

Supporting people to live healthier lives

Score: 3

3 - Evidence shows a good standard

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 develop a range of resources to prevent or reduce future need. Feedback from unpaid carers about the resources available to them was positive and we heard positive feedback about a variety of different types of support people had received from voluntary sector partners. However, some of the improvements made in this area were recent and would require time to embed and demonstrate their value.

Prevention was a core component of the local authority's 'Council Vision' document; recent changes to Public Health structures meant the function was no longer shared with neighbouring Boroughs. Staff and leaders told us this had enabled a more local focus, but meant some initiatives were at an early stage.

The local authority had improved its use of data, and we saw evidence of work with health partners to share information in areas such as smoking cessation, suicide, and drug and alcohol services. There was a Joint Health and Wellbeing Strategy and the local authority, alongside partners, used a 'Wellbeing Circles' approach to identify early support needs. The use of Wellbeing Circles is an approach where care and support can be built around the person; it was used in the Borough to link support to people from the local authority, health partners, the voluntary sector and faith groups. It was intended to make available a range of services, facilities, and resources to promote independence, and to prevent, delay or reduce the need for care and support.

The community support approach was implemented through the front door team with the aim of 'quickly connecting people to local services'. The project was recently evaluated by a university and found it had a positive impact on partners and people, by creating a network of services and ensuring all involved had a good understanding of what was available within the community so people could be linked to the right service to meet their needs. This had led to a 'no wrong door' ethos for people approaching the local authority for support or advice, and we heard positive feedback from people, partners and staff who felt able and equipped to link people up with appropriate community resources in a timely way.

The local authority employed staff who led work with communities to understand the voluntary sector offer and address any gaps in provision. We heard about recent work to develop strategic partnerships with the community and voluntary sector which had led to the development of community directories which listed services across the Borough and helped identify any gaps. We were told this work had also led to improvements in shared databases, which allowed better information sharing between statutory and voluntary partners.

The local authority had carried out a series of 'world café' events and workshops with health partners. Joint funding was used to engage with the community across the Borough to understand their needs and to develop their prevention offer. The events had informed improvements to information and advice provided at the front door and led to the creation of co-production groups. The work to make changes identified during the workshops was at an early stage and more time was required for the potential impacts to evolve and demonstrate their value.

We heard mixed feedback from voluntary partners about engagement with the local authority. Whilst we heard positive feedback of good joint working in some operational areas, other partners described difficulty in engaging with the local authority at a strategic level. Staff and leaders recognised the Borough had a strong and thriving voluntary sector, but strategic work to plan early interventions had not fully progressed. The local authority had recognised a need to improve its strategic planning for the support of unpaid carers, and to develop the approach to coproduction with the community and voluntary sector. This view was echoed by partners. At the time of this assessment, workshops were underway to better understand community needs, and to build upon the work completed so far.

People's feedback about the resources available for early intervention was positive and the local authority had identified the need to develop its strategic planning in this area to further improve the offer. This was reflected in national survey data. In the ASCS data, 67.31% of people said the help and support helped them feel better about themselves which was trending slightly higher than the England average of 62.32%. ASCS also said 97.12% of people reported they spent time doing things they value or enjoy which was significantly higher than the England average of 67.00%.

Provision and impact of intermediate care and reablement services

There were clear and accessible pathways to short-term reablement and rehabilitation services. The local authority had introduced a 'Home First' model alongside Frimley ICS to enhance the reablement offer by working alongside a specially trained homecare provider to improve capacity and access to intermediate care pathways. Staff and health partners spoke positively about joint-working when it came to hospital discharge and reablement.

Staff took a strengths-based approach to assessment at hospital discharge and worked across disciplines to triage referrals and ensure people received short-term care where required. Data showed this approach was producing particularly good outcomes; in the ASCOF data, 8.96% of people aged over 65 received reablement or rehabilitation services after discharge from hospital, which is significantly higher than the national average in England of 2.91%. SALT data also showed 94.12% of people 65 or over were still living at home 91 days after discharge from hospital into reablement which was higher than the national average in England of 82.18%.

