

# Adults' Services

Local Account 2014-2015

Independence, Health and Well-being

**“A friendly and fair service where skilled staff work in partnership with local people to improve independence, health and well-being”**

CHILDREN'S & ADULTS' SERVICES

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## **Message from Councillor Hitesh Tailor - Portfolio Holder for Health & Adult Services**

Contact: [TailorHi@ealing.gov.uk](mailto:TailorHi@ealing.gov.uk)

I would like to welcome you to the local account of Adults' Services in Ealing, reflecting on our performance in 2014-15. This is an important part of this Council's commitment to be open with local residents about what we do, what we spend and what our priorities are.

We are proud of our achievements last year, but there is still much to do, to ensure our residents get the support they need. As a result of reductions in Central Government funding, we are providing services with reduced resources. So it is important that we make every penny count, as we provide or commission services. These financial challenges will continue in the coming years and we will continue to work hard, along with our partners, to deliver high quality services to residents.

We are keen to hear from you and we welcome any suggestions for improvement in the services we offer, or on the format of this local account in the future.

## **Message from Judith Finlay - Executive Director of Children and Adults**

Contact: [FinlayJ@ealing.gov.uk](mailto:FinlayJ@ealing.gov.uk)

In this year's local account, we update you on the progress we made against what we said we would do in Adults' Services last year, and what we plan to do in 2015-16 and beyond.

We will continue to focus on promoting independence and helping people remain living at home with choice and control over the support they receive.

We continue to build on our strong base for partnership working through the Health and Well-being Board and our partnership boards involving customers and carers.

Contact details are provided at the end of the report both for sign-posting to further reading and for providing feedback. We look forward to receiving any specific feedback you wish to give us.



## What is a Local Account?

Our local account tells the residents of Ealing how we help adults with care and support needs.

The local account tells people:

- how much we spent on adult social care
- what and who we spent the money on
- our future plans
- what service users and carers tell us about our services
- how council services help people stay healthy and well, and avoid the need for support from adult social care.

Some people will be in need of services because they are older, some will have additional needs because of their disability and mental health, some are carers and others will be vulnerable in other ways and in need of help and support. The Council already produces reports on the quality of services and the safeguarding of vulnerable adults. The local account will sit alongside these documents.

## Ealing – A Profile of Needs

### The Ealing Joint Strategic Needs Assessment (JSNA)

Representatives from Ealing Council, Ealing CCG and the voluntary sector have an agreed approach to the development of an Ealing-wide Strategic Needs Assessment. It was agreed that the Ealing JSNA would be a live document based on an agreed data set that would be detailed enough to be analysed at ward or borough-wide level.

### A JSNA for Ealing

The JSNA refresh for Ealing has been developed to inform and update the Health and Wellbeing Strategy and the commissioning plans for the Clinical Commissioning Group. The Joint Strategic Needs Assessment (JSNA) uses a partnership process to identify and understand the current and future health and wellbeing needs of the local population, leading to improved outcomes and reductions in health inequalities. The Local Government and Public Involvement in Health Act placed a duty on upper-tier local authorities and Public Health to undertake a JSNA. Ealing's JSNA is reviewed and signed off by the Health and Well-being Board.

**The JSNA 2014 document is available online here:**

[http://www.ealing.gov.uk/downloads/download/1018/ealing\\_joint\\_strategic\\_needs\\_assessment](http://www.ealing.gov.uk/downloads/download/1018/ealing_joint_strategic_needs_assessment)

### Equality and Diversity

Ealing is the third most ethnically diverse local authority area in the country with 54% of our population coming from Black, Asian and minority ethnic backgrounds, a proportion set to grow to 59% by 2031 (2015 estimates according to the GLA 2013 round ethnic group projections). There are slightly more women than men, and a higher proportion of people of working age than older people, in line with many other London areas. Children (0-17 years) represent 24% of the local population, a proportion set to fall to 21% by 2031

Ealing Council recognises that a diverse community has diverse needs. Adult social care services aim to ensure that policies, practices and frameworks acknowledge the diverse nature of the borough's residents and reflect this in the Council's workforce.

The Councils overall policy on equality and diversity can be viewed at:

[http://www.ealing.gov.uk/info/200041/equality\\_and\\_diversity/1160/public\\_sector\\_equality\\_duty](http://www.ealing.gov.uk/info/200041/equality_and_diversity/1160/public_sector_equality_duty)

## Understanding our Population Characteristics

Increases or decreases in the number of people living in an area, or changes in the age make-up of the population in an area, can impact on the need for specific services, for example maternity, children, or services for older people.

The population of Ealing was estimated at 342,100 in the mid-2014 ONS population estimate. This is a 0.11% (400 persons) decrease from the mid-2013 estimate. This is the first time since 2003 that Ealing's population has shown a decline, and this was largely caused by a negative net migration of -4,100 persons as compared to just over -2,000 persons in 2013. However the borough still remains the third largest in London, after Croydon (376,000) and Barnet (374,900).

## Older People

Population projections for the next 15 years from the ONS show that Ealing's older population (persons aged 65+) will grow by 48% from 39,300 to 58,000. The greatest percentage rise is in the 90 and over age group with a predicted increase of 121% or 2,300 persons. This increase will require an expansion in age appropriate health, housing and social care services as they are more likely than any other group to require extra support.

**Table 1a. Ealing Population aged 65 and over, projected to 2030.**

Age Band	2014	2015	2020	2025	2030	2030 % Change
People aged 65-69	12,100	12,500	13,500	14,700	17,000	40%
People aged 70-74	9,000	9,100	11,200	12,100	13,200	47%
People aged 75-79	7,800	7,800	7,900	9,900	10,600	36%
People aged 80-84	5,400	5,600	6,200	6,400	8,200	52%
People aged 85-89	3,100	3,200	3,900	4,500	4,800	55%
People aged 90 and over	1,900	2,000	2,500	3,300	4,200	121%
<b>Total population 65 and over</b>	<b>39,300</b>	<b>40,200</b>	<b>45,200</b>	<b>50,900</b>	<b>58,000</b>	
<b>Total % change</b>	<b>0</b>	<b>2%</b>	<b>15%</b>	<b>30%</b>	<b>48%</b>	

Source: POPPI - Figures are taken from Office for National Statistics (ONS) 2011 Census, Communal establishment management and type by sex by age, reference DC4210EWL. Figures may not sum due to rounding. Crown copyright 2014

## Adults with Needs

Population projections for the next 15 years from the ONS show that Ealing's younger population (persons aged 18-64) will grow by 14% from 228,600 to 252,600. The greatest predicted increase in adults with a need, is 20% for those adults with a serious physical disability, closely followed by those having a moderate or serious personal care disability at 18%.

