



CARE IN THE HOME SPECIALIST SCRUTINY PANEL

Final Report to
Overview and Scrutiny Committee

April 2007

PANEL FOREWORD

Most people want to stay in their own homes as they grow older. Yet not all older people are getting the support they need to do so, which may see them unnecessarily ending up in hospital or residential care or in the very least lead to a diminished quality of life. The Care in the Home Panel was established to look at what the council can do to improve the support provided to older people in their own homes, specifically how it can work better with its statutory partners, such as Ealing PCT, and organisations in the voluntary and private sectors to provide an improved and more integrated range of services.

Evidence was gathered from a variety of sources and interviews conducted with older people and their carers – both those who are current users of services and those who are not – and workers in the field from all three sectors. The panel paid particular attention to ensuring that it captured the views of a broad range of older people, in terms of age, ethnicity and cultural background, and in terms of the level and type of care needed.

Generally people said they were happy with the services they received from the council. However, the most prevalent complaint that the panel heard was that it is difficult to get hold of good information and advice. This is particularly a problem for those people with lower levels of need or those not already clients of Social Services. One carer told the panel that they felt people only take notice once something is seriously wrong.

Whilst the council does not have the resources to pay for and provide all older people with the support they need the panel believes that it should and could do more to link up people with services – whether the provider is in the statutory, voluntary or private sector – and further develop links between health and social care services in recognition of the positive impact of preventative services.

I hope that this report and its recommendations will contribute towards the development of improved services for older people and I would like to take this opportunity to thank everyone involved for their time and contributions.



Councillor Rajinder Mann
Chairman of the Care in the Home Panel

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1. INTRODUCTION

1.1 Background

The Care in the Home Specialist Scrutiny Panel was established by Overview and Scrutiny Committee on 24th May 2006. The purpose of the panel was to look at how the statutory, voluntary and private sectors can work together better to improve the care provided to older people living in their own homes.

1.2 Methodology

1.2.1 The panel received a number of reports and presentations from Adult Services with input from Ealing Primary Care Trust (PCT) and Ealing Community and Voluntary Service (CVS). Panel members also actively sought the views of older people, carers and staff by co-opting three representatives of the community onto the panel, meeting with representative groups and visiting luncheons clubs, day centres and older people in their own homes. In total panel members spoke to over 100 people.

1.2.2 Background documents, including the panel's terms of reference and work programme, reports and minutes of the meetings can be found at www.ealing.gov.uk/services/council/scrutiny/.

1.3 National context

1.3.1 The work of the Care in the Home Panel has been timely, coinciding with an increasingly volatile national debate about the quality and quantity of care provided to older people.

1.3.2 In December 2006 the Local Government Association (LGA) published a report warning of the gap between people's expectations of what care they will receive in their old age and the actual reality, and that central government funding for social services has not kept pace with the needs of an ageing population. A month later the Commission for Social Care Inspection (CSCI) published its annual report to Parliament on the state of social care – reporting that home care services are disappearing for many people as local authorities tighten their eligibility criteria.

1.3.3 In policy terms, the Government's position for a number of years has been that more older people should be given control of the services they receive, and that a greater emphasis needs to be put on prevention. Recent publications from the Department of Health, including the White Paper 'Our health, our care, our say: a new direction for community services' and 'A new ambition for old age: next steps in implementing the National Service Framework for Older People', published in April 2006, highlight the need to join up services and support more people at home in order to reduce dependence on hospital and long term care.

1.4 Ealing context

1.4.1 The establishment of the Care in the Home Panel resulted from a manifesto commitment of the new administration to provide an integrated service to older

people to enable them to live independently in their own homes.

1.4.2 The work of the panel is relevant to a number of council commitments and priorities, in particular the corporate plan and community strategy's key objective to reduce health inequalities and promote well-being and independence for older people. The panel's work is also closely associated with Ealing's recently published Quality of Life Strategy for Older People and Carers 2006-16, the universal theme of which is "having successful and effective partnerships through creating innovative, co-ordinated and integrated services."

1.4.3 In November 2006 Ealing's adult social care services were awarded two stars by the CSCI, a jump of two stars in two years. The inspectors found that services for older people are improving, including support at home and support for carers, following the opening of the Carers' Centre in 2005. Further areas for improvement highlighted include the need to reduce the length of time before work on major home adaptations begins and waiting times for a non urgent care assessment – issues that have also been raised with the panel during the course of its investigations.

Acknowledging diversity

1.4.4 Appendix 1 shows a breakdown of older people by ethnicity in Ealing as revealed by the 2001 Census. A comparison between figures for the over 60s with those for the over 65s suggests that the proportion of older people from most if not all black and minority ethnic (BME) communities is growing, in line with national trends.



