Supporting people to lead 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 maximize 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 and other measures to promote independence, and to prevent, reduce or delay the need for care and support.

Positive feedback was received from partners overall in terms of the local authority working with them to support people's independence. Data for Surrey shows 85.67% of people who have received short term support no longer require support is positive compared to the England and regional averages of 77.55% and 77.75% respectively. Adult Social Care Outcomes Framework (ASCOF) 2023.

People were supported in a variety of ways to meet their needs for care and support. Community and prevention co-ordinators formed part of the locality teams helping to connect services for people. They worked with community providers and groups to identify gaps and develop new initiatives tailored to people's needs. Also acting as a bridge, by connecting community-based activities with frontline social care services to try to ensure a more seamless experience for people. Their roles involved linking funding opportunities and working closely with local councillors, with the aim of empowering communities and supporting preventative measures. An independent evaluation of this work in 2024 cited positive outcomes for people, communities and the benefit of working in a system this way.

A Skills for Independence programme supported people who were at risk of escalating care needs to develop skills to maintain their independence. The Surrey Mental Health Housing Protocol, January 2023 confirmed all 11 boroughs had agreed to work together using this approach. The aim was to ensure that the person had their accommodation needs, health needs and associated support needs in the community identified at an early stage to prevent homelessness.

Staff supported people to regain independence using wide ranging approaches. For example, staff helped one person move from a care home to supported living accommodation. To enable them to make this decision they completed a mental capacity assessment, used an advocate and developed an easy read guide to support their communication needs.

Staff worked with other organisations to support people and prevent harm. For example, in one case where the person had been subject to cuckooing, Staff brought them back into a supported environment with mental health and housing support. Cuckooing is a practice where people take over a person's home and use the property, for criminal activity, resulting in them losing control of their property. This often involves exploiting individuals who are more vulnerable, isolated or struggling.

Senior leaders recognised the challenges of working together in a whole system in relation to prevention. For example, working with the 11 district borough councils with some inconsistencies across in areas such as housing allocations, protocols and appeals could prove difficult, however further work was being done to positively align working.

A partnership pilot project "Enabling You with Technology" between the local authority and Mole Valley District Council in 2022 was recognised for its work to help older people live independently for longer with an innovation and improvement award. A hi-tech home monitoring system had been used to identify early warning signs of declining health or mobility. This helped prevent falls by installing sensors into everyday objects and places around the home, helping people remain independent and detect whether they may be in need of additional support before they reached a crisis point. An evaluation of the service in 2023/24 has shown that responder services have been effective in reducing the escalation to emergency services in 89% of cases.

Projects were in place to support unpaid carers included a Carers Innovation Fund, 'Mobilise' a service to support identification of unpaid carers and Carers Partnership Group to champion and shape agenda and delivery. From the Carers Innovation Fund to date, 81 unpaid carers had received a break from caring, 34 parent carer households received specialist benefits advice securing £55k in extra benefits and 10 unpaid carers received a crisis grant averaging £255 each. A range of tools and resources available for staff to support unpaid carers, carers advisors based in locality teams and information was available on the local authority website.

Data for Surrey was in line with regional and England averages for people who say help and support helps them think and feel better about themselves, and people who reported that they spend their time doing things they value or enjoy. Data for Surrey was positive for people who use services who feel clean and presentable with 95.66% of people in Surrey against 94.29% in England and 94.38% regionally. Adult Social Care Survey (ASCS) 2023.

Provision and impact of intermediate care and reablement services

The local authority worked with health partners to deliver integrated reablement services that enabled people to return to their optimal independence. People were positive about the use of the reablement service, ‘Home First,’ and the support provided to them. People told us they were given detailed support plans identifying their needs and further reviews were used to ensure the care remained suitable. People spoke highly of relationships with staff which had made a positive impact for them.

Senior staff explained the Home First Strategy was central to a proactive shift they were making to reablement care. By focusing on supporting people both before and after hospital visits, the approach aimed to keep individuals in their homes longer and avoid unnecessary hospital admissions, reducing pressure on A&E departments but also fostering a more patient-centred approach to care. Reablement were considered the 'eyes and ears' of front line teams and they were now embedding occupational therapy into this area of work to support a more therapy led approach.

One staff team felt the reablement service could benefit from expansion and increased flexibility. Senior staff explained that implementing a proactive reablement approach required adequate staffing levels to provide timely interventions and current challenges in recruiting and retaining skilled staff hindered this.

Data for Surrey was lower with 1.91% of people 65 plus who received reablement/ rehabilitation services after discharge from hospital against the England average of 2.91% and regional average of 2.60%. Adult Social Care Outcomes Framework (ASCOF) 2023.

Access to equipment and home adaptations

People could access equipment and minor home adaptations to maintain their independence to enable them to continue living in their own homes. Feedback received about people's experience was mixed, for example with one person describing a poor experience when having some grab rails fitted. Another person told us about a moving and handling assessment led by an OT which saw equipment had been provided to enable safe practices to be followed by care staff, which supported a person with advancing care needs and their family. If people had to wait for equipment, this was provided based on people's level of risk.

Data provided by local authority shows on 1 July 2024, 599 people were waiting for an OT led assessment, which is a decrease of 11% on the previous month (and 6% decrease since March 2024). Some teams had no waiting lists and this varied due to factors including staff vacancies.

Occupational Therapists fed back about working in supportive teams with good collaborative working with health partners. Staff explained having strengths based conversations with people was part of what they always did as OT's. Assessments were carried out either in the person's own home or virtually. If virtually, staff assured their practice with risk assessments, using trusted assessors and with follow up checks as needed. A trusted assessor is a suitably qualified person who carries out assessments of health and/or social care needs usually to facilitate speedy and safe transfers from hospital.

