carers to come in the morning and the evening because it was becoming a health and safety issue for all involved with physically supporting my mother...I personally made several calls to the manager at Medico to try to find a solution. My mother had become accustomed with the ladies that were coming from Medico. What we didn't want was for the contract to move to a new service provider and for completely new carers to take over all week. This would have been quite upsetting and disturbing for my mother...In the end, I spoke with a number of the carers myself, who said they would be willing to do the extra shifts and eventually the Manager of Medico agreed to remain with contract and increase the care package to meet my mothers new needs.”

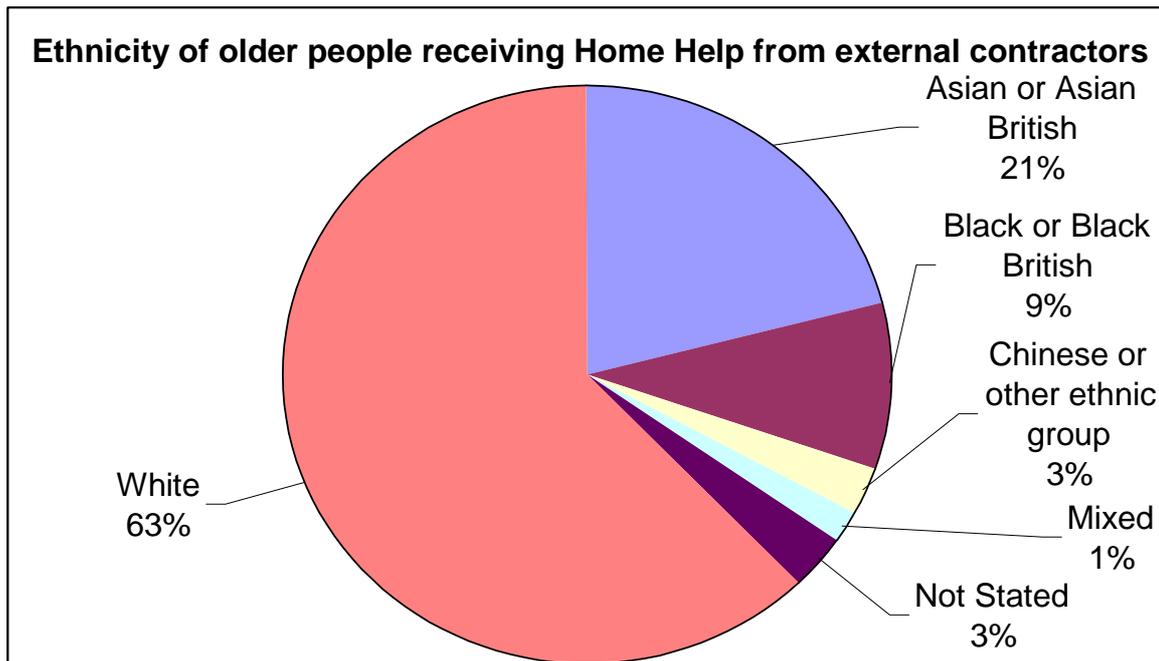
The above concerns were discussed with Adult Social Services officers at the penultimate Panel meeting. Officers reported that:

- Carers Agencies are made aware of the ethnicity of the service user when they are provided the Care Plan. Any language requirements are passed on and the agencies endeavour to meet these needs. There are however some occasions when carers will attend that do not have the same language as the client.

Adult Social Services were asked to provide data on complaints made to the contract team. The Panel provided with the following data and an explanation that complaints have only been broken down by ethnicity since December 2008.

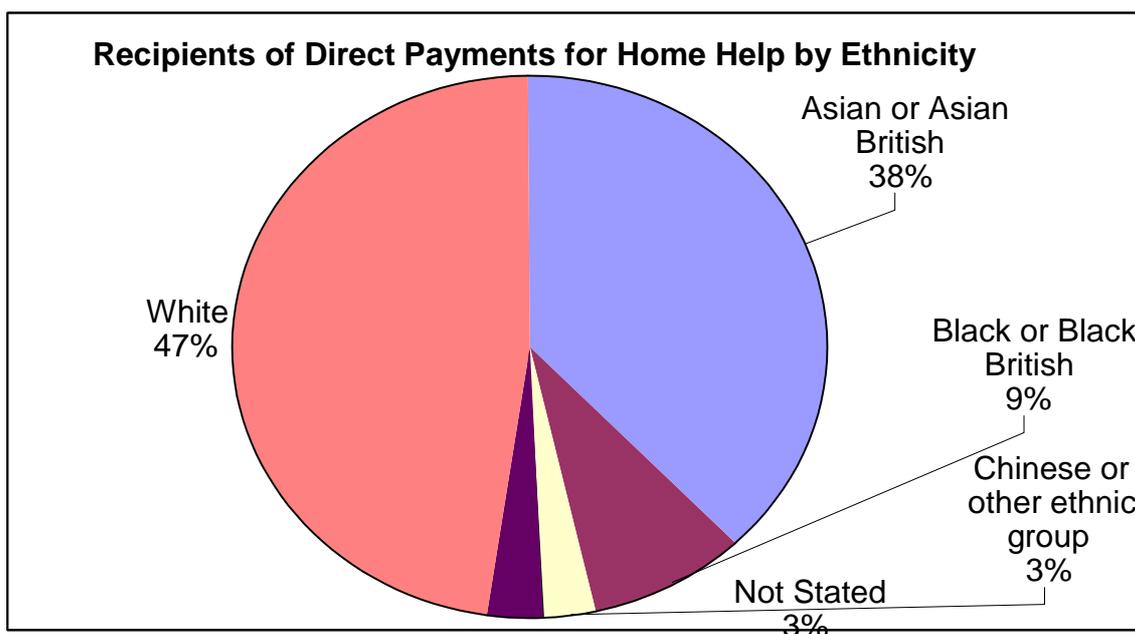
Complaints made to the contract team during December 2008 and January 2009 by ethnicity						
Ethnicity	65+ Population	Currently in receipt of Service	Number of Complaints December 2008	% Complaints December 2008	No. of Complaints January 2009 (Up to 23/1/2009)	% Complaints January 2009 (Up to 23/1/2009)
Asian or Asian British	14.30%	18.58%	15	18%	9	20%
Black or Black British	4.80%	7.98%	8	10%	1	2%
Chinese or any other Ethnic Group	1.50%	2.39%	0	0	1	2%
Mixed Heritage	1.20%	0.84%	0	0	0	0
Not Stated		0.23%	2	2%	0	0
White or White European	78.00%	69.99%	57	70%	35	76%

