

Supporting people to live healthier lives

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

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

The local authority commitment

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

Key findings for this quality statement

Arrangements to prevent, delay or reduce needs for care and support

The local authority worked with people, partners and the local community to make available a range of services which promote independence, and prevented, delayed or reduced their need for support.

Harrow Council had a clear focus on moving towards an early intervention and prevention model. This was a key principle of the Adult Social Care Strategy (2020-2023). While the document was due to be reviewed, the local authority had plans to refresh the strategy which would be finalised further to the CQC local authority assessment.

Leaders recognised the value of an early intervention model which improved outcomes for people. The local authority had carried out a Falls Needs Assessment in 2023 which identified a series of recommendations for improving falls prevention in the Borough. They were in the process of implementing these at the time of our assessment with a strength and balance service being commissioned for 2024/25, the creation of a falls working group, updating the falls pathway and improving links between partner agencies.

There was a plan in place to support people to maintain a healthy level of physical activity as part of their strategy to help prevent the development of conditions such as diabetes, cardiovascular disease and cancer. These plans included the promotion of healthy walks (including themed walks for particular cohorts), commissioning a cycle route and cycle leader training, and identifying and utilising council and partner facilities to be used for instructor led classes. Housing staff were in the process of reviewing the Borough's housing stock to ensure this was fit for purpose.

National data showed that 78.59% of people from Harrow who had received short term support no longer requiring ongoing support. The England average was 77.55% (ASCS). This indicated that preventative services in the local authority had a positive impact on well-being outcomes for people. The local authority had commissioned a hospital bridging service to provide people with up to 7 days of support in their homes at short notice, to speed up hospital discharges. The borough also had a range of short-term step-down services which people could be discharged to, whilst adaptations/work was carried out on their homes to make them safe.

National data showed that 63.31% of survey respondents living in Harrow believed the help and support they received helped them think and feel better about themselves. The England national average was 62.32% (ASCS).

A consortium of voluntary and community organisations met weekly to discuss seasonal issues and hear from people about issues that were affecting the local community. The group also had a role in local supporting local prevention work which included providing people with public health information.

National data showed that 83.87% of Harrow carers responding to the survey had found the information and advice available to them helpful. The England national average was 84.47% (SACE).

Public Health leaders told us social housing stock had the potential to impact negatively on people's health. To address this, they had created a damp and mould working group which included NHS colleagues. We heard that they were prioritising health checks for the Asian population. More residents with diabetes were identified in Harrow, due to Harrow having one of the highest rates of Gujarati heritage and Sri Lankan Tamil population in the UK. Biological differences put Asian people at higher risk of developing diabetes than non-Asian people. Public Health was leading on initiatives with GPs and health professionals to create wider awareness amongst the undiagnosed. Public Health were also working with pharmacists around support to people with hypertension.

Provision and impact of intermediate care and reablement services

The local authority worked with partners to deliver intermediate care and reablement services to enable people to return to their optimal independence. One person told us their current placement met their needs well and they felt much safer than they had been prior to their most recent hospital admission. Their health had improved, they received support to maintain their independence and they no longer experienced social isolation.

We heard from some people however that reablement services team had not improved their independence, reduced or delayed their further health and social care needs and there were concerns that poor communication between partners were leading to safeguarding concerns.

National data showed that 8.19% of survey respondents living in Harrow aged over 65 received reablement/rehabilitation services after discharge from hospital. The England average was 2.91%. The percentage of survey respondents living in Harrow over 65 (83.87%) who were still at home 91 days after discharge from hospital into reablement/rehab against the England average of 82.18% - The Adult Social Care Outcomes Framework (ASCOF).

Local authority staff told us there had been issues with the jointly commissioned community equipment service. This had led to some delays in discharging people home from hospital while they waited for occupational therapy equipment to be delivered. The leadership team were aware of the issues, which had affected much of Greater London, and that work was underway to address the current shortfall.

The local authority was working to better understand people's risk factors in relation to what people's long term care needs might be after they were discharged from hospital. They were considering the impact of geography, housing type and household type. For example, commissioning housing related support services accommodation in partnership with housing.

The local authority told us they were investing £1.3m in supporting discharges for the most complex people, focusing on those with dementia and delirium. Also, they would be testing a new approach of intensive home care support for a 6-week period, as an alternative to residential care, in order to undertake a home-based assessment to inform the best onward pathway for people.'

The Mental Health Enablement Service provided services that were deemed as non-statutory. The service worked with people for a time limited period (12 weeks) to provide one to one personalised support to achieve goals focused on improving their mental health.

Access to equipment and home adaptations

People could access equipment and minor home adaptations to maintain their independence and continue living in their own homes. They were assessed for equipment by a trained professional. On 31 March 2024, 150 people were waiting for an occupational therapy assessment to provide equipment out of 742 waiting for occupational therapy assessment.