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

Need	2014	2015	2020	2025	2030	2030 % Change
<b>Learning Disability Support</b>						
People predicted to have a learning disability	5,596	5,645	5,850	6,029	6,195	11%
People predicted to have autistic spectrum disorders	2,325	2,347	2,471	2,579	2,665	15%

<b>Need</b>	<b>2014</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>	<b>2030 % Change</b>
<b>Physical Support</b>						
People predicted to have a moderate physical disability	16,234	16,439	17,358	18,206	18,817	16%
People predicted to have a serious physical disability	4,515	4,584	4,909	5,211	5,412	20%
People predicted to have a moderate or serious personal care disability	9,481	9,620	10,249	10,820	11,185	18%
<b>Mental Health Support</b>						
People predicted to have a common mental disorder	36,652	36,920	38,092	39,152	40,042	9%
People predicted to have a borderline personality disorder	1,022	1,029	1,060	1,087	1,111	9%
People predicted to have an antisocial personality disorder	812	820	862	898	928	14%
People predicted to have psychotic disorder	910	917	945	971	993	9%
People predicted to have two or more psychiatric disorders	16,452	16,580	17,170	17,698	18,135	10%
<b>Social Support</b>						
People predicted to have alcohol dependence	13,849	13,973	14,612	15,173	15,626	13%
People predicted to be dependent on drugs	7,827	7,895	8,236	8,536	8,780	12%
<b>Total population aged 18-64</b>	<b>228,600</b>	<b>230,600</b>	<b>239,000</b>	<b>246,300</b>	<b>252,600</b>	
<b>Total % change</b>		<b>1%</b>	<b>5%</b>	<b>8%</b>	<b>10%</b>	

Source: PANSI - Figures are taken from Office for National Statistics (ONS). Figures may not sum due to rounding. Crown copyright 2014

It is within this context of change and growth that the services for adults living in Ealing are planned and delivered.

More detailed population information for Ealing can be viewed at [http://www.ealing.gov.uk/info/100004/council\\_and\\_democracy/483/ealing\\_facts\\_and\\_figures](http://www.ealing.gov.uk/info/100004/council_and_democracy/483/ealing_facts_and_figures)

## Adults' Services – Service Purpose

Ealing Council implements the duties of the Council under powers granted by legislation and guidance to provide adult social care services to vulnerable Ealing residents' aged 18 or over. The functions of care management include assessment, identification of eligibility, care planning, purchasing and setting up of services, monitoring and review for:

- older people
- people with a physical disability, sensory impairment or debilitating illness
- people with a learning disability
- people with a mental health problem (including those with a forensic history)
- people with a substance misuse problem
- carers
- safeguarding adults

The service is delivered across a range of key areas that include care management and provider services across Supporting People, Older Peoples' Services, Disabilities' Services and Integrated Mental Health Services supported by Business Support and Integrated Commissioning teams.

The work of the department requires close liaison and partnership working with a number of other Council departments, contractors and/or external agencies in order to deliver our vision and objectives.

### The Vision for Adults' Services is:

**“A friendly and fair service where skilled staff work in partnership with local people to improve independence, health and well-being.”**



**Strap line: Independence, health and well-being**

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

Our focus remains firmly on improving customer outcomes and extending the values of personalisation. We also recognise and take seriously our responsibilities to provide good value for money and deliver our statutory duties within the available resources.



Adults' Services continue to deliver a range of personalised services to vulnerable people in Ealing. We have continued to maintain care placement patterns, with low numbers of admissions to residential care and relatively high numbers of people supported to live at home.

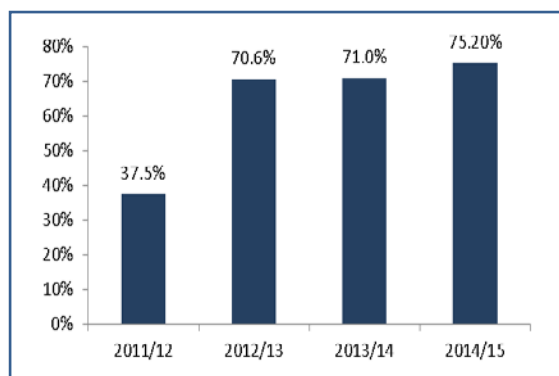
Ealing Council makes relatively fewer placements in residential and nursing care than comparator councils. We have continued to increase the numbers of people receiving direct payments/personal budgets and modern telecare equipment.

**Table 2. Number of people aged 65+, per 100,000 population, receiving residential care (RC), nursing care (NC) and community based services (CBS), and the ratio of those receiving RC+NC to those receiving CBS, as at 31st Mar 14.**

	Council			Comparator Average	England
	2011-12	2012-13	2013-14	2013-14	2013-14
Residential Care (RC)	850	852	910	1,021	1,239
Nursing Care (NC)	710	603	588	656	537
Community Based Services (CBS)	7047	6726	6,752	5,857	4,262
Ratio of RC + NC to CBS	<b>0.221</b>	<b>0.216</b>	<b>0.222</b>	<b>0.286</b>	<b>0.417</b>

Source: ASC-CAR table S1, and RAP table P2s. Data for 2013-14 are based on final data. Residential care excludes adult placements, unstaffed and other homes.

**Chart 1. Percentage of people receiving personal budget NI 130 (11-12-13-14) and ASCOF 1C1A (14-15).**



Source: RAP (2011-14) and SALT (2014-15)  
Change in definition between 13-14 and 14-15

These successes have been delivered against a backdrop of considerable financial challenges. Care placement pressures will continue to be significant for the foreseeable future, reflecting the growth in demand for adult social care with an ageing population and real increases in people living with very severe disabilities into old age.