Adult Social Services also provided two pi-charts on the ethnicity of older people receiving Home Help from external contractors (around 4/5ths of all provision):



Adult Social Services added the following comments:

- Whilst [the above] picture would appear to be skewed towards non-BME clients we should look at it in balance with those people who access home help by Direct Payments. These form an integral part of the overall picture as more and more people from BME back grounds are using their Direct Payments to purchase home help from either private or voluntary organisations which cater specifically for BME groups [see pi-chart below]. This could be by language, dialect, religious or cultural preferences, or through a wider cultural network.



Panel conclusions:

- Adult Social Services is moving in the right direction in ensuring that carer support meet the needs and preferences of service users but concerns still remain
- these concerns may be greatest amongst the newer (e.g. Somali) and smaller (e.g. Armenian) BME communities where there may be a bigger mismatch between the linguistic/cultural profile of the service users and the staffing profile of service providers
- there is an opportunity to seek feedback on linguistic/cultural issues through the questionnaire issued to service users
- the opportunities offered by Direct Payments and the personalisation agenda for tackling these concerns need to be fully explored and, where appropriate, exploited

R12.

That the service user questionnaire to recipients of home care services include questions which identify whether (a) the service user and carer are able to converse adequately in a shared language and (b) the carer has an understanding of the service users cultural background. Also, that the questionnaire results be analysed by the ethnicity of service users using the council's standard ethnicity categories.

R13.

That the Health, Housing and Adult Social Services Scrutiny Panel, in scrutinising the development of the personalisation of services in 2009/10, asks for particular information on the possible benefits to BME older people, how these can these can be progressed and any challenges or risks involved.

(ii) Mobile meals

What Panel members were told:

“Older people should have choice – e.g. it is not acceptable that the council’s contractors do not provide roti which is staple diet for many BME older people in the area. People come here and ask to take rotis home with them. Consideration should be given to the contracting of local suppliers/restaurants in Southall to provide high quality food to meet the dietary needs of BME older people. Example - Omis supply food to the centre’s luncheon club. The contractors say that they cannot freeze chapatis so they only provide rice. This does not go with many curries i.e. with saag”

At the penultimate Panel meeting, Adult Social Services reported that:

- Adult Services has a responsibility to monitor ongoing provision. The contracts team works closely with the mobile meals contractor, homecare providers and care managers to identify any individual issues of concern. The

contracts team conducts telephone spot checks on service users and relatively few issues arise during the course of this process. An annual user satisfaction survey is undertaken by Adult Services, the latest of which was conducted in October 2008. Overall the findings were very positive e.g. 96% of users were either satisfied or very satisfied with the service, 100% reported the delivery staff friendly courteous and polite. There were some areas of concern e.g. there has been an increase in the number of non-deliveries. This has been addressed with Sodexo.

Panel conclusions:

- Rotis are an integral part to most south Asian meals and should be made available to those who wish to receive them

R14.

That the provision of rotis should be written into future Mobile Meals contracts.

(iii) Residential provision

Some examples of what Panel members were told:

"[We need] The provision of (residential, nursing and sheltered) accommodation for older people that is for specific black and minority ethnic communities and/or the block allocation of units in such accommodation so that BME older people (particularly from smaller communities) are not isolated."

"The language barrier seems like an insurmountable problem. The sheltered accommodation that is available is not suitable for Somali older people. There is a lack of understanding of the culture, resulting in isolation. This needs to be addressed by getting advice. Isolation is a big problem. Older people are not aware that services exist. Information needs to be provided in Somali."

"One of the issues facing Somalis is blatant racism, e.g. in sheltered accommodation. The services are inadequate. A lack of respect is shown to elderly Somalis. For example, one council officer commented that "back home you would be boiling buckets for hot water". "

"The allocation of sheltered housing should not be undertaken on a Locata basis. We have paid our dues. We want to live in a comfortable place without repairs being needed. At the moment older people have to take their turn. There should be a different agency allocating sheltered housing places. Locata is slow. Only by chance might we get allocated a place. Some older people really need it but cannot get it."