Specialist staff teams were able to go directly to duty OT's, who responded promptly, and feedback showed they were highly respected. Their expertise extended beyond simple solutions and teams engaged in numerous discussions about ideas, collaborating closely with them.

Senior leaders explained the local authority were focused on promoting and encouraging technology enabled care with the hope people could manage their care for longer enabling independence. Time had been spent testing technology in one area of Surrey with plans to roll this out to the areas. This was felt to be a way of revolutionising support for people, enabling monitoring of a range of metrics including monitoring inactivity of people at home and so identifying potential dehydration, which could be one cause of avoidable hospital admission.

A pilot programme for single-handed care developed by the local authority and partners focused on the upskilling of social care professionals, health colleagues, and domiciliary care providers around the use of single-handed aids, equipment, and moving and handling practices. Single handed carer reduces the need for 2 staff to provide the support giving a more personalised approach. Staff explained this had meant there had been some innovation with equipment and products that were unavailable to people usually. For example, the introduction of cost-effective hybrid mattresses, hoists, and slide sheet systems, to improve service quality and safety. They had expanded product ranges for single-handed care reflecting a responsiveness to people's diverse requirements.

Senior staff told us the provision of adaptations through the Disabled Facilities Grants remained a challenge for them as practice across the districts and boroughs could be very different, with people waiting up to a year for major adaptations. However, an adaptations meeting had taken place to try and build connections and improve consistency of practice, supported by OT's locally.

The Community Equipment Service (CES) in Surrey offered assistive equipment and adaptations for independent living. The Community Equipment Service OTs were part of locality teams with specialist teams in mental health, learning disabilities and autism, and transitions. Transitions meant young people moving between children's and adults services. Social Care teams assessed people's needs and the CES delivered and installed equipment and minor adaptions through a commissioned service provider. Target timescales for delivery differed depending on the nature of the equipment and the urgency for the provision. Median wait times for equipment to be delivered varied from 1 day for urgent equipment, to 16 days for special equipment, with 6 days for standard equipment. Delivery preferences were considered for people which sometimes fell outside of these target timescales. The local authority told us they were continuing to work with the provider to strengthen their workforce, as this had caused some delays.

Provision of accessible information and advice

People could access information and advice on their rights under the Care Act and ways to meet their care and support needs. This included unpaid carers and people who fund or arrange their own care and support. Data for Surrey in relation to people who use services who find it easy to find information about support was 69.63% and in line with the England and national averages, Adult Social Care Survey (ASCS) 2023. Similarly, data for unpaid carers in Surrey who find it easy to access information and advice was 57.53%, and also in line with the England and national averages, Survey of Adult Carers in England (SACE) 2024.

There was a range of advice and support available to people however one unpaid carer felt there could be more support in trying to navigate the system in terms of getting information and advice. Another unpaid carer had a better experience saying advice and information was given to them by a social worker on how to access services and facilities within their own community which they found beneficial.

An Information and Advice Strategy was available on the local authority website. The strategy was co-designed with partner organisations and people in Surrey. An Information and Advice Service formed part of the front door to the local authority and ensured people could access information about care and support including telephone, text, online and printed information. Information was available in other languages. There was also a directory of services, 'Connect to Support Surrey' to promote and streamline access to services for people, and a Learning Disability and Autism hub. Information and advice provided by the service was regularly tested with people with lived experience to gather their feedback.

The local authority were currently delivering two public awareness campaigns; Planning for your Future, in partnership with a charity aimed at people who self-funded their care, and promotion for the Connect to Support Surrey directory, to encourage people to self-serve. Partners said Connect to Support Surrey was still complex to navigate but they felt there was an improvement to the previously version.

Direct payments

The use of direct payments was seen as a way of offering choice to people who may not want a commissioned service and the rate of people using direct payments was just above the national average in Surrey. Data shows a usage of direct payments at 29.16% compared to the England and regional averages of 26.22% and 25.90% respectively. The local authority advised this was a 1.6% increase in usage from 2021/22. Rates for people aged 65 and over accessing long-term support who were receiving direct payments was also higher at 18.95% compared to 14.80% for England and 15.48% regionally. However, usage of direct payments for carers was lower than England and regional averages at 67.48%. Adult Social Care Outcomes Framework (ASCOF) 2023.

People had access to some information, advice and support to use direct payments but feedback was this area could be further improved. Some people felt the process was difficult and did not feel flexible or supportive. Another person was unclear how their personal assistant could be used and how much they would have to pay towards this. One unpaid carer had been given 3 hours a week to employ a personal assistant to enable them to have a break, however, did not feel this was enough, as they cared for them 24 hours a day. More positively a direct payment was provided to enable support for one person's care and they told us this was provided in a flexible way to suit their lifestyle and preferences.

Staff told us they were passionate in delivering the right service for people. They encouraged the use of direct payments and more people had taken up the offer with many people being happy to use them. Support with the process was given to people and overall people including unpaid carers liked having the flexibility and choice. The local authority had promoted direct payments to target specific communities with events run at venues such as local mosques.

The local authority had however identified that the direct payment service needed to be improved. A 5 year strategy had been developed with staff employed to lead this. The Direct Payments Strategy for Children's and Adult's Social Care 2023-2028 had been co-produced with people in receipt of direct payments, people working in the system, service providers, voluntary sector organisations and user groups. Six main themes were identified for improvement within this strategy , including ensuring there was clear, accurate and accessible information, quality support from social care practitioners through workforce development, streamlined systems and administration, and developing the provider market.