We believe Ealing is making good progress on transforming social care delivery and is committed to taking a leadership role in extending change and continuing to improve outcomes. These agendas also help us to respond to the significant financial challenges we currently face, for example by focusing on:

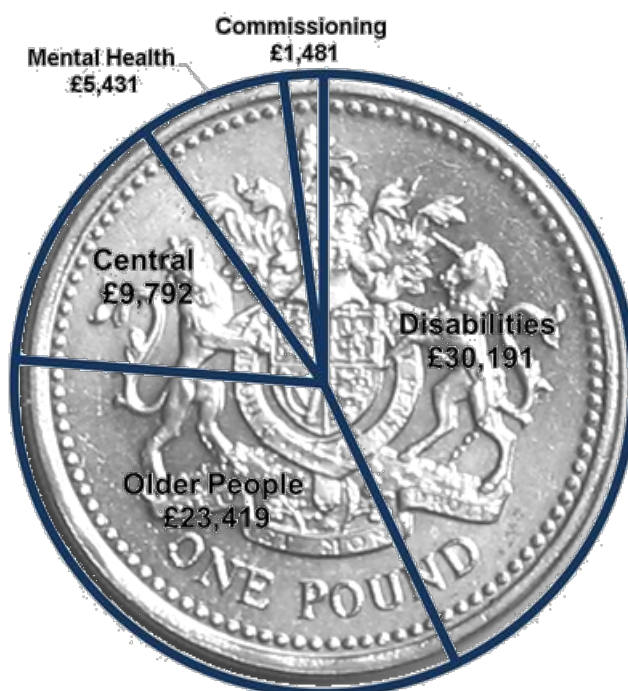
- maximising available resources
- reducing demand for high cost services
- commissioning the right shape of services
- joint working and integration – particularly for people with complex needs
- maximising the use of mainstream and universal services
- targeting the right people at risk of poor outcomes
- enhancing community capacity
- enabling approaches and promoting independence and wellbeing.



## Adults' Services Resources - How much do we spend?

The adult social care net budget for 2014–15 was £70,314,000. The chart below shows how this is shared between people with different needs.

**Chart 2. Net budget by service area (000's)**



Data source: Revenue Budgets 2013-2014 – Corporate Finance & Audit  
Includes support for voluntary organisations, business management and supporting people.

The Council is required to publish full audited accounts each year; the 2013-14 accounts are available to view at:

[http://www.ealing.gov.uk/downloads/download/3249/statement\\_of\\_accounts\\_2013-14](http://www.ealing.gov.uk/downloads/download/3249/statement_of_accounts_2013-14)

The Council budget for 2014-15 along with the context in which the Council's Budget is set and influenced by is also available on line at:

[http://www.ealing.gov.uk/downloads/download/477/the\\_budget\\_book\\_2011-2012](http://www.ealing.gov.uk/downloads/download/477/the_budget_book_2011-2012)

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

During 2014-15, 8,458 service users with a variety of needs received adult social care services. This includes services based in the community, as well as residential services.

**Table 3a. Number of service users receiving a service during 2014-15 by service type.**

Service	18-64		18-64 Total	65+		65+ Total	Grand Total	13-14 Total
	F	M	All	F	M	All		
Community	1466	1594	3061	2706	1524	4230	7291	<b>7329</b>
Residential	87	150	237	286	190	476	713	<b>644</b>
Nursing	15	36	51	270	134	404	455	<b>350</b>
<b>Grand Total</b>	<b>1568</b>	<b>1780</b>	<b>3349</b>	<b>3262</b>	<b>1848</b>	<b>5110</b>	<b>8458</b>	<b>8323</b>

Data Source: SALT data 2014-15 and RAP 2013-14

Comparative data is not available for 2014-15, but the figures are similar to 2013-14. Of which comparative analysis is available. There was a change in calculation for residential and nursing placements between 13-14 and 14-15.

**Table 3b. Number of service users receiving a service during 2014-15 by primary support reason.**

Client Need	18-64		18-64 Total	65+		65+ Total	Grand Total
	F	M	All	F	M	All	
Physical Support	608	497	1105	2699	1451	4150	<b>5255</b>
Sensory Support	21	20	41	50	29	79	<b>120</b>
Dementia Support	5	3	8	293	172	465	<b>473</b>
Learning Disability Support	303	466	769	42	47	89	<b>858</b>
Mental Health Support	599	725	1324	164	129	293	<b>1617</b>
Social Support	32	69	101	14	20	34	<b>135</b>
<b>Grand Total</b>	<b>1568</b>	<b>1780</b>	<b>3348</b>	<b>3262</b>	<b>1848</b>	<b>5110</b>	<b>8458</b>

Data Source: SALT data 2014-15

### Adults' Services Resources - How much does it cost?

Table 4 shows the cost of different services per person per week. We spend less on home care, day care and meals than the England average and more on direct payments (cash budgets) and residential and intensive home care.

**Table 4. Summary of Unit Costs for 2013-14.**

Service	£ per person per week	
	Council	England
Residential, Nursing and Intensive Home Care	672	597
Home Care	182	219
Day Care	175	227
Direct Payments	295	225
Meals	15	35

Source: PSS-EX1

Data for 2013-14 are based on final data.

Not all councils provided all the data items required within the return. Where a council has not provided data, that council is not represented in the table.

Comparative data is not available for 2014-15, but the figures are similar to 2013-14. Of which comparative analysis is available.

At the 2011 census, Ealing had 28800 (8.5%) carers providing unpaid care. 61.4% provided 1 to 19 hours unpaid care a week, 17.5% provided 20 to 49 hours unpaid care a week, and 21.1% provided 50 or more hours of unpaid care a week. Many of these are family carers helping to provide care and support to someone with a disability or long-term condition or illnesses. A growing number often look after a relative with an illness or disability as well as caring for other dependents such as a child. Census data indicates that Ealing has the highest concentration of carers in Southall, Greenford and Northolt.

Ealing provided services and or information and advice to 1895 carers, through Social Care, the West London Mental Health Trust and Voluntary Sector Organisations in receipt of a grant from the Council.