Councillor Ian Potts talking to users of the new integrated day facility for older people at Elm Lodge

2. ISSUES AND OUTCOMES

2.1 Overall

- 2.1.1 With its focus on the working arrangements between the different organisations and agencies involved in the delivery of services to older people, the panel generally sought to steer clear of issues around the level of service provided by the council, except where the level of service could be improved or gaps in service provision addressed through better co-ordination or joined up thinking.
- 2.1.2 This notwithstanding, it is notable that many people expressed their concern at the extent to which they are required to pay for the cost of their care and/or the limited amount of statutory support to which they and their carers are entitled.
- 2.1.3 Nevertheless, the panel found older people to be extremely appreciative of the help they do receive. The services provided at the Michael Flanders Centre appeared to be particularly popular with users.
- 2.1.4 Overall the panel found joint working between organisations – i.e. where two or more are involved in the provision of care to an older person – to be good. The new integrated day facility at Elm Lodge for older people with dementia, jointly run by the council and the West London Mental Health Trust (WLMHT), and the integrated commissioning of older people’s services with Ealing PCT are just two examples of collaboration between the council and health bodies.
- 2.1.5 Where panel members would encourage more attention to be paid is to the identification of unrealised opportunities for joint working, in other words where it might be beneficial to an older person for additional organisations to get involved. This is most clearly evident when it comes to providing the information, advice and support older people need to get services arranged. Organisations need to be more pro-active in looking beyond the services that they themselves provide – to those covering the “whole life experience” – to consider how they can help to get an older person’s needs met.
- 2.1.6 The two things that older people most frequently said they need more help with were shopping and getting out and about. Neither are core social care services but being able to arrange both tends to be integral to maintaining one’s independence. For many people the two are interrelated, because what they really want is to be able to get out and about to do their own shopping. A key finding of the panel is therefore that new services need to be set up to help older people get out to the shops.
- 2.1.7 The panel’s findings cover the following key areas:
- Accessing services
 - Co-ordination between organisations
 - Acknowledging diversity
 - Improving services
 - Accessible transport

2.2 Accessing services

2.2.1 Panel members found that many older people are not making use of available services. This can be because information about available facilities and services is difficult to access: older people commonly reported not knowing who to go to for help or finding the whole process bewildering. It may also be because older people can be reluctant to ask for help due to a determination to stay independent or because they are apprehensive about applying for and receiving care in the home.

2.2.2 Often for the reasons outlined above many older people only approach statutory or voluntary agencies once or twice when looking for help. If this is initially fruitless they may give up, choosing to rely on family and friends or do without – a decision which may ultimately be detrimental to their health and well being. This underlines the importance of the council and its partners being able to provide accurate information on available services across the statutory, voluntary and private sectors at the point of enquiry, in order to seize the opportunity to reach an older person when it arises.

Support for older people arranging home care services

2.2.3 Panel members found that those people most in need of additional support were those who do not qualify for services arranged by the council and must therefore arrange their own care.¹ The sort of care that older people in this category most regularly said they need was domestic care, i.e. cleaning and possibly cooking, and help with shopping and gardening. However the support given to older people with moderate or low needs who contact the council is limited to the passing on of contact details for the council's external care providers or a voluntary organisation such as Age Concern. Because they require less intensive support these people are also less likely to have developed personal relationships with health or social care professionals or have confidants to turn to. At the same time it is this group of people who are most likely to have care provided by a number of different organisations (i.e. usually a combination of charitable and purchased care) and therefore most in need of joined up information and services.

2.2.4 Older people who do qualify for services arranged by the council also need to have the different options available and the costs involved explained in order for them to be able to make an informed choice. The panel heard anecdotal evidence that this is not being done, whether it is the council or the PCT making the assessment. This is particularly important for those who are likely to have to pay for services, who may be put off by the prospect of a financial assessment or who decide to arrange their own care and consequently find themselves in the same situation as those who do not qualify for care managed services.

2.2.5 For both groups the prospect of setting up private arrangements can be daunting and confusing. Whilst recognising the financial constraints placed on Adult Social Services the panel believes that the council should do more to support the growing number of self-funding older people who either do not

¹ The national framework for determining eligibility for care services consists of four eligibility bands – critical, substantial, moderate and low. Ealing Adults' Services currently meets the needs of people who are assessed as being in the critical or substantial categories.

qualify for care managed services or choose not to take them. The Ealing Direct service, which helps older people who receive direct payments manage their own budgets and arrange their own care, is one example of such a support service – although the panel is advised that a large increase in resources would be needed to assist all older people with the management of services to this extent.

- 2.2.6 An advice, advocacy and support service for self-funding older people could take a number of forms. The panel heard that its most useful function would be to link up older people with prospective home care providers. Older people said information and feedback on local providers in the private and voluntary sectors would help make the process of arranging care less daunting. This could be equally helpful to recipients of direct payments, who may also be purchasing services from people who are not police checked or registered with the Commission for Social Care Inspection (CSCI). An additional aspiration is that the support service would help to develop the market catering for older people who arrange their own care.

Access to information

- 2.2.7 Panel members found that although some of the information that older people commonly require may have been collated, for example in the form of documents such as the Older Person's Directory and the Care Directory, the council and its partners need to do more to ensure that it reaches its intended audience. Information needs to be "delivered" to older people, either through frontline staff at the point of enquiry or outreach work, and through a variety of media (particularly Around Ealing and local radio), rather than simply made available.
- 2.2.8 The panel observed that an effective means of delivery is through the organisation of advice surgeries or information events at day centres. The Milap Day Centre, for example, hosts surgeries by the Department for Work and Pensions, the council's benefits team, MIND (National Association for Mental Health) and Law for All. In addition it is currently exploring hosting health practitioner visits for basic check ups. It is therefore suggested that any strategy for the delivery of information should include a programme of surgeries and events offered to all day centres and luncheon clubs in the borough.
- 2.2.9 The panel also noted the importance of keeping all information as accurate and up to date as possible, and in particular of information about organisations and services not funded or commissioned by the council also being captured. The development of a shared resource that can be drawn on to deliver information on a daily basis by health and social care professionals, and by the voluntary and private sectors, should help extend ownership across the three sectors and encourage frequent exchanges of information.
- 2.2.10 Many older people pointed out to the panel that they experienced difficulties accessing information about all kinds of things, not just in relation services specifically for older people. An inability to deal with relatively small problems like getting refuse collected or sorting out a gas bill can add to one's sense of helplessness and may ultimately impact upon one's ability to cope with independent living. Therefore, in line with a key objective of Ealing's Quality of

Life Strategy for Older People and Carers, the panel believes that advice and advocacy services for older people should be expanded to cover the “whole life experience”.