"There aren't any sheltered schemes suitable for their needs. Most of the schemes have few African-Caribbean people and few African-Caribbean staff. This is a great problem."

The issue of ensuring that care homes meet the needs/preferences of all BME older people was raised with Adult Social Services who responded as follow:

- For both the NHS and the local authority the overall priority is to support as many people to live independently in the community. Ealing has been successful in achieving this especially for older people where the numbers of people admitted into care homes has reduced significantly over the past few years
- It remains the case that some people will still require care home support and the NHS and the local authority has a responsibility to secure adequate supply of provision. The PCT has a block contract with Manor Court (BUPA) for the provision of nursing home beds and the local authority has a contract with Servite for the provision of residential and nursing home beds across 4 units within the borough. The latter includes provision for the Asian community which was specifically commissioned as part of this development
- As a general rule of thumb both the local authority and the PCT are adequately supplied with a core number of care home beds - in actual fact the PCT is over supplied. In other words it is not good business sense for us to enter into more block contracts.
- Both the local authority and the PCT are currently reviewing the spot contracted provision for older people. Subject to cabinet approval the local authority is about to embark on establishing an approved list of contractors. The PCT is working with NHS London on the establishment of a framework agreement for future spot contracted provision.
- All existing care homes are required to ensure they meet the needs of BME older people whether this is language, food, religious or cultural differences. If there were a failure to do so, the local authority would stop using them if the client wanted to move out. The new approved list is an opportunity to attract more care homes to advertise through the local authority and this would include any BME specific schemes.
- As it stands we do not have the evidence to warrant us commissioning a dedicated resource for specific BME communities. Our approach therefore needs to fall back on the more flexible use of spot contracts, as above.
- This aside - there is no reason why a private company could not choose to establish a specialist home with which the council and other care communities could then contract This is what has happened in the case of Kolbe House which provides specialist care for the Polish community.



Centre for Armenian Information and Advice

Housing officers also reported that:

- As part of the review of the sheltered housing service [see below] the information leaflet 'Housing Options for Older People' is also currently being revised. It is anticipated that the new leaflet will be available in March 2009. The current leaflet is not distributed as it contains much old inaccurate information. The leaflet will detail the process for application and signposts for further advice and support.
- Where a home seeker or tenant wishing to transfer indicates that they wish to pursue the option of sheltered accommodation, they are visited and a full assessment of their abilities to manage independently and any medical requirements is carried out. This is then referred to the Sheltered Housing Panel which meets fortnightly.
- The panel assesses suitability for sheltered and very sheltered accommodation and can also refer people to Adult Services for residential accommodation.
- The full process is available in the Council's Allocations Scheme which is published on the Council's website at:
http://www.ealing.gov.uk/services/housing/housing_strategy

The Housing Strategy for Older People 2007-10 was also reviewed for any content relevant to the issues raised with Scrutiny Panel members. This Strategy noted that: "There is limited knowledge of the housing needs or preferences of BAME elderly communities. Ealing's population is ethnically diverse, the third most diverse borough in London. The impact is that a one size fits all solution will not be appropriate." (p8)

The Strategy also identified that:

“Further research is needed to identify the housing and housing related support needs of older people from the many settled and emerging BAME and refugee communities within Ealing. Additionally we need to consider the aspirations and support needs of future elders not just current, making access to information and advice crucial.” (p13)

Included in the Action Plan were:

- “Undertake research into housing needs of emerging communities and older BAME communities” to be undertaken by Strategic Housing by June 08 (p21)
- “Review Locata (Choice based Lettings system) to take into account the views of vulnerable elderly residents in improving access to the system” to be undertaken by Housing Needs Access and Support by April 08

On Sheltered Housing, Cabinet received a report in October 2006 which identified that Ealing’s total provision of sheltered housing exceeds need or demand, with consequent problems of long term vacancies and hard to let properties. In October 2008, Cabinet received an update on a review of sheltered housing provision, the development of a Sheltered Housing Strategy and preliminary plans for consultation on a possible decommissioning of some sheltered housing units. The latter report commented that

“With the numbers of older people from Asian, African and other groups expected to rise within the borough, there are already some clear strategic messages emerging from the research carried out for the ‘Ealing Sheltered Housing Strategy’ in relation to the needs and aspirations of BME residents...”

The associated preliminary Equalities Impact Assessment concluded that there were no concerns that the policy/procedure/practice could have a differential impact on racial/ethnic groups as:

“The service is primarily provided to older people in Ealing regardless of race, religion or ethnic origin. The proposals are intended to improve services and all existing users will be engaged in any changes. The Sheltered Housing and Careline/SCAN database includes up to information on language preference and this will be utilised to ensure that consultation is effectively carried out. In the demographic analysis that has been done for us as part of the development of the ‘Ealing Sheltered Housing Strategy’ the external contractor has flagged up for us some very clear strategic messages with regards to the exponential growth in Older People from BMEs - particularly Black and Asian.”