### **National policy context**

In 2010 the Government refreshed the National Carers Strategy and outlined four priorities for carers, based on what carers said was most important to them:

- Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages.
- Enabling those with caring responsibilities to fulfil their educational and employment potential.
- Personalised support both for carers and those they support, enabling them to have a family and community life.
- Supporting carers to remain mentally and physically well.

In 2015, the Care Act introduced changes to both the legal entitlements of carers, providing a right to an assessment and to support and the operating framework from which care and support can be provided. This means that the number of carers in receipt of support is likely to increase and the avenues for providers to engage with and provide services to carers will also increase, with providers potentially able to deliver assessment, commissioning and review functions, as well as support services.

### **Local policy context (Ealing Carers' Strategy)**

Ealing aims to achieve the outcomes outlined in both the National Carers Strategy and additional local outcomes. These are:

- being respected and supported - a whole family approach to care
- balancing caring with a life apart from caring
- improving access and involvement
- development of local services to meet need
- provision of support to parent carers.

There are a number of areas for development set out in our Carers' Strategy including:

- promoting better identification of carers through primary care
- improved access to and experience of the carer assessment process
- continued improvement and access to information, advice support and training for carers
- ensuring appropriate access to services in the context of the personalisation agenda
- better involvement of carers in some specific service developments in particular Ealing's Out of Hospital Strategy
- end of life care and support to young carers.

## 2014-15 Performance Summary



The Adult Social Care Outcomes Framework (ASCOF) is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability. Ealing's performance against the various indicators of this framework, are listed below.

### Summary of National Performance Indicators for Ealing (2013/2014)

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

- 1H - Proportion of adults in contact with secondary mental health services who live independently, with or without support.
- 2A1 - Permanent admissions of adults (aged 18-64 to residential and nursing care homes, per 100,000 population.
- 2A2 - Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population.
- 2B1 - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service).

### Summary of 2014-15 ASCOF Performance

**Table 5. Summary of 2014-15 ASCOF Performance.**

Code	Indicator	Polarity	2014-15 Actual	2014 -15 Target	2015-16 Target
<b>Enhancing quality of life for people with care and support needs</b>					
<b>1A</b>	Social care-related quality of life	Bigger is Better	18.0	18.2	18.1
<b>1B</b>	The proportion of people who use services who have control over their daily life	Bigger is Better	68.8%	73.10%	70%
<b>1C1a</b>	Adults 18+ receiving self-directed support	Bigger is Better	75.2%	75.0%	76.0%
<b>1C1b</b>	Carers receiving self-directed support	Bigger is Better	30.6%	N/A	30.0%
<b>1C2a</b>	Adults 18+ receiving direct payments	Bigger is Better	13.9%	N/A	14.9%
<b>1C2b</b>	Carers receiving direct payments	Bigger is Better	20.7%	N/A	16.0%
<b>1D</b>	Carer-reported quality of life	Bigger is Better	7.4	7.4	7.5
<b>1E</b>	Adults with learning disabilities in employment	Bigger is Better	9.5%	8.4%	8.1%
<b>1F</b>	Adults in contact with secondary mental health services in employment	Bigger is Better	Not available yet	N/A	N/A
<b>1G</b>	Adults with learning disabilities in settled accommodation	Bigger is Better	69.7%	70.0%	70.0%
<b>1H</b>	Adults in contact with secondary mental health services in settled accommodation	Bigger is Better	Not available yet	N/A	N/A
<b>1I</b>	The proportion of people who use services and their carers who reported that they had as much social contact as they would like.	Bigger is Better	Not available yet	37.0%	TBC
<b>1I1</b>	The proportion of people who use services who reported that they had as much social contact as they would like.	Bigger is Better	34.6%	N/A	35.0%
<b>1I2</b>	The proportion of carers who reported that they had as much social contact as they would like.	Bigger is Better	29.4%	N/A	30.5%

Code	Indicator	Polarity	2014-15 Actual	2014 -15 Target	2015-16 Target
<b>Delaying and reducing the need for care and support</b>					
2A1	Permanent admissions to residential and nursing care homes, per 100,000 population (18-64)	Smaller is better	10.2	12.88	13.00
2A2	Permanent admissions to residential and nursing care homes, per 100,000 population (65+)	Smaller is better	436.8	534.06	534.06
2B	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Bigger is Better	95.9%	93.0%	93%
2B2	The proportion of older people aged 65 and over offered reablement services following discharge from hospital	Bigger is Better	Not available yet	N/A	N/A
2C	Delayed transfers of care from hospitals - All	Smaller is better	12.0	10.5	11.4
2C	Delayed transfers of care from hospital, and those which are attributable to adult social care per 100,000 population	Smaller is better	2.8	3.2	3.0
2D	The outcome of short-term services: sequel to service	Bigger is Better	71.9%	N/A	69.0%
<b>Ensuring that people have a positive experience of care and support</b>					
3A	Overall satisfaction of people who use services with their care and support	Bigger is Better	55.5%	59.9%	56.0%
3B	Overall satisfaction of carers with social services	Bigger is Better	32.0%	33.4%	33.0%
3C	The proportion of carers who report that they have been included or consulted in discussion about the person they care for	Bigger is Better	60.3%	74.5%	61.0%
3D	The proportion of people who use services and carers who find it easy to find information about support	Bigger is Better	Not available yet	71.9%	TBC
3D1	The proportion of people who use services who find it easy to find information about support	Bigger is Better	69.40%	72.9%	70.4%
3D2	The proportion of carers who find it easy to find information about support	Bigger is Better	62.30%	N/A	63.2%
<b>Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm</b>					
4A	The proportion of people who use services who feel safe	Bigger is Better	61.5%	61.7%	63.0%
4B	The proportion of people who use services who say that those services have made them feel safe and secure	Bigger is Better	76.9%	74.7%	77.0%

## 2014-15 Key Achievements in Priority Areas

### 1. Implementation of the new Care Act duties from April 2015

The Care Act 2014 introduced fundamental new duties and powers as well as incorporating established case law in the areas of social care and responsibilities that are not new to local policy and practice. The aim of the Act is to change the focus of social care so that the individual seeking care and support or support is the focus of the process, and to consolidate and modernise some existing laws. Part 1 of the Act came into force in April 2015. In summary, Part 1 of Act is designed to ensure that Councils and Partners:

- Promote people's well-being as the underlying principle that influences the way care and support functions are carried out.
- Work to prevent and delay needs for care and support.
- Introduces a national threshold for eligibility for care and support.
- Place Carers rights on the same footing as the people they care for.
- Deliver personal budgets to give people greater control over their care.
- Deliver information and advice about the care and support system.
- Provide Independent Advocacy.
- Promote the protection of Adults through multi-agency Safeguarding Adults Boards.
- Promote the diversity and quality of the local care market, shaping care and support around what people want.
- Deliver new guarantees to ensure continuity of care.
- Utilise new freedoms and flexibility to encourage co-operation, innovation and integration.
- Implement appropriate financial assessment and charging regimes in relation to the way people contribute towards the cost of their care and support.