Keeping older people and their carers informed

2.2.11 Reports of confusion about the ongoing integration of the Michael Flanders Centre with Age Concern Action demonstrated to the panel that keeping older people fully informed and not worried by changes to services is a major challenge for the council and its partners. For all service changes there should be a communication plan taking into account the nature of the client group and the need to ensure that carers and other confidants are kept informed, not just older people themselves.

Recommendations

To Cabinet:

R1. The council should develop a support service to help all older people arrange and manage home care services, whether or not it is paying for them. The service should link up older people with prospective providers in the private and voluntary sectors. This should include additional training for call centre and libraries staff and care managers.

To Cabinet and Ealing PCT:

R2. A new strategy should be developed within 6 months for the “delivery” of information to older people, at the point of enquiry across the statutory, voluntary and private sectors, and through outreach work in the community.

R3. The remit of advice and advocacy services for older people should be expanded to cover the “whole life experience”.

R4. The Older Person’s Directory should be:

- i) remodelled as a user-friendly guide to information, facilities and services covering the whole life experience, distributed across the borough, and;
- ii) complemented by greater use of Around Ealing with immediate effect.

To Cabinet:

R5. Relevant communications strategies should be reviewed to ensure that all relevant stakeholders, including older people’s carers and confidants, are being kept informed about changes to services.

2.3 Co-ordination between organisations

2.3.1 The way different organisations work together was generally not an issue for most older people spoken to by the panel. This perhaps reflects the fact that interaction between organisations may happen behind the scenes or that

organisations tend to deliver discrete services.

- 2.3.2 In terms of operational joint working and information sharing when services are up and running, the panel generally found older people to be well served. Recipients of the council's in-house home care, for example, will have a 'message and care communication' book kept in their home, to be used by health and social care staff to make a daily record of visits and ensure they are kept abreast of any developments (although, notably, contracted home care providers and health staff do not use a single log book).
- 2.3.3 Similarly, those people spoken to who had home care arranged as a result of a spell in acute care, for example, reported an unproblematic transition. Anecdotal evidence suggests however the council should do more to help older people make alternative arrangements when the six weeks of free care they may receive following a hospital discharge runs out.
- 2.3.4 A particularly good example of more pro-active joined up thinking is the handy person scheme. The service handy persons are empowered to provide is not overly prescriptive, in recognition of the opportunity provided by a home visit for a range of services to be delivered or arranged. In all cases a basic home safety survey is undertaken, facilitated, for example, by a partnership with the fire authority to provide smoke alarms where they are not fitted. The service is also pro-active in terms of information sharing. A handy person will refer older people, with their consent, to Adults' Services, the benefits team or a partner organisation if further help is required. In recognition of the effectiveness of the handy person scheme the council's corporate plan identifies extending the scheme to deliver more security improvements and additional support to older people as a priority, which the panel supports.
- Opportunities for further joined up working**
- 2.3.5 The panel recommends that improvements could potentially be made by identifying further opportunities for information sharing and joint working at an operational and a strategic level, including the following:
- 2.3.6 The council should work with its partners across all three sectors to review the services provided by staff visiting older people in their homes, to consider how the occasion of a home visit by one organisation can be used to set up or set in motion the delivery of additional support services as required, based on examples of best practice as described.
- 2.3.7 Further options should be explored for integrated services with Ealing PCT where preventative services can reduce or delay demand for acute hospital or other NHS-funded care, one example being the impact of the handy person scheme in respect of hospital discharges and falls prevention.
- 2.3.8 Many people told panel members that they are put off by the prospect of financial and needs assessments and form filling. The single assessment process, which currently covers some health and social care services, should be fully utilised to avoid the unnecessary duplication of assessments and expanded to act as a gateway to all services for older people, including accessible transport, and to voluntary sector services if appropriate and subject

to consent.

- 2.3.9 Voluntary sector workers who provide advice and advocacy services and/or carers often find it difficult to track the referrals they make on an older person's behalf and are unable to support them through the application/ assessment process to its end. Subject to consent the council should keep these confidants involved so they are able to provide sustained support.

Recommendations

To Cabinet:

- R6. The corporate priority to extend the handyperson scheme to deliver more security improvements and additional support should be resourced and implemented.

To Cabinet and Ealing PCT:

- R7. The council and its partners should review how home visits by statutory, voluntary and private care workers can be used to arrange additional support services. Additional training should be provided to help workers identify an older person's needs beyond their own work area.
- R8. Further options should be explored for integrated services with Ealing PCT where preventative services can reduce or delay demand for NHS-funded care, one example being the handyperson scheme in respect of hospital discharges and falls prevention.
- R9. The single assessment process should be fully utilised to avoid the unnecessary duplication of assessments and expanded to act as a gateway to all services for older people, including accessible transport and applicable voluntary sector services.
- R10. Older people's confidants should be kept involved in the application/ assessment process so they are able to provide sustained support.