Reablement services were available in a timely way and ICS data showed there had been improvements to the time taken for people to be discharged from hospital. Data showed the average time to discharge from hospital was reduced from 42 to 13 days following the introduction of the Home First model. In ASCS data 97.54% of people who have received short term support said they no longer required ongoing support, which was significantly higher than the national average in England of 77.55%.

Access to equipment and home adaptations

The local authority employed OTs alongside staff who were trusted assessors; these were staff who were not qualified OTs but were trained to assess people for equipment and minor adaptations. The OTs sat within the front door team, so they could provide input at an early stage. The waiting list for OTs meant people could wait up to 6 months for a full assessment, but in all these cases the person underwent a triage and initial assessment to identify any early interventions and equipment. This reduced risk and meant some people's needs could be met earlier if they required smaller interventions or adaptations, such as grab rails or raised toilet seats which could be requested by trusted assessors. However, people requiring a more thorough OT assessment for larger adaptations or to access a Disabled Facilities Grant (DFG) waited longer.

Equipment was installed in a timely way after people had been assessed. The local authority commissioned an equipment provider, and they shared performance data which the local authority monitored. Performance data for equipment delivery showed 97% of 'same day' deliveries arrived in time. Only 93% of 3 day and 88% of 5 day deliveries were delivered in time, below the expected targets of 98% for each of these types. Despite this data, people, staff, and partners did not raise any issue with the timeliness of access to equipment.

Provision of accessible information and advice

The local authority provided information and advice to people in accessible formats but recognised the need to improve the accessibility of written resources for people for whom English was not their first language. Feedback about information was mostly positive but we heard that the local authority's website could be hard to access or navigate, particularly for older people who may face digital exclusion. However, ASCS data showed 86.79% of people who use services found it easy to find information about support. This was significantly higher than the national average in England of 66.26%.

The local authority contracted a translator service and staff told us this was easy to use and quick to access. The front door team often spoke with and visited people who needed information and advice in person, giving an opportunity to make information accessible to people who did not speak English. This approach, which often involved a home visit to people who may not have eligible care needs, mitigated some of the potential impact of the gaps in accessible information because staff were able to take time signposting and explaining services to them in person. The local authority employed a staff member whose role was to look at how they engaged with people from ethnic minority backgrounds, including the accessibility of information and advice.

The local authority commissioned an organisation to look at the accessibility of its publications and we saw documentation was often available in easy read and larger print. Teams also told us how some colleagues had been trained in British Sign Language (BSL), which meant these staff in the front door team could visit people who used BSL to provide information in an accessible way.

The local authority had recognised the need to further improve the accessibility of its written information, and there were plans to update the information and advice offer as part of its transformation work.

Direct payments

Direct payment uptake within the Borough was low and the local authority told us this was an area where they recognised a need to improve. ASCOF data showed 12.08% of people in receipt of services used direct payments which is significantly lower than the national average for England of 26.22%.

Leaders and teams told us direct payments could be hard to set up, some staff lacked understanding of how they could be used, and there were barriers to people using them effectively to meet their care and support needs. The local authority told us they had identified barriers such as a lack of staff awareness of the direct payments process and how to follow the processes to set them up. The local authority had appointed to a new post to drive increased awareness of direct payments and had plans to recruit to another post supporting people using services working with personal assistants.

We heard about other barriers to direct payment uptake, for example when using the direct payment to purchase homecare, staff told us people may have to top up their direct payment budget if the hourly rate being charged was more than the local authority's contracted rate with the homecare provider. This often happened where providers charged an increased rate in the evenings or weekends which was not the same rate as the local authority contracted rates.

Staff and leaders also told us providers were expected to apply the same standard rates of care for people using direct payments as they would charge the council. This was monitored by commissioning and quality assurance teams. However, staff told us this discrepancy in rates for direct payments happened and created a financial disincentive to people accessing direct payments and further work was needed to improve the uptake.

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