Panel conclusions:

- it is unacceptable for an older person to experience poorer service provision or be unable to participate in any social interaction because staff (and other residents) are unable to communicate with an older person in a shared language
- this would appear to be a greater issue for the newer and smaller non-English speaking BME communities in Ealing

- a difficult balance needs to be struck between creating or facilitating the development of linguistically/culturally appropriate provision (in the short term) whilst also working towards non-segregated multi-ethnic provision compatible with a social cohesion approach (in the long term)
- the council's direct influence over provision is limited to (a) sheltered housing where the current review of provision offers some new opportunities and (b) the contracts that it enters into with private or voluntary sector care homes.

Subsequent to the final Panel meeting, Adult Social Services reported that:

- Cabinet agreed on the 24th February 2009 to a tendering process for care homes
- Adult Services are planning to advertise nationally, including adverts in specific BME newspapers / journals with the aim of being able to offer service users a choice between BME-specific homes elsewhere or remaining in Ealing with care tailored to the individual's need.
- the contract specification would include a requirement that monitoring reports include a breakdown, by ethnicity, of residents, staffing and complaints.
- an Equalities Impact Assessment was undertaken in preparation for the Cabinet report.

R15.

That the council use whatever influence it can exercise to ensure that older people do not suffer poorer services or social isolation in residential provision because of language or cultural barriers

R16.

That the evidence received by this panel on housing issues be passed to the housing department for consideration as part of the implementation of the Older People's Housing Strategy and the development of a new Sheltered Housing Strategy.

(iv) Language availability and staff ethnicity

In addition to the quotes already given above, Panel members were told:

“Unhappy with waiting time in the Customer Centre (45 minutes) to deal with a parking ticket and felt staff should not have refused assistance with the preparation of a letter; staff should be more polite, nice, helpful; would have been helpful if a Polish interpreter was available”

At the penultimate Panel meeting, Customer Services officers reported that:

- As at November 2008, the range of languages spoken by its staff was:
 - Afrikaans, Bengali, Cantonese, Czech, Dutch, English, French, German, Gujarati, Hindi, Ibo, Italian, Kiswahili, Persian, Polish, Portuguese, Punjabi, Spanish, Somali, Swahili, Tamil, Tamil, Urdu, Yoruba and Zulu with sign language also being available.

- We monitor the make-up of our workforce compared to the demographics of the residents of the borough and, when recruiting we target areas where we are under-represented.

Adult Social Services officers reported that:

- It did not maintain a list of languages spoken by its staff and asked the Scrutiny Panel if an audit of languages should be undertaken.
- The council has an equality and diversity policies in relation to recruitment and RRA etc. Adult services are compliant, and regularly review data on our workforce by age, race, disability, grade etc. Based on ethnicity the workforce is in line with local demographics of the borough. Where BME specific needs are identified then action is taken to address this, for example the outreach officers employed to make contact with older people from specific groups who may not be accessing services.
- The responsibility for staff recruitment, training and supervision sits with the Branch Manger of the Contracted Agencies. The provision of Social Care tasks is exempt from the Race Relations act in the sense that providers can actively recruit staff with BME backgrounds for BME service users. The contract stipulates a number of requirements the Registered Manager must adhere to:
 - Point 1 “The skills and experience of care staff must be matched to the care needs of each Service User. Care Workers must be able to communicate effectively with the Service User, using the individual’s preferred method of communication.”
 - Point 2 “When services are provided for specific minority ethnic communities, social/cultural or religious groups, their particular requirements and preferences must be identified, understood and entered into the Service User Plan. The Contractor must demonstrate in their recruitment planning how they will meet the needs of black and ethnic minority Service users for the area in which they are tendering.”
 - “The Registered Manager must ensure that the organisation operates a rigorous recruitment and selection procedure which meets the requirements of legislation, equal opportunities and anti-discriminatory practice, and ensures the protection of Service users, Carers and their Relatives.”

The following staff ethnicity data is reported on the Council's intranet:

Ethnicity	Community	31st March 2008 (2908)	Oct 2007 (3057)
White UK	45%	39%	40%
Irish	5%	4%	5%
White Other	9%	7%	8%
White and Black Caribbean	1%	1%	1%
White and Black African	<1%	<1%	<1%
White and Asian	1%	1%	1%
Other Mixed	1%	1%	1%
Indian	17%	14%	14%
Pakistani	4%	2%	2%
Bangladeshi	<1%	<1%	<1%
Other Asian	4%	3%	3%
Caribbean	5%	10%	10%
African	4%	7%	7%
Other Black	1%	2%	2%
Chinese	1%	1%	1%
Other ethnic background	3%	1%	1%
Not known	N/A	6%	6%

R17.

That Adult Social Services undertake an audit of languages spoken by its staff.

R18.

That departmental directors and heads of service be asked to review how the council can ensure that smaller BME communities, not necessarily separately identified in the council's standard ethnic categories, are adequately represented in the council's workforce.

(v) Premises and access to day centres

Some examples of what Panel members were told:

Southall Day Centre

"People complained about the heating in the building as the boiler keeps breaking down and the water flow in the toilets is also not sufficient. People also complained about the size of centre, which is too small for number of users.

SDC (Milap Branch) is very cramped for space. For example there is no separate meeting room and panel members saw how packed the centre was on Tuesday. We want to expand and do more work but space is stopping us. The building belongs to the council. The council and the Leader are aware of

our difficulties. A DDA assessment was undertaken. But it was recognised that it would cost a lot of money to rectify the problems with the existing building and agreed with council officers that this would be a waste of money.”