2.4 Acknowledging diversity

- 2.4.1 For home care services arranged by the council efforts are made to match up older people with carers from their own community, particularly if the older person's level of English is not good. The majority of older people interviewed by the panel spoke highly of the way they are treated by individual care workers. However some older people from BME communities felt that some workers did not know enough about their culture or community to fully understand their needs.

- 2.4.2 The council recognises that special attention needs to be given to ensuring that services reach 'hard to reach' groups including BME communities and that

some services should be tailored to meet a particular community's needs. The panel heard, for example, that the Carers Centre undertakes outreach visits to travellers' sites and Somali groups, both of whom may be less likely to visit the centre, and the council employs an outreach worker based at the Milap Day Centre to work with older people in the Indian community. Where the council may need to do more work is in publicising the tailored services that it offers. For example few users of the Milap Day Centre knew that they could have meals on wheels sourced from a local provider of Indian food.

Recommendations

To Cabinet:

R11. The council needs to work with its partners in the statutory, voluntary and private sectors to raise awareness about the particular needs of BME communities and the tailored services currently available.

2.5 Improving services

2.5.1 Most older people who receive home care from the council's in-house team said they were highly satisfied with the service. However those who receive council services via external care agencies were more likely to have concerns. Older people who were reluctant to make use of home care services tended to cite the same issues. Frequently reported concerns included:

- uncertainty about who would be coming into the home to provide care, which the council is unable to confirm at the care assessment stage. This can be particularly important for older people from BME communities and those receiving personal care;
- a belief that services provided through the council are overly prescriptive and inflexible, which means it is often easier to make private arrangements;
- that personal care would have to be taken as part of any care package from the council. The panel notes that this is not in fact the case, but the reluctance of many older people to take personal care is noted;
- that care workers from private agencies are less likely to do 'that little bit extra': if they finish their prescribed tasks they will leave even if they have not been in the home for the allotted time. The panel notes that electronic monitoring of when workers arrive and leave should address this issue;
- that too many different care workers are sent by private agencies, often without prior notice. Older people value having a regular care worker or team of workers with whom they can develop a good rapport. When a replacement is filling in they are more likely to turn up at a different time, late or not at all and provide a lower standard of care.

2.5.2 These issues fall within the remit of the panel insofar as they relate to relationships and working arrangements between organisations. Whilst recognising the difficulties in resolving some of these issues, the panel believes that, with around 80% of home care provided by private agencies, more should be done to address older people's concerns, particularly around the use of regular care workers and ensuring that a care worker will always turn up.

- 2.5.3 The panel also recommends that more should be done to promote the take up of direct payments. This is because many of the issues raised by older people who said they were reluctant to accept home care services or were unhappy with the home care being provided could be resolved by the greater choice and control presented by direct payments. It is also hoped that in turn providers would become more responsive to individuals' needs. Yet when asked most people said they did not know about direct payments.
- 2.5.4 At its final meeting the panel received a report on the new Ealing and Brent District Wheelchair Service, following concerns raised at an earlier meeting about the service's inaccessibility and long waiting times. The panel heard that many of these issues are being addressed but raised concerns in particular about links between the service and housing services and the opportunity that was being missed to reuse second hand wheelchairs so as to reduce waiting times. The panel therefore recommends that the Health, Housing and Adult Social Services Scrutiny Panel should examine these issues in closer detail during the 2007/08 municipal year.

Recommendations

To Cabinet:

- R12. i) Providers' performance in terms of the timeliness, quality and reliability of home care services should be addressed. In particular the use of substitute care workers with whom an older person is not familiar should cease;
- ii) The outcomes of the electronic monitoring pilot should be reported to scrutiny in 2007.
- R13. Membership of the home care providers' forum should be widened to include representatives from the voluntary sector and providers who cater for older people who arrange and manage their own care.
- R14. The direct payments scheme needs better publicity, and should be particularly promoted to older people who express a desire for greater choice and control over the home care services they receive.

To Overview and Scrutiny Committee:

- R15. The Health, Housing and Adult Social Services Scrutiny Panel should review the performance of the new Ealing and Brent District Wheelchair Service during the 2007/08 municipal year with particular focus on work being done to reduce waiting times including the reuse of wheelchairs.

2.6 Accessible transport

- 2.6.1 More than anything else, older people told panel members that they experience difficulties getting out and about. Whilst shopping was regularly cited as one of

the things people need help with, most people said they would prefer to do their shopping themselves. The advantage of accessible transport services is that they can meet people's needs by empowering them to do things that they would not otherwise be able to do for themselves, as well as help to tackle social isolation and keep people healthy.