On the 17th July the Department of Health announced that the introduction of a cap on the costs of care, planned to be introduced in April 2016 would be deferred until April 2020 as a result of significant concerns about the affordability of these proposals.

During 2014-15 the Adult Social Care department successfully implemented a number of changes to ensure compliance with the Care Act from April 2015. These changes were:

- A significant training programme was delivered to over 200 members of staff across social work and non-social work teams.
- New initial assessment and eligibility assessments and care and support plans were designed.
- A self-supported assessment process was introduced.
- Carers were engaged through 2 local events in the design of the Carers assessment process.
- An Independent Advocacy service was commissioned.
- The charging policy, third party top up policy and deferred payment policy were updated to reflect care act guidance.
- A market position statement has been drafted to outline our priorities for commissioning good quality care and support to meet local needs.
- New public facing materials, included translated materials, have been developed.
- We have engaged with a wide range of partners to raise awareness and promote integrated working to promote wellbeing.

The changes set out in the Care Act are anticipated to increase the number of people who become entitled to Council support and some additional capacity has been provided to support our teams to meet the increased demand.

Although the proposed April 2016 reforms have been deferred, the department will continue to monitor progress on implementing and embedding the new duties that are now in force.

## 2. Better Care Fund (BCF)

In June 2013 the Government Spending Round set out plans for new funding arrangements, referred to as the Better Care Fund, to accelerate Health and social care integration across the country. The Government see the Fund as an important enabler to take the integration agenda forward at scale and pace, acting as a significant catalyst for change.

The Department of Health prescribed the minimum level of pooled funds to be spent on local health and care to drive closer integration and improve outcomes for patients and service users and carers.

The BCF requires local areas to address the following six national conditions:

- Jointly agreed plans between the Council and CCG.
- Protection for social care services (not spending).
- Seven day services in health and social care.
- Better data sharing between health and social care, based on the NHS number.
- Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional.
- Agreement on the consequential impact of changes in the acute sector.

A set of National Performance Indicators, and the choice of an additional local performance indicator was also required. The key measures are:

- reducing permanent admissions to residential care homes
- improving the effectiveness of Reablement
- reducing the number of delayed transfers of care from hospital
- reducing avoidable emergency admissions to hospital.

During 2014-15, Ealing's Better Care Fund submission was approved comprising approximately £29M of pooled health and social care funds. Whilst the majority of this funding did not represent "new" money, it allowed for greater alignment of existing services, and some additional investment to address priority areas for the Ealing health and care economy.

### **Ealing's BCF Budget**

Combined BCF budget including ring-fenced fund	= £27,258,055
BCF Payment for Performance Fund	= £1,957,800
Total Fund	= £29,215,855

Our BCF fund includes new investment to support:

- The development of new models of care based around GPs with multidisciplinary Joint Care Teams working with the most vulnerable over 75 years of age.
- An improvement in dementia pathways and diagnosis rates.
- New housing related support services to address complex and housing related delayed transfers of care.
- The expansion of homecare, Reablement and social work teams to support the new Integrated Ealing Intermediate Care Service.
- Extra voluntary sector funding for schemes to support reduction in Non Elective Admissions.

- Investment in strategies and programmes to promote self-care and culture change.

The BCF fund is now in place, underpinned by a formal Partnership Agreement between the Council and Ealing CCG. Our experience of joint working, service development and performance improvements during 2014-15, suggest that the BCF plans for 2015-16 can be mobilised to further positive effect across the whole health and social care system.

### 3. Integration of Health & Social Care



In May 2013 the Government published “Integrated Care and Support: Our Shared Commitment”. This framework document on integration, signed by twelve national partners, sets out how local areas can use existing structures such as Health and Wellbeing Boards to bring together local authorities, the NHS, care and support providers, education, housing services, public health and others to make further steps towards integration. The shared vision is for integrated care and support to become the norm in the next five years.

Integration between health and social care is driven by changing demographics, a challenging financial climate, the need to refocus resources out of hospital and into primary, community and social care and the need to improve patient experience and outcomes. The framework document also invited ambitious local areas seeking to innovate, accelerate & share learning to apply for national Pioneer status.

The North West London (NWL) Pioneer application, submitted on behalf of Ealing and seven other Local Authorities and their respective CCG’s was successful in being one of fourteen sites chosen nationally for Pioneer status.

The NWL Pioneer Bid application “Living Longer, Living Well” set out the following key objectives for integration:

1. People and their carers and families will be empowered to exercise choice and control and to receive the care they need in their own homes or in their local community.
2. GPs will be at the center of coordinating care, working with others in integrated networks to support people to meet their individual goals.
3. Our systems will enable not hinder the provision of integrated care.

The model is focused in particular on exploring new models of care, through innovative commissioning to improve outcomes.

Ealing has a strong track record of partnership working and integration with our local NHS partners. The Better Care Fund and our Pioneer status have provided further impetus to improve integration at strategic and operational levels.

Plans build on integrated working, which was strengthened during 2014/15 through a rebalancing of the membership of the Health and Wellbeing Board, and establishment of a Joint Management Team meeting with the CCG. The joint management team is a key component of the governance arrangements set out in the Section 75 Agreement that now formalises the BCF and other integrated arrangements between Health, Social Care for Children, Adults and Education.