United Anglo-Caribbean Society

“There is a problem with space at this lunch club. We have tried to get a bigger place, which we desperately need. Cannot emphasise this enough. There are a lot of empty places around, e.g. right next door. Many think we can’t get a bigger place because we are Black.”

“The main problem is in the area of premises, e.g. panel members saw at the luncheon club that the premises are not fit for purpose. We do not have facilities to cope if anyone falls sick on the premises, so the club is operating at high risk. We are providing a fairly good service for a wide range of African-Caribbean people. We recognise that we are not the only organisation doing so but we are providing the widest range of services to this group in the borough. We don’t have any wealthy supporters.

How can the council assist voluntary organisations to use premises at a reasonable cost so that services can be provided more effectively? People feel that we are not able to obtain suitable premises because we are Black. Other groups are attracting more resources – we may not have the right contacts and representatives in the right place.”

Neighbourly Care Southall

“The opening time at the Centre should be increased up to 6pm; it is still needed after 4pm. And it shuts at weekends. It should be open on Saturdays.”

If we go into the past, there was a time when a black man could not come to this (NCS) centre. We are thankful to all who have helped us reach this stage. We are standing on the streets and welcome centres such as this.”

General need

“The elderly community need services in different places around LB Ealing, Acton, Greenford, Northolt, Ealing etc (i.e. the opportunity to use centres like NCS rather than a centre specifically for Somali people).

“Somali older people feel isolated. There is no place for them to get together. They do come here. They need a permanent place to discuss their problems. They feel nobody is taking care of them and no-one is listening.”

“A major cause of concern is social isolation. Returning to normal life may take time. Can get lunch at home. Feel lack of day centres for different groups – Asian and African-Caribbean. There are not enough day centres and they need access. They should be available 7 days a week.”

Panel conclusions:

- major improvements are needed to the physical quality of several centres and services that are used by BME older people

R19.

That the Director of Property and Regeneration be asked to develop a comprehensive strategy, in partnership with other organisations where appropriate and taking account of changing needs and expectations, for improving and extending the premises that are used by voluntary organisations working with older people.

3. KEY LEARNING POINTS

At the final meeting, the Chairman asked each member attending what they had learnt about effective scrutiny through the Panel's work.

There were many positive comments about the experience. Councillors commented that:

- they had learnt a lot about services for older people
- the Panel's work had provided a welcome opportunity to listen to the views and experiences of older people
- it had been good to show that councillors were prepared to listen and then also to make recommendations on what they heard
- during the meetings and visits, external people had not initially known what to expect - but they soon opened up.
- it had brought them into contact with an ethnically diverse range of older people in the borough
- many queries from older people about services had been answered
- service improvements should result from the Panel's work

Non-voting advisory members on the Panel commented that:

- they also had learnt a lot about services for older people, despite – in one case – initial reservations about a focus solely on **BME** older people
- they had learnt that many problems experienced in voluntary organisation supporting older people were shared by other organisations
- they had been empowered to pass on much useful information to other networks, organisations and to individual older people
- it had given councillors the opportunity to see the conditions (and associated risks) in which some voluntary groups were working
- it demonstrated how councillors and voluntary organisations could work together to solve common problems

There were also concerns, e.g.:

- how will Panel members know if their work is having a real impact?
- it was ironic that the council did not have much power to influence accessible transport, given the strength of concern expressed on this issue – it's something for voluntary organisations to take forward with Transport for London.

4. MEMBERSHIP AND ATTENDANCE

Panel Member	Maximum possible	Attendance	Apologies
Cllr Gurcharan Singh	5	4	1 sub Cllr Edmond Yeo (July 08)
Cllr Shahbaz Ahmed	5	1	1 sub Cllr Swarn Singh Kang (July 08)
Cllr Jasbir Anand	4	3	1
Cllr Mohammad Aslam	5	3	0
Cllr Jagdish Gupta	5	5	0
Cllr Eileen Harris	5	4	1 sub Cllr Colm Costello (March 09)
Cllr Swarn Singh Kang	1	1	0
Cllr Ashok Kapoor	5	4	1
Cllr Jonathan Oxley	5	0	2 sub Cllr Colm Costello (Jan 09)
Cllr Hazel Ware	5	2	2 sub Cllr Anthony Young (July 08) Cllr John Ross (Nov 08)
Non-voting advisory members			
Doris van der Heyden	4	4	
John Swan	4	3	
Tony Whittle	4	2	

5. BACKGROUND INFORMATION

The Panel's agendas, minutes and report (including the notes of all meetings with older people and with voluntary & statutory organisations and the written evidence formally received at Panel meetings) are available on the council's website at:

http://www.ealing.gov.uk/services/council/committees/agendas_minutes_reports/scrutiny/provision_for_elderly_black_minority/20may2008-15may2009.html

Ealing documents

The following LB Ealing documents were identified as being relevant at the outset of the Panel's work:

Ealing's Strategy for Older People 'All our Futures' 2004-2007

http://www.ealing.gov.uk/services/council/strategies_and_policies/strategy_for_older_people/index.html

Ealing's Quality of Life Strategy for older people and carers 2006/2016

http://www.ealing.gov.uk/ealing3/export/sites/ealingweb/services/council/strategies_and_policies/policy_docs/CA_49cxreplacex_Growing_Older_QoL_OP