- 2.6.2 The panel heard about a number of problems with the current accessible transport schemes available in Ealing (Dial a Ride and Taxicard – both commissioned by TfL), which allow users to make subsidised individual door-to-door journeys around London. Users complained that the services are unreliable, with transport often not turning up. This is particularly an issue when cabs fail to materialise for return journeys, leaving older people stranded and unable to get home. Several people said that they would not use Dial a Ride or Taxicard again following a bad experience of this sort. Other criticisms included that the booking system is too complex and confusing and transport will often not be available when it is needed. Some older people at the Milap Day Centre also said that their limited English was a barrier to arranging transport over the phone.
- 2.6.3 In some parts of the borough there is also an issue with Taxicard's coverage (particularly Northolt, Greenford and parts of Southall) due to a lack of availability of black cabs. The council has proposed six new locations for black cab ranks in the borough to address the problem. However these are subject to agreement by the Public Carriage Office and the commercial viability of the proposed locations.
- 2.6.4 The panel notes that good news is on the horizon for accessible transport users, however, with the introduction of the Capital Call scheme in Ealing from January 2007 (which works with minicabs rather than black cabs). It also notes that the council has lobbied TfL to address the issues identified by the panel as well as TfL's plans to integrate all three services from October 2007. The panel therefore recommends as a way forward a scrutiny review of the performance of the TfL's new integrated accessible transport service during the 2007/08 municipal year.
- The community bus**
- 2.6.5 Many older people told the panel that they preferred a community bus type service to individual door-to-door services like Taxicard or Dial a Ride because it was more reliable (especially when it came to return journeys), they could meet up with friends and enjoy the social side of a group outing, and they knew the drivers would provide assistance with boarding and alighting and with their shopping bags.
- 2.6.6 Ealing's community bus service, operated by Cardinal, was terminated following a Cabinet decision in 2005. At this time only 50 core service users – defined as those who used it at least once a month – were using the service, which had a budget of £191,600. Prior to this, Ealing Community Transport operated a PlusBus service funded at a comparable level by a combination of grants and s.106 monies. In the final year of operation 29,790 single journeys, an average of 2,483 per month, were made on the PlusBus. Between July and October 1999, the final four months of the service, 500 unique users took trips.

2.6.7 In light of the panel's findings it is proposed that Transport for London (TfL)/ London Councils could be approached by the council with a view to making use of any accessible transport underspend (from Ealing's Taxicard, Capital Call or Dial a Ride budgets) to fund a trial of a community bus type service offering a door-to-door service to supermarkets and shops. The expectation is that a well-run service could prove more cost effective than the provision of separate, individual door-to-door journeys using existing services, the subsequent reduction of which would incentivise TfL/ London Councils to lend their support. Such a scheme also has the potential to meet the needs of people who are not using existing services for whatever reason and therefore simply aren't able to get out.

2.6.8 The panel also recommends that the council investigate the introduction of other accessible transport schemes such as Shopmobility and ScootAbility, which offer powered wheelchairs and scooters to older people to help them get themselves out and about. The council has petitioned the Crossrail Bill to ensure that space for a Shopmobility scheme (i.e. where vehicles can be picked up) is allocated in the redeveloped Ealing Broadway Station. However, the panel believes that more immediate possibilities should be looked at afresh.

Parking for care workers

2.6.9 Panel members accompanying members of the council's home care team on home visits observed that it is often difficult to find a parking space near to the property being visited, as care workers are not given permits and cannot park in residential bays. Having to spend time searching for a parking space or park a long way from the property being visited can lead to visits being cut short or workers turning up late. Whilst recognising the pressure on on street parking in some parts of the borough the panel recommends that more should be done to allow care workers on home visits to park in controlled parking zones.

Recommendations

To Overview and Scrutiny Committee:

R16. The Transport and Environment Scrutiny Panel should review the operational performance of current door-to-door accessible transport schemes in Ealing (Taxicard, Capital Call and Dial a Ride) during the 2007/08 municipal year.

To Cabinet:

R17. Various options, including a new community bus pilot, should be explored for addressing the unmet need for accessible transport services found in parts of the borough; and Transport for London/ London Councils lobbied for the use of any underspend on current door-to-door accessible transport services to fund any new or reconfigured scheme(s).

To Overview and Scrutiny Committee:

R18. A scrutiny review of the adequacy of accessible transport services in meeting need throughout Ealing should be considered as a topic for a specialist scrutiny panel in the 2007/08 municipal year.

To Cabinet:

R19. Options should be investigated for the introduction of Shopmobility/ ScootAbility schemes in Ealing.

R20. The difficulties experienced by home care workers parking in Controlled Parking Zones should be considered as part of the council's Controlled Parking Zones review.

3. KEY LEARNING POINTS

3.1 Some of the key learning points for the panel are that:

- external engagement with the community has been the most productive element of the panel's work;
- alongside formal recommendations the panel's investigations have led to a modest number of small scale positive outcomes, particularly for individual service users visited in the form of better information provision or care package reviews, or commitments to better partnership working between organisations at a local level;
- the remit of the panel has been broad. Many of the issues touched upon by the panel would merit further scrutiny in their own right, which is to some extent reflected in recommendations.

4. ATTENDANCE

4.1 The panel met a total of five times. The panel comprised nine councillors and three non-voting advisory members – Christine Edwards (carers' representative), Francis English (Alzheimer's Concern) and John Matthews (Older People's Consultative Forum).