Significant progress has been made in delivering the prototype for the new GP led ‘Model of Care’, supported by multidisciplinary teams (Joint Care Teams) and new Care Coordinators during 14/15. Patient outcomes have been evaluated through a number of measures including patient surveys. The learning from this will influence the further development of the new Model of Care and support its roll out across the remaining GP networks during 2015-16. This has been supported by a programme of culture change, which will continue into 2015-16.



We have migrated NHS numbers into the Social Care client index to support information sharing, and secured further investment to develop the new GP system (Systemone) for the Joint Care Teams.

We have supported the proposed expansion, with NHS investment, of the social care intermediate care and homecare reablement teams, as part of the procurement and implementation of a new integrated intermediate care service.

We have delivered a new housing related support service to target complex and housing related needs that account for a large proportion of delayed transfers of care from hospital delays.

Ealing Council and CCG have jointly commissioned the next round of Voluntary Sector Grants, which will be awarded in October 2015, to a specification which will provide services aimed at information services, to support planning, Self Care, Counselling, being part of the community and respite. In addition a further £700k has been invested over the next 2 years in voluntary sector services, specifically targeted to reducing Non Elective Admissions. This additional grant funding will be awarded from June 2015 and five organisations were successful in their bids.

The Avoidable and Non Elective admission figures are showing a downward trajectory, within tolerance of our BCF target. Delayed Transfers of Care have been tracked on a weekly basis, and targeted action taken in particular areas. We saw a sustained reduction in the number of days delayed per month between October 2014 and March 2015, despite winter pressures. Our in house Reablement service provided more packages of support, and increased its effectiveness from 93% to 96%.

We remain committed to integrated working, and are well placed to continue to embed new ways of working and further innovate to improve patient experience and outcomes through partnership working with the NHS and other statutory and non-statutory partners.

#### 4. Safeguarding Adults and the Care Act

The Care Act sets out some key and fundamental changes to the way adults in need of care and support are safeguarded. In summary these are:

- Safeguarding Adults Boards are now mandatory in all local Authorities.
- There is a duty to make enquiries, to establish whether an adult is at risk.
- Extra types of abuse are included.
- There is a very heavy emphasis on personalising the Safeguarding process.
- An establishment of key principles.
- Safeguarding Adult Reviews.
- A duty to provide Advocacy.

In response to changes set out in the Care Act and the Guidance published as a result, In Ealing we have:

- Trained all staff in relation to the requirements of their professional group or job type.
- Changed processes, IT requirements and culture.
- Carried out stakeholder engagement and education. Successful conferences have been held for specific groups.
- Been involved in the rewriting of the Pan London Safeguarding Procedures.
- Established a specialist Safeguarding Social Work Team.
- Reviewed the Safeguarding Adults Partnership Board (now Safeguarding Adults Board (SAB)), which included:
  - A review of the Terms of Reference.
  - A review of the membership to ensure that each attendee is mandated to represent the stakeholder and at a senior level to take decisions in relation to that stakeholder. An

example is that an Inspector in the Police has been replaced by the Borough Commander. The Third Sector has an elected representative who is also mandated to represent carers.

- A decision that an Independent Chair is necessary to bring Ealing in line with other SABs.
- An application for funding from the NHS which together with internal reconfiguration of the service will enable a SAB Coordinator to be employed - also to bring Ealing in line with other SABs.
- Using specialist safeguarding trainers to work with the SAB to understand its revised functions and to embed cooperative working relationships.
- A multi-agency Modern Slavery Sub Group of the SAB has been established.
- A multi-agency Self Neglect Sub Group of the SAB has been established.
- A group concerned with domestic and sexual based violence will be established when the scoping of parameters has been concluded.

## 2015-16 Areas for Priority

### Shape of Service in Coming Years

The key challenge for Adults' Services in Ealing in the coming years will be to deliver a high quality range of services to vulnerable individuals in need with significantly reduced levels of central Government funding. The approach taken by the service is to respond proactively to this challenge and to develop proposals to deliver efficiencies, which protect frontline services wherever possible.

The service has developed an approach to managing demand, by encouraging self-care and people using local volunteers and friends and family to meet low level needs. .

Nationally and locally within Ealing, adult social services are increasingly being integrated with the NHS. This improves the experience of the health and social care system for residents but also maximises the use of resources and enables funding to be transferred from acute hospital care into the community. Local authorities across the country are looking at ways of further integrating health and social care by seeking the devolution of powers from central Government. Manchester was the first to pursue this and there are now plans being put forward for sub regional devolution of powers in London.

Our key priorities for 2015-16 linked to our Corporate plan are listed below in table 6.

**Table 6. 2015-16 Strategic Objectives**

<b>Link to Corporate Plan (Adults)</b>	<b>Strategic Objective (Adults)</b>	<b>Key Activities (Adults)</b>
Continue to improve our multi-agency approach to safeguarding vulnerable children and adults	To Safeguard Vulnerable Adults from Abuse	<ol style="list-style-type: none"> <li>1. SA Board &amp; Practice fully compliant with the Care Act changes.</li> <li>2. Safeguarding Adults' Partnership Board to agree Business Plan</li> <li>3. All SA Business Plan targets to be achieved</li> </ol>
Transform the efficiency and effectiveness of services for vulnerable children, families and older people by successfully implementing the Children and Families Act and Care Act	To effectively implement the Care Act in 2015 and prepare for implementation in 2016/17	<ol style="list-style-type: none"> <li>1. Care Act Programme Board Established</li> <li>2. Care Act 2015/16 fully implemented</li> <li>3. High level Programme Plan agreed for 2016/17</li> </ol>
Increase the proportion of residents with a personal care budget	To continue to deliver personalised services to people in need	<ol style="list-style-type: none"> <li>1. To exceed target of 75% of eligible people receiving personal budgets</li> </ol>
Work with the CCG to integrate health and social care	To further integrate health and social care services in order to improve health and wellbeing	<ol style="list-style-type: none"> <li>1. Agree local plan for integration as part of the NW London Pioneer Programme</li> <li>2. Health and Wellbeing Board to agree Better Care Fund (BCF) Plan &amp; Section 75 signed</li> <li>3. Joint Management Team set up between CCG &amp; Adults' Services</li> <li>4. Integration prototype rolled out for older people with ongoing evaluation of efficacy</li> </ol>
Deliver effective community based services to help keep people independent and out of hospital	To promote independence health and wellbeing	<ol style="list-style-type: none"> <li>1. To maintain performance on support to live at home and health indicators</li> <li>2. To commission a new rapid response service with ECCG</li> <li>3. To expand access to reablement home care</li> </ol>
A healthier, safer and prosperous borough,	To refresh the Health and Well-Being Strategy	<ol style="list-style-type: none"> <li>1. Draft Strategy to be agreed by Health and Well-being Board</li> </ol>

## Capturing the Customer Voice

Capturing the customer voice is key to delivering change and improvement both formally through consultation and representation and also informally through comments, commendations and complaints.