Housing Strategy for Older People 2007-2010

http://www.ealing.gov.uk/services/council/strategies_and_policies/housing_strat_for_older_people/index.html

Adult services Equality action plan

http://www.ealing.gov.uk/ealing3/export/sites/ealingweb/services/council/equality_and_diversity/equalities_scheme_2007-2009/adults_services.doc

Other Publications

A number of relevant publications produced by other local authorities and national organisations were identified and offered to Panel members:

'Meeting the Needs of Black and Minority Ethnic Service Users and Potential Service Users', Leeds City Council Social Care Scrutiny Board, May 2004

http://www.leeds.gov.uk/files/2005/week47/inter_2674197A4ECB420A80256EED0041974C_5dd610a6-08ac-4ca3-a31c-4484f6c1af39.pdf

'Review of Access to Services for Older People' LB Haringey Overview and Scrutiny Committee, April 2008

http://www.haringey.gov.uk/index/council/decisions/overview_and_scrutiny/scrutiny_reviews.htm

'Growing older in a black and ethnic minority group - Results of four research studies from the ESRC Growing Older Programme', Age Concern, 2005

'Black and Minority Ethnic Elders' in the UK: Health and Social Care Research Findings Minority Elderly Care (MEC), MEC with partners STAKES, IFTS, STTGE, PLANEXCEL, IIESE, IES led by PRIAE in Europe', PRIAE, 2004
<http://www.priae.org/docs/MEC%20UK%20%20Summary%20Findings.pdf>.

'Let's move on - Black and Minority Ethnic older people's views on research findings' Jabeer Butt and Alex O'Neil for the Joseph Rowntree Foundation, 2004.
<http://www.jrf.org.uk/knowledge/findings/socialcare/564.asp>

'Birmingham Supporting People (SP) Team makes the case for BME specialist provision' Kalvinder Kohli, Review and Commissioning Manager
<http://www.sitra.org.uk/index.php?id=718>

'The Feedback Project - Supporting People: assessing the needs of BME groups in Telford & Wrekin', Dr. Martin Roche, Derek Bunce, Dr. Anne Robotham & Doreen Sheldrake, Regional Research Institute, University of Wolverhampton, May 2003
http://www.spkweb.org.uk/NR/rdonlyres/FBB0C2C1-780E-4654-9F06-FC25D928769C/0/BME_Feedback_Project.pdf

'Diversity in Wirral -Summary Report Final Report' Lucy Ettridge ORC International, January 2005

'The health and social care experiences of black and minority ethnic older people', Jo Moriarty, A Race Equality Foundation Briefing Better Health Paper 9, July 2008
<http://www.raceequalityfoundation.org.uk/hsc/briefings.asp>

'Meeting the sheltered and extra care housing needs of black and minority ethnic older people', Adrian Jones, A Race Equality Foundation Better Housing Briefing Paper 6, March 2008
<http://www.raceequalityfoundation.org.uk/hsc/briefings.asp>

'Developing Extra Care Housing for Black and Minority Ethnic Elders: an overview of the issues, examples and challenges' Housing Learning & Improvement Network, Care Services Improvement Partnership, March 2006
<http://networks.csip.org.uk/IndependentLivingChoices/Housing/Topics/browse/HousingOlderPeople/BMEGroups/?parent=976&child=1640>

'At home - audit tool for housing related services for older BME people', Housing Learning & Improvement Network, Care Services Improvement Partnership, July 2008
<http://networks.csip.org.uk/IndependentLivingChoices/Housing/Topics/browse/HousingOlderPeople/BMEGroups/?parent=976&child=1556>

'Beyond Sheltered Accommodation - a review of Extra Care housing and care home provision for BME Elders', Housing Learning & Improvement Network, Care Services Improvement Partnership - July 2008
<http://networks.csip.org.uk/IndependentLivingChoices/Housing/Topics/browse/HousingOlderPeople/BMEGroups/?parent=976&child=1744>

'Bridging the gaps - social exclusion of BME elders', Housing Learning & Improvement Network, Care Services Improvement Partnership, July 2008
<http://networks.csip.org.uk/IndependentLivingChoices/Housing/Topics/browse/HousingOlderPeople/BMEGroups/?parent=976&child=3041>

Don't stop me now - Preparing for an ageing population', Audit Commission, July 2008
<http://www.audit-commission.gov.uk/reports/NATIONAL-REPORT.asp?CategoryID=&ProdID=D1391254-78F6-42b8-92A1-53004A972E34>

Older People and Wellbeing', Jessica Allen, Institute for Public Policy Research, July 2008
<http://www.ippr.org/publicationsandreports/publication.asp?id=620>

RECOMMENDATIONS, SERVICE OFFICER COMMENTS AND CABINET RESPONSE

Key to service officer comments: LR = Leanda Richardson, Head of Integrated Commissioning, Adult Services/NHS Ealing; AR = Alison Reynolds, Interim Director of Customer Services; GT = Gill Tennet, Housing Strategy and Policy Manager; AL = Amin Ladha, Equality and Diversity Consultant; NR = Noel Rutherford, Director of Built Environment; PM = Peter Morris, Director of Marketing and Communications; MB = Matthew Booth, Head of Policy; BW = Brendon Walsh.