4.2 The attendance of councillors at panel meetings was as follows:

Councillor	Total possible	Actual attendance	Apologies received	Substituted
Rajinder Mann (Chairman)	5	5	0	0
John Cowing (Vice-Chairman)	5	5	0	0
Ann Chapman	5	5	0	0
John Gallagher	5	5	0	0
Zahida Khilji-Noori	5	0	4	3 Phil Greenhead Param Sandhu (2)
Dawn Larmouth	5	5	0	0

Councillor	Total possible	Actual attendance	Apologies received	Substituted
Ian Potts	5	2	3	0
Mark Reen	5	4	1	0
Virendra Sharma	5	4	1	0

5. BACKGROUND PAPERS

- 5.1 Care in the Home Specialist Scrutiny Panel:
- Terms of Reference;
 - Work Programme;
 - agendas, reports and minutes, available at www.ealing.gov.uk/services/council/committees/.

Ealing Council's Corporate Plan 2006-10;
Ealing's Sustainable Community Strategy 2006-16, and;
Ealing's Quality of Life Strategy for Older People and Carers 2006-16, available at www.ealing.gov.uk/services/council/strategies_and_policies/.

'Our health, our care, our say', Department of Health White Paper, January 2006;

'A new ambition for old age: next steps in implementing the National Service Framework for Older People', Department of Health, April 2006, available at www.dh.gov.uk.

'Without a care?', Local Government Association, December 2006, available at www.lga.gov.uk/documents/publication/withoutacare.pdf.

'The state of social care in England 2005/06', Commission for Social Care Inspection, December 2006, available at www.csci.gov.uk/pdf/state_of_social_care.pdf.

6. OFFICERS' COMMENTS ON THE RECOMMENDATIONS

- 6.1 The panel's final recommendations and the comments of the service officers and Ealing PCT are attached as Appendix 2. These come from Stephen Day (Head of Integrated Commissioning) and other officers in Adults' Services, Paul Buchanan (Home Improvement Agency Manager), Philip Burns (Head of Parking Services) and Leanda Richardson (Assistant Director of Commissioning, Ealing PCT).

[The responses of the council's cabinet, which considered the panel's recommendations on 1st May 2007 subsequent to the publication of this report, are also now detailed in Appendix 2]

ETHNICITY OF OLDER PEOPLE IN EALING - 2001 CENSUS

APPENDIX 1

	ALL PEOPLE	White			Mixed				Asian or Asian British				Black or Black British			Chinese or Other	
		British	Irish	Other White	White and Black Caribbean	White and Black African	White and Asian	Other Mixed	Indian	Pakistani	Bangladeshi	Other Asian	Black Caribbean	Black African	Other Black	Chinese	Other Ethnic Group
Number of all people	300,948	135,139	14,285	27,317	3,022	1,353	3,629	2,876	49,734	11,271	1,077	11,769	13,507	11,075	1,874	3,596	9,424
% of all people	100.0	44.9	4.7	9.1	1.0	0.4	1.2	1.0	16.5	3.7	0.4	3.9	4.5	3.7	0.6	1.2	3.1
Number of people 60 and over	46,864	27,511	3,875	3,415	152	38	227	182	6,003	899	100	945	2,154	462	78	410	413
% of people 60 and over	100.0	58.7	8.3	7.3	0.3	0.1	0.5	0.4	12.8	1.9	0.2	2.0	4.6	1.0	0.2	0.9	0.9
Number of people 65 and over	34,678	21,912	2,632	2,523	114	27	162	118	3,916	475	49	550	1,355	268	52	256	269
% of people 65 and over	100.0	63.2	7.6	7.3	0.3	0.1	0.5	0.3	11.3	1.4	0.1	1.6	3.9	0.8	0.1	0.7	0.8

TABLE OF RECOMMENDATIONS

APPENDIX 2

PANEL RECOMMENDATION		SERVICE OFFICER COMMENTS (including any financial, legal and other key implications)	CABINET RESPONSE (1 st May 2007)
<p>General service officer comments</p> <p>Adults' Services support the purpose of the panel to look at how the statutory, voluntary and private sectors can work better together to improve the care provided to older people living in their own homes. There are a number of mechanisms already in place to ensure that this happens:</p> <ul style="list-style-type: none"> • A well developed integrated commissioning unit between Adults' Services and the PCT • An older persons' voluntary sector forum • Local provider forums for care homes and home care. • £1.7million pounds is spent by the Council and PCT on services in the voluntary sector for older people • Adults' Services and the PCT jointly fund a partnership officer based in Ealing Community and Voluntary Services (ECVS) <p>The financial implications of any new developments recommended by the panel need to be carefully considered alongside the commitment of Adults' Services to manage budgets effectively within resource limits.</p> <p>The recommendations of the panel are in line with the commitment of the Manifesto Delivery Plan to deliver a seamless service to older people in their homes.</p>			
ACCESSING SERVICES			
<p>R1.</p> <p><i>Para:</i> 2.2.3 – 2.2.6</p>	<p>To Cabinet: The council should develop a support service to help all older people arrange and manage home care services, whether or not it is paying for them. The service should link up older people with prospective providers in the private and voluntary sectors. This should include additional training for call centre and libraries staff and care managers.</p>	<p>Advice on arranging alternative home support for older people who do not meet the Fair Access to Care Services (FACS) criteria is currently given by care managers at the contact centre and during the care assessment.</p> <p>A new dedicated support service to people not eligible for services could not be provided within existing resources.</p>	<p>Reject setting up a new dedicated support service.</p> <p>Accept recommendation on awareness training for care managers.</p>