### The Customer Care Unit

The Customer Care Unit receives many compliments and complaints. It is important for us to learn from these, to improve services and outcomes for service users. Some compliments received in 2014/15 are:

Dear Sirs,  
I would like to express our very grateful, thanks to the Home Care Re-enablement team for the punctual, efficient and excellent service care we received. It definitely was a life saver and helped me considerably over a difficult period in our lives. Our very grateful thanks to all the cheerful ladies concerned.  
Yours Sincerely  
J&DW

*I would like to thank all the ladies, who were my carers over the two lots of six weeks.*

*Everyone was so kind and helpful over the weeks.*

*I won't forget you all and the people at social services that organised it all.*

*Thank you so much  
KM*

*I wanted to thank you and also to thank the team who have given their great attention to this, GD and particularly B, who spoke with such understanding, and experience and reassurance. In matters such as this where the condition is complex and care is not so straightforward it is not always possible to experience such a great level of understanding of the complexities and the family are most grateful for the his experience and understanding and support.*

*My thanks to you and all involved, please extend my best wishes to all and I look forward to moving forward with this and the team and with Threen. I am sure they will find it helpful in the extreme.*

*Very kind regards  
CL*

*I wanted to take this opportunity to say thank you very much for all you have done over these past 9 weeks. You have been professional, informative and very helpful. You always called me back when you stated you would even if you did not have good news to tell me. You have worked tirelessly to help my father through a very difficult period in his life.*

*Your colleagues could learn a lot from you. After my experiences with social services, you have redeemed my faith that there are still some competent people working within social services that actually have empathy for the people who need their help.*

*Once again on behalf of my father and I THANK YOU, I wish you all the best for the future.*

*Regards  
AJ*

*Thank you so much for all the help and care I've received from you. I am so grateful as without your help I would have found it difficult to manage on my own and get back to my old routine. You have been wonderful. I thank you again. God Bless you*

*With Love from  
NC*

*Might I in particular commend Ms Y for her care, support and courtesy and for your colleagues for the efficiency and attention. It has been most welcome and refreshing to deal with you Department and employees and has greatly assisted my task in giving support to M and indeed added to M's quality of life too.*

*Yours sincerely  
RT*

The Adults Complaints Service recorded 128 complaints during the year, compared with 133 for the same period last year. This indicates a decrease of 18.75% from last year in complaints received and processed under the statutory complaints procedure within the Department.

Tables 7a & 7b summarise complaints received during 2014/ 2015 by the level of risk assessed (for statutory complaints) and the 3 stages (corporate complaints) for the preceding year and by the outcome.

**Table 7a. Adult Social Care Complaints**

<b>Risk/Stage</b>	<b>Services Area</b>	<b>2013/2014</b>	<b>2014/2015</b>
Low risk	Adults	117	125
Stage 1	Corporate Complaints	16	3
Medium risk	Adults	0	0
Stage 2	Corporate Complaints	1	0
High risk	Adults	0	0
Stage 3	Corporate Complaints	1	0

**Table 7b. The Outcomes of Low Risk Complaints**

<b>Risk/Stage</b>	<b>2013/2014</b>	<b>2014/2015</b>
Upheld	24 (21%)	33 (26%)
Not upheld	41 (35%)	50 (40%)
Partially upheld	47 (40%)	37 (30%)
Other	5 (4%)	5 (4%)
<b>Total</b>	<b>117</b>	<b>125</b>

A key requirement of the reform of our complaints procedures has been the importance of informing our service users of the outcome of their complaints. During 2014/2015 the Department acknowledged 100% of complaints within 4 days and responded to 100% of all complaints within 20 working days for low risk complaints and 25 working days with a possible extension of a further 40 working days for medium/ high risk complaints.

Complaints provide senior managers with useful information in respect of the way that services are delivered and how customers perceive services. In order to learn from complaints and actually deliver improvements in service delivery and business processes, the service is required to monitor the operation and effectiveness of the complaints procedure and to identify how information is being used to improve service delivery.

We are keen to receive more customer feedback, positive and negative so please email them to [umrigarm@ealing.gov.uk](mailto:umrigarm@ealing.gov.uk)

## Adult Social Care Survey (ASCS)

The ASCS provides a significant pool of personal outcome information for those receiving adult social care, producing assured, and benchmarked local data on outcomes to support local services to think about ways of improving these outcomes in a very challenging financial climate. The results of which are shown at the side.

Two comments boxes were added to the survey questions, asking service users to explain their reasons for any negative responses and what could be done to improve services. 118 service users added comments, both negative and positive.

The main issues highlighted are:

### Homecare

- Carers could benefit from further training.
- Better time-keeping.

### Support

- More information and emergency planning on what to do when carers don't show up, or service users can't get out for any reason.
- Some service users are having increasing needs and require more support.

### Other

- Some service users are feeling isolated and finding it difficult to get out, and would like more support with this.

**18.0/24**  
Is the Quality of  
Life Score

**87%**  
were either  
extremely, very,  
or quite satisfied  
with services

**35%**  
had as much  
social contact as  
they want with  
people they like

**69%**  
found it very or  
fairly easy to find  
information and  
advice about  
support, services  
or benefits

**63%**  
feel as safe as  
they want

Moorlands is the 2nd care home I have been in and has got to be one of the finest there is. The food is good, and the staff are 100%. The flat I have is 1st class with every convenience one would need. Home from home.

The care and support I receive has and is helping me to aspire to a better quality of life than I had before.