Ref	PANEL RECOMMENDATION	SERVICE OFFICER COMMENTS	CABINET RESPONSE 23.6.09
1	That the Transport and Environment Standing Scrutiny Panel (a) considers receiving all the evidence received by this Panel on accessible transport and (b) works with relevant service officers to put forward proposals to Cabinet – by October 2009 – on how Ealing could secure significant improvements to the provision, co-ordination, and monitoring of local accessible transport services.	Adult Services welcomes this recommendation. Resource and other implications will need to be considered as part of the further review. (LR)	N/A To be considered by the Transport and Environment Scrutiny Panel. This is currently awaiting a piece of work by the GLA.
2	That the Health, Housing and Adult Social Services Standing Scrutiny Panel (a) considers receiving all the evidence received by this Panel on access to home care services and direct payments and (b) asks service officers to report on progress – before the end of 2009 - in simplifying procedures, improving internal communication (and with the NHS) and reducing the delays experienced by older people and their carers.	Adult Services agrees with this recommendation. It is committed to working with scrutiny and others to improve and streamline processes where necessary (LR)	N/A To be considered by the Health and Adult Social Services Panel as part of item on personalisation of adult social services on 17 th Sept 2009.

Ref	PANEL RECOMMENDATION	SERVICE OFFICER COMMENTS	CABINET RESPONSE 23.6.09
3	That Adult Social Care officers ask the Local Capacity Planning Group to use case reviews, examining how cases could be better handled, as a means of developing a more effective discharge service.	A lot of work has already been done to ensure effective and timely hospital discharge, however there is always a case for continued improvement and in this context Adult Services accepts the recommendation (LR)	Accepted
4	That Cabinet ask the Executive Director for Housing and Regeneration, in collaboration with Adult Social Services, to prepare a report for Cabinet by October 2009, which details all the services and processes involved in the provision of adaptations and aids, reports on what monitoring is carried out on the quality of adaptations undertaken, explains the reasons why older people are being required to wait unacceptably long times, estimates the economic and personal impact of the waiting times and presents options for ways in which substantially improved services could be delivered.	Adult Services pass a set number of cases to the Repairs & Adaptations Service (RAS) every month. The number of cases is restricted as there are limited funds to deal with the demand despite a comparatively high council investment in this area. Ealing has a very high number of potential DFG grant recipients. Once received by RAS cases are processed within agreed CSCI target times. Following the adoption of new processes that reduce the opportunity for large grants on individual sites and a VFM Review, more people are getting access to grants and, the timescales for processing Disabled Facilities Grants (DFGs) has improved dramatically. This trend is set to continue. RAS receives very few complaints from clients regarding quality of work. The service is monitored closely and data is available for timescales and complaints. A detailed report to cabinet will be prepared detailing all the information requested. (NR)	Accepted

Ref	PANEL RECOMMENDATION	SERVICE OFFICER COMMENTS	CABINET RESPONSE 23.6.09
5	<p>That the outcome of the review of policy and procedures for Blue Badges and the resulting proposals be offered to the Transport and Environment Standing Scrutiny Panel prior to their consideration and receipt by Cabinet.</p> <p>[Note: the earliest date when this issue could be considered by the Standing Scrutiny Panel is June 2009 – this may require Cabinet to put back consideration of the review until June/July 2009.]</p>	<p>Customer services in conjunction with Highways will ensure proposals are offered to the Transport and Environment Standing Scrutiny panel prior to presentation to Cabinet. It is proposed that the new arrangements will go to May cabinet. (AR)</p>	<p>N/A</p> <p>To be considered by the Overview and Scrutiny Committee on 16th July 2009</p>
6	<p>That the council take a pro-active approach to advising applicants on the appropriate usage, and the consequences of misuse, of Blue Badges.</p>	<p>Customer Services will review all literature as part of the blue badge review and ensure all applicants are aware of usage requirements and the consequence of misuse. All literature amended will be checked by legal and the communications team. There are no financial implications.</p> <p>(AR)</p>	<p>Accepted</p>
7	<p>That the Health, Housing and Adult Social Services Standing Scrutiny Panel be provided with the evidence received by this Panel on energy-saving schemes and be asked to consider adding an examination of how older people are prioritised into its 2009/10 work programme.</p>	<p>The Housing Department accepts this. (GT)</p>	<p>N/A</p> <p>To be considered by the new Housing and Regeneration Scrutiny Panel. This has not yet been programmed.</p>

Ref	PANEL RECOMMENDATION	SERVICE OFFICER COMMENTS	CABINET RESPONSE 23.6.09
8	<p>That the Chief Executive establish and monitor a cross-council working group to develop and implement a corporate publications strategy that will raise awareness and understanding amongst older people of council provided and funded services, ensuring that this strategy is demonstrably effective across all ethnic groups.</p>	<p>I'm unclear as to why this refers to "publications" rather than "communications". Although the printed guide to services wasn't published this year it is not necessarily the case that it is the best way of presenting relevant information most effectively to the target audience.</p> <p>Around Ealing could, for instance, be a very effective alternative. Distribution and readership is excellent. Although it would clearly reach people in addition to the target audience that may offer advantages in raising general awareness.</p> <p>The Camden approach is interesting. We certainly have the skills and expertise in M&C to produce material to at least the same standard, and to do so extremely cost-effectively. Funding for such specific activity must come from the relevant service (not M&C budgets).</p> <p>If a working group is to be established I would suggest it would best be chaired by myself or a Head of Service from Marketing & Communications. If it were to be chaired by the Chief Executive, a senior M&C representative should certainly be on the group.</p>	Accepted.