PANEL RECOMMENDATION		SERVICE OFFICER COMMENTS (including any financial, legal and other key implications)	CABINET RESPONSE (1st May 2007)
R2. <i>Para:</i> 2.2.7	To Cabinet and Ealing PCT: A new strategy should be developed within 6 months for the “delivery” of information to older people, at the point of enquiry across the statutory, voluntary and private sectors, and through outreach work in the community.	The Council and PCT already provide comprehensive information to older people and their carers. This includes; a directory of services for older people and a separate care directory (both updated annually.) There is also a monthly older persons’ information page in Around Ealing It is recommended that this information is reviewed by the User/Carer network for older people to ensure that is fully accessible to service users and carers.	Accept
R3. <i>Para:</i> 2.2.10	To Cabinet and Ealing PCT: The remit of advice and advocacy services for older people should be expanded to cover the “whole life experience”.	The majority of advice/advocacy services are currently provided by the voluntary sector under 3-year service level agreements. Officers will continue to actively engage with voluntary organisations already providing advocacy through the monitoring and liaison process to ensure that services reflect the whole life experience. Any expansion of the remit of advice and advocacy services would need additional funding.	Not possible within existing resources Accept officers continuing to work with organisations already funded.

PANEL RECOMMENDATION		SERVICE OFFICER COMMENTS (including any financial, legal and other key implications)	CABINET RESPONSE (1st May 2007)
R4. <i>Para:</i> 2.2.7	To Cabinet and Ealing PCT: The Older Person's Directory should be: iii) remodelled as a user-friendly guide to information, facilities and services covering the whole life experience, distributed across the borough, and; iv) complemented by greater use of Around Ealing with immediate effect.	Both agreed i) The OP Directory is currently updated annually based on feedback from stakeholders. (Annual cost for reprint £6,000 shared between PCT and Adults' Services) ii) The current older person's page of Around Ealing could be used to provide excerpts of useful information from the Older Persons' Directory No legal or additional finance implications	Accept
R5. <i>Para:</i> 2.2.11	To Cabinet: Relevant communications strategies should be reviewed to ensure that all relevant stakeholders, including older people's carers and confidants, are being kept informed about changes to services.	It is recommend that communication for older people is reviewed as part of a whole systems response with the PCT and voluntary sector. This should happen through the existing Integrated Commissioning Group for older people. (Target December 2007) (No resource/legal implications)	Accept
CO-ORDINATION BETWEEN ORGANISATIONS			
R6. <i>Para:</i> 2.3.4	To Cabinet: The corporate priority to extend the handyperson scheme to deliver more security improvements and additional support should be resourced and implemented.	The handyperson scheme is capable of extending its service to cover this extra workload i.e. home surveys could be expanded to include a detailed security check and subject to funding, to carry out any measures required. There will be cost implications in terms of labour (currently free to qualifying applicants) and possibly materials (currently paid at cost by the client). A pilot scheme is suggested to determine levels of uptake and ascertain unit costs. By doing this, only a limited initial budget would be required (suggest £10K).	Accept recommendation of pilot scheme and ongoing funding if sufficient demand

PANEL RECOMMENDATION		SERVICE OFFICER COMMENTS (including any financial, legal and other key implications)	CABINET RESPONSE (1st May 2007)
R7. <i>Para:</i> 2.3.6	To Cabinet and Ealing PCT: The council and its partners should review how home visits by statutory, voluntary and private care workers could be used to arrange additional support services. Additional training should be provided to help workers identify an older person's needs beyond their own work area.	Home care visits by the in-house home care service and external contractors are based on an assessment of the time needed to offer personal care to older people who meet the Fair Access to Care Services' criteria. The time allotted is carefully allocated in line with the needs of the user and the budget available to fund the care. There would be significant financial implications of any additional time being allocated to arrange additional support services.	Not possible within existing resources Accept recommendation on awareness training
R8. <i>Para:</i> 2.3.7	To Cabinet and Ealing PCT: Further options should be explored for integrated services with Ealing PCT where preventative services can reduce or delay demand for NHS-funded care, one example being the handyperson scheme in respect of hospital discharges and falls prevention.	Ealing PCT and Adult Services already spends in excess of £1.7million on preventative services for older people in the voluntary sector In addition Adults' Services commissions a range of telecare services using new technology to prevent unnecessary hospital admissions and support older people to live at home. Any new or additional preventative services could not be provided without additional funding. The PCT has agreed to look at how Choosing Health funding could be used in the future to further develop preventative services for older people. In specific relation to the handyperson scheme the Home Improvement Agency welcomes this initiative and is keen to set up an SLA with suitable funding streams to carry out preventative measures in partnership with the PCT.	Not possible within existing resources