Over 12 months to 31 March 2024, 291 occupational therapy assessments were completed relating to equipment. The maximum waiting time recorded was 354 days, however the local authority said this was from an end-to-end process which may have involved multiple occupational therapy reviews and equipment deliveries. The local authority had commissioned support from agency staff to help reduce the waiting time and longer term they were planning for social workers to be trained as Trusted Assessors. The trusted assessors would be able to assess for more basic equipment needed and the occupational therapist would undertake the more complex assessments. This would aid in reducing the waiting lists.

Provision of accessible information and advice

We received mixed feedback about how easy people including unpaid carers found it to access information and advice on their rights under the Care Act, or the types of support that were available to them. The local authority's website lacked features to help ensure information was consistently available to people in accessible formats that met their needs. For example, some information was presented on the website in PDF forms that could not be read out on a screen reader, and other sections had poor colour contrast, potentially creating challenges for any visually impaired people wishing to read them.

Local authority staff had access to a directory of local services. Through this platform they were able to have a consistent approach to signposting people the voluntary and community sector services in Harrow. They also had access to a translation service, and information about accessibility support so they could provide information which was meaningful to more of the local population.

There were a wide range of support services available to unpaid carers in Harrow which were used to engage with people whose voices are seldom heard, such as the development of a network of 140 carers champions which included representatives from local community groups, such as Gujarati and Romanian. There were also champions in voluntary community organisations to reach diverse communities within Harrow to support them to access information and advice.

The local authority had also looked at the risk of digital exclusion resulting in an expansion of the support offered to people through the Conversation Café to include IT access and support. Many of the local carer support services, such as Harrow Carers, were community led. The local authority also commissioned support for carers, for example respite support. Systems were in place to signpost people with non-eligible care needs to local support services which included a floating support service and access to community organisations such as Young Harrow or Citizens Advice Bureau.

One person visiting the Conversation Café told us they had been attending on a weekly basis since October 2023. They had family members with care needs and explained that prior to attending the café they were not getting support they needed. It was not until they came to the café, at which point they received the support they felt they needed.

The local authority's methods for engaging and sharing information with people did not always reflect the methods people told us they'd like to be able to use. For example, before it was closed, some people had liked being able to visit the local authority civic centre, where they could speak with local authority staff directly. They told us this closure had created difficulties for them in being able to access support and advice.

The local authority had introduced the Conversation Café to enable people to speak with staff directly, but people did not always know the location of the Café or how they could access it. Where people had visited the Café for support, they told us it worked well. One person spoke positively about the support they had been given by staff who had attended the Café, to find permanent accommodation. The Conversation Café was advertised in a community magazine and in leaflets placed in local libraries, GPs and the Citizen's Advice Bureau to help raise awareness of the service across the borough.

Local charity organisations were available to support people with certain protected characteristics including people with different cultural backgrounds. We spoke with a charity group who supported people from the local Romanian community with their care assessments when needed. They told us their staff regularly had to follow up referrals that had been made to the local authority for the people they supported, and that without their intervention, language was sometimes a barrier for people accessing the information and support that they need.

National data showed 59.59% of survey respondents who use services in Harrow found it easy to find information about support. The England average was 66.26% (ASCS).

Some unpaid carers told us the information they needed was not always provided in an accessible format that met their needs. We heard communication barriers could be an issue, with their care plans and letters from the local authority being in English despite them having needed support from translators to participate in the assessment process. Other feedback was more positive. One unpaid carer confirmed they'd received information about the sheltered accommodation placement that had been found for them and the support they would be receiving in a format that met their needs. National data showed that 51.52% of carers responding to the survey and living in Harrow found it easy to access information. The England average was 57.83% (SACE).

National data showed 40% of carers living in Harrow were not in paid employment because of caring responsibilities, in comparison to the England average of 28.14% (SACE). However, we were told about an example where support was put in place to find employment which benefited the whole family.

Local authority staff told us they planned to open a second Conversation Café in May 2024. This was specifically aimed at providing support for unpaid carers, giving them the opportunity to meet with representatives from adult social care and Harrow Carers to access information, advice and support.

Direct payments

National data showed 23.63% of eligible people in Harrow had chosen to take a direct payment. The England average was 26.22%. Most of the people we spoke with were unaware that direct payments were an option available to them, despite the local authority staff telling us they discussed the option of a direct payment with everyone when planning their support. Further improvement was needed to raise awareness in this area.

People who received direct payments, described positive outcomes from using them. For example, one person was pleased to be able to use their direct payment to have support to attend their place of worship.

The local authority used an online platform which was a directory of services, for people to access, to see all services available to them in Harrow. This gave people many options of what was accessible, including being able to explore creative ways direct payments could be used.

People's direct payments were reviewed annually, or earlier if their needs or circumstances changed. In the 12 months up to 31 January 2024, 19 people had ended their direct payment but continued to receive ongoing support by the local authority for their assessed needs, through residential care, day care and home care services.