I am most times happy. I live independently with my partner. And I feel very healthy. I would like however to do more things in the community.

## Survey of Adult Carers in England (SACE)

We carried out our biannual carer's survey in the autumn of 2014. The survey aims to collect information about carers' experiences of social care services and support, the results of which are shown at the side.

Several comments boxes were added to the survey questions, asking carers to explain their reasons for any negative responses and what could be done to improve services. There was also a box at the end to describe any other experiences they would like to tell us about, or any other comments they would like to make. 159 carers added comments, both negative and positive.

The main themes of the comments made, which ran through all the questions are:

### **Communication / Support**

- Carers want a named social worker.
- Carers want more support and regular contact with a social worker.

### **Respite**

- Respite – confirmation of respite is very last minute, which makes it difficult to book holidays and check placement options.
- Not enough information about care homes, to make an informed decision about respite placements.

### **Homecare**

- Better time-keeping required.
- Carers could benefit from further training.

### **Information / Other**

- It is difficult to get to meetings, as there is no one to look after their cared for.
- General concerns about the future.
- Some carers are ageing and have problems of their own.

Ealing plans to hold some focus groups and carry out further research, to implement changes to address the issues highlighted in both surveys. We will feedback our results in next year's Local Account.

If you would like to get involved please contact us via the details in the How to Contact Us section.

Get advice, info & advocacy from Ealing Mencap's project in Southall which is a big help linguistically and culturally.

The Forget-me-not café at Michael Flanders once a month has been a godsend to both my mum and I. We v much look forward to going. The staff brilliant.'

Social Services, NHS & all the workers involved do a grand job. I just hope there won't be cuts made.

**7.4/12**  
Is the Quality of Life Score

**73%**  
were either extremely, very, or quite satisfied with services

**29%**  
had as much social contact as they want with people they like

**62%**  
found it very or fairly easy to find information on advice and support

**89%**  
always, usually or sometimes felt involved or consulted in discussions about support for their cared for

### Healthwatch Ealing



*'Local voices improving local health and social care services'*

Healthwatch Ealing is an independent consumer champion for the public, created to gather and represent the views of the people in Ealing. They play a role at national, regional and local level to ensure that the views of the public and people who use services are taken into account. Healthwatch Ealing is established under the Health and Social

Care Act 2012 and they:

- Collect the views of local people about their needs for and experience of local health and social care services.
- Make these views and experiences known to decision makers, local stakeholders, Healthwatch England and the Care Quality Commission.
- Write reports and make recommendations about how those services could be improved.
- Promote and support the involvement of people in the monitoring, commissioning and provision of local services.
- Provide information to help people access and make informed choices about services.

Healthwatch have carried out a number of projects over the year, such as the:

- Community HIV Clinical Nurse Specialist report, which highlighted a gap in the care of those living with HIV in Ealing and recommends that the local and national commissioners of HIV services review the specialist HIV nursing support accessible in the community, taking into consideration the findings of this report.
- Community Event for Hearing Loss, Deaf and Deaf-blind Residents of Ealing. The participants at the event were able to be constructive in what they would like to see adopted by service providers, managers and commissioners to improve equality and quality of the services they receive.

The full reports (as well as others) can be viewed at <http://www.healthwatchealing.co.uk/resources>

### Ealing Community Network (ECN)

**Ealing Community Network** ECN (in partnership with Ealing Council) initiated an anti-poverty partnership programme of advice, support and practical help for local people affected by poverty, unemployment and welfare cuts. The programme was actually delivered by 6 frontline voluntary centre staff as a set of distinct projects.

These programmes were developed as increasing numbers of Ealing residents are affected by poverty and welfare changes such as Universal Credit. The results were:

- The programme achieved some impressive results, engaging 7500 beneficiaries
- The comprehensive nature of the programme has been justified, with large outreach programmes by Ealing Foodbank and Ealing Equality Council complemented by targeted projects for unemployed BME women and young people in Southall, unemployed people on the Copley Close estate and older people affected by poverty.
- The programme has reached clients that statutory services often miss, including women and families on isolated estates, ex-offenders and young BME people.
- A significant number of beneficiaries to date have disabilities or long term health conditions.
- New energy efficiency sessions help for vulnerable older people.
- 60 new outreach advice sessions held for low income residents covering universal credit, debt management, homelessness and private landlord/tenant issues.



- New 'Positive Community Care' programme set up by Ealing Food Bank for volunteers who have health conditions.

Through regular cafés, supermarket food collections, and presentations the level of awareness of food poverty in Ealing has been raised and has changed people's perceptions of foodbank users.

### Ealing Community and Voluntary Service (CVS)



Ealing CVS funded by Ealing Council Public Health piloted a new programme to support people with long term health conditions or disabilities to volunteer. They have helped into new volunteering, people with a wide range of often substantial and long standing conditions. Many have gone on to employment, all are feeling more confident, valued and less socially isolated and this is helping to reduce demand and costs on Ealing Council and the NHS.

## The Local Account 2015-16

The next local account will be prepared from April 2016, reporting on activity and achievements in 2015-16 and priorities for the year ahead. In preparing the account, we will be seeking views from the community and the Ealing Healthwatch on the areas they wish to see reflected in the local account. As well as highlighting priorities for the service going forward.

## Further Information and Background Reading

Council priorities

[http://www.ealing.gov.uk/info/100004/council\\_and\\_democracy/547/council\\_priorities](http://www.ealing.gov.uk/info/100004/council_and_democracy/547/council_priorities)

Council strategies, plans and partnerships and information about Ealing's Local Strategic Partnership

[http://www.ealing.gov.uk/info/200631/strategies\\_plans\\_and\\_partnerships](http://www.ealing.gov.uk/info/200631/strategies_plans_and_partnerships)

Adults' Services

[http://www.ealing.gov.uk/info/100010/social\\_care](http://www.ealing.gov.uk/info/100010/social_care)

## How to Contact Us



If you would like to provide feedback on this report, please get in touch using the contact details below:

By email to: [umrigarm@ealing.gov.uk](mailto:umrigarm@ealing.gov.uk)

By telephone to: Mary Umrigar on 020 8825 7445

By post to: Director of Adults' Services

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