PANEL RECOMMENDATION		SERVICE OFFICER COMMENTS (including any financial, legal and other key implications)	CABINET RESPONSE (1st May 2007)
R9. <i>Para:</i> 2.3.8	To Cabinet and Ealing PCT: The single assessment process should be fully utilised to avoid the unnecessary duplication of assessments and expanded to act as a gateway to all services for older people, including accessible transport and applicable voluntary sector services.	Ealing's care community adopted a paper based Single Assessment Process across the statutory and voluntary sector in 2004. This already provides a holistic assessment of health and social care needs including transport and mobility needs. Ealing Council has recently introduced framework-1 electronic social care record system (October 2006).	Accept
R10. <i>Para:</i> 2.3.9	To Cabinet and Ealing PCT: Older people's confidants should be kept involved in the application/ assessment process so they are able to provide sustained support.	Agreed (subject to consent of the service user) (No resource/legal implications)	Accept
ACKNOWLEDGING DIVERSITY			
R11. <i>Para:</i> 2.4	To Cabinet: The council needs to work with its partners in the statutory, voluntary and private sectors to raise awareness about the particular needs of BME communities and the tailored services currently available.	To be taken forward through the Older person's Voluntary Sector Forum. Within existing resources/no legal implications	Accept
IMPROVING SERVICES			
R12. <i>Para:</i> 2.5.1 – 2.5.2	To Cabinet: i) Providers' performance in terms of the timeliness, quality and reliability of home care services should be addressed. In particular the use of substitute care workers with whom an older person is not familiar should cease; ii) The outcomes of the electronic monitoring pilot should be reported to scrutiny in 2007.	A dedicated contracts' team is in place to deal with the timeliness, quality and reliability of home care services. There are clear expectations that users are introduced to any substitute care workers in advance of care being provided. An electronic monitoring service is currently being piloted. This will closely monitor these issues and if successful will be rolled out to cover all home care. No legal implications as within existing contract.	Accept

PANEL RECOMMENDATION		SERVICE OFFICER COMMENTS (including any financial, legal and other key implications)	CABINET RESPONSE (1st May 2007)
R13. <i>Para:</i> 2.5.1 – 2.5.2	To Cabinet: Membership of the home care providers' forum be widened to include representatives from the voluntary sector and providers who cater for older people who arrange and manage their own care.	Agreed Target date June 2007 (No resource/legal implications)	Accept
R14. <i>Para:</i> 2.5.3	To Cabinet: The direct payments scheme needs better publicity, and should be particularly promoted to older people who express a desire for greater choice and control over the home care services they receive.	Direct payments are only offered to older people who have been assessed as meeting the criteria for services under Fare Access to Care Services (i.e. those in critical and substantial needs). There is a legal duty to offer Direct Payments as an option in these circumstances. A leaflet explaining this is currently available and training is provided to care managers around the process for setting up a direct payment. Additional publicity for Adults' Services (including Direct Payments) would need to be carefully planned so that it did not raise expectations or lead to increased demands for services overall with significant financial consequences.	Accept subject to resources being available and prioritised
R15. <i>Para:</i> 2.5.4	To Overview and Scrutiny Committee: The Health, Housing and Adult Social Services Scrutiny Panel should review the performance of the new Ealing and Brent District Wheelchair Service during the 2007/08 municipal year with particular focus on the work being done to reduce waiting times including the reuse of wheelchairs.	The wheelchair service is the responsibility of Ealing PCT and not the Council. As such it falls within the remit of the Health, Housing and Adult Social Services Scrutiny Panel	N/A

PANEL RECOMMENDATION		SERVICE OFFICER COMMENTS (including any financial, legal and other key implications)	CABINET RESPONSE (1 st May 2007)
ACCESSIBLE TRANSPORT			
R16. <i>Para:</i> 2.6.4	To Overview and Scrutiny Committee: The Transport and Environment Scrutiny Panel should review the operational performance of current door-to-door accessible transport schemes in Ealing (Taxicard, Capital Call and Dial a Ride) during the 2007/08 municipal year.	Door-to-door accessible transport schemes are commissioned and monitored by Transport for London (Taxicard/Capital Call/Dial-a-Ride) not the Council.	N/A
R17. <i>Para:</i> 2.6.5 – 2.6.7	To Cabinet: Various options, including a new community bus pilot, should be explored for addressing the unmet need for accessible transport services found in parts of the borough; and Transport for London/ London Councils lobbied for the use of any under spend on current door-to-door accessible transport services to fund any new or reconfigured scheme(s).	A new community bus scheme could not be funded within the Adults' Services budgets. It could however be set up if funded by Transport for London.	Accept options for community transport provided they are funded by Transport for London/ London Councils.
R18. <i>Para:</i> 2.6.5 – 2.6.7	To Overview and Scrutiny Committee: A scrutiny review of the adequacy of accessible transport services in meeting need throughout Ealing should be considered as a topic for a specialist scrutiny panel in the 2007/08 municipal year.	Door-to-door accessible transport schemes are commissioned and monitored by Transport for London (Taxicard/Capital Call/Dial-a-Ride) not the Council.	N/A
R19. <i>Para:</i> 2.6.8	To Cabinet: Options should be investigated for the introduction of Shopmobility/ ScootAbility schemes in Ealing.	Adult Services and Ealing Mobility Forum could work together to draw up a proposal to introduce Shopmobility/ ScootAbility schemes in the borough. These cannot be funded from existing resources but sponsorship to be sought from local shops/businesses (£30k start up/£10k pa ongoing)	Accept dependent of securing external funding

PANEL RECOMMENDATION		SERVICE OFFICER COMMENTS (including any financial, legal and other key implications)	CABINET RESPONSE (1st May 2007)
R20. <i>Para:</i> 2.6.9	To Cabinet: The difficulties experienced by home care workers parking in Controlled Parking Zones should be considered as part of the council's Controlled Parking Zones review.	There is currently provision which allows for service providers to purchase a voucher that allows parking within a resident or Pay & Display bay. These vouchers are already widely utilised by a number of services within the Council. If a new type of permit were to be considered for introduction within CPZ then this would need to have controls over usage to prevent abuse. As a guide, each processed permit costs the service in the region of £10.	Accept