Ref	PANEL RECOMMENDATION	SERVICE OFFICER COMMENTS	CABINET RESPONSE 23.6.09
		Advised acceptance but the Director of Marketing and Communications (or a Head of Service in Marketing and Communications) to lead, not the Chief Executive (PM)	
9	That one telephone number be established and publicised for the provision of information on all council services.	Adult Services agrees with the principle of this, however will be guided by colleagues in customer services about the practicalities of this, in particular the most likely way of achieving a good customer response. (LR) Customer Services: In order to resolve customer enquiries at the first point of contact there is a need for some specialist service delivery areas, one of these being the social care contact centre, which has one telephone number of 020 8825 8000 for any social care issues or enquiries including blue badge, freedom pass and home improvement information. <i>Rejection of recommendation advised. (AR)</i>	Accepted
10	That the Head of Policy assist appropriate voluntary organisations and key frontline NHS staff working with older people, to develop a co-ordinated rolling programme of presentations and talks about council provided and funded services to BME older people, paying particular attention to the smaller, under-supported, communities.	Rejection of recommendation advised. (MR)	Accepted

Ref	PANEL RECOMMENDATION	SERVICE OFFICER COMMENTS	CABINET RESPONSE 23.6.09
11	That the council and voluntary organisations undertake a joint review, through the Local Strategic Partnership and Ealing Community Network, of the depth, strength and effectiveness of the arrangements for partnership working in the interests of older people, ensuring that the arrangements adequately represent the interests of all sections of the community, particularly the full range of BME communities in LB Ealing.	Adult Services welcomes this recommendation. (LR) Fine. (MB)	Accepted
12	That the service user questionnaire to recipients of home care services include questions which identify whether (a) the service user and carer are able to converse adequately in a shared language and (b) the carer has an understanding of the service users cultural background. Also, that the questionnaire results be analysed by the ethnicity of service users using the council's standard ethnicity categories.	Adult Services accepts this recommendation and will introduce this in the new financial year. (LR)	Accepted
13	That the Health, Housing and Adult Social Services Scrutiny Panel, in scrutinising the development of the personalisation of services in 2009/10, asks for particular information on the possible benefits to BME older people, how these can these can be progressed and any challenges or risks involved.	Adult Services accepts this recommendation. (LR)	N/A Personalisation of adult social services to be considered by the Health and Adult Social Services Panel on 17 th Sept 2009.

Ref	PANEL RECOMMENDATION	SERVICE OFFICER COMMENTS	CABINET RESPONSE 23.6.09
14	That the provision of rotis should be written into future Mobile Meals contracts.	Adult Services will look into the possibility of this. The mobile meals service is due to re-tendered in 2012. (LR)	Accepted
15	That the council use whatever influence it can exercise to ensure that older people do not suffer poorer services or social isolation in residential provision because of language or cultural barriers.	The Housing Department accepts this. A range of information is available in translation if requested and the department uses its own staff to act as interpreters where available. (GT) The Housing Department accepts this. A range of information is available in translation if requested and the department uses its own staff to act as interpreters where available. (GT) Adult Services accepts that it has a responsibility to promote good quality and responsive residential care services. It has strived to achieve this in the past and will continue to do so in the context of developing an approved list of care homes with which it will contract in the future (LR)	Accepted
16	That the evidence received by this panel on housing issues be passed to the housing department for consideration as part of the implementation of the Older People's Housing Strategy and the development of a new Sheltered Housing Strategy.	The information will be used in the development of the new Housing Strategy which has just commenced and is due for completion later this year rather than the existing Older People's Housing Strategy. It will be used for the new Sheltered Housing Strategy. Advised acceptance of the amendment but with the evidence be considered as part of implementation of the new Housing Strategy, not the Older People's Housing Strategy (GT)	Accepted

Ref	PANEL RECOMMENDATION	SERVICE OFFICER COMMENTS	CABINET RESPONSE 23.6.09
17	That Adult Social Services undertake an audit of languages spoken by its staff.	Adult Services accepts this recommendation and will build this into its 2009/10 work programme. (LR)	Accepted
18	That departmental directors and heads of service be asked to review how the council can ensure that smaller BME communities, not necessarily separately identified in the council's standard ethnic categories, are adequately represented in the council's workforce.	HR&OD will provide support to departments who have identified under-representation and feel there is a business imperative for addressing it. There are a number of initiatives that can be discussed, including using the provisions of the Race Relations Act (as amended). (AL)	Accepted
19.	That the Director of Property and Regeneration be asked to develop a comprehensive strategy, in partnership with other organisations where appropriate and taking account of changing needs and expectations, for improving and extending the premises that are used by voluntary organisations working with older people.	The Council's Property Advisers Lambert Smith Hampton have been working with the Adults and Childrens Services and the PCT to seek ways to address this issue. Options appraisals are being reviewed and will be presented back to a future Scrutiny Panel meeting. (BW)	Accepted – work is already underway