

# Market Position Statement

For health, social care and education providers working in Ealing

## 2017 – 2018

**Children's & Adults Services**



Living well in **Ealing**



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Care and support information: [www.careplace.org.uk](http://www.careplace.org.uk)

Provider information: <https://www.careplace.org.uk/Information/Ealingproviders>

Service and quality improvement guides: <http://www.careimprovementworks.org.uk/>

# Part 1: General Information

## Introduction

Our aim for children and young people in Ealing is to:

***“Create a great place for every child and young person to grow up”***

Our vision for adult social care is that:

***“In Ealing, adults with additional needs will lead healthy and independent lives supported by prevention and support offers that are well known, effective and delivered in partnership with care professionals, services users and service providers”***

## What is a market position statement?

Ealing’s Market Position Statement (MPS) sets out key national and local changes that will impact on the health, social care and independent education market; and provides supply and demand information relevant to the provision of services in the borough. The MPS is updated annually and is available to download at [www.ealing.gov.uk](http://www.ealing.gov.uk)

## Who is the market position statement for?

Ealing’s MPS is targeted at the health, social care and education market (including voluntary and community service providers). It is anticipated that these markets will change significantly over the next few years as a result of ongoing policy and population changes, and the continued financial pressures faced by statutory agencies. In this context, commissioners recognise that providers are an important source of intelligence as to the capacity, characteristics and pressures faced by the local markets. Therefore we wish to work with providers to utilise this knowledge and experience to assist us in thinking creatively about future service models and the solutions that can best respond to the anticipated changes within our differing marketplaces. The MPS provides the opportunity for commissioners and providers to build constructive relationships; and sets out our aims to support and maintain sustainable markets that deliver high quality value for money services. Consequently, the MPS contains key information on need, demand and development opportunities for the forthcoming year.

## What we want service providers to do with the statement

We want providers to use the MPS as a starting point for reviewing current delivery models to ensure that they are robust and adaptable to operate within the current climate and meet the growing requirement for integration (including, in particular, services that support hospital admission avoidance and discharge). We want providers to develop preventative solutions that assist with reducing demand for long-term support through new ways of working that promote recovery, maximise independence and provide qualitative outcomes.

We would advise providers to make full use of CarePlace and to participate in Ealing's various Provider Forums to ensure they receive regular updates and find out first-hand about any new opportunities within the local health, social care and education arenas.

## **Policy and financial context**

In recent years public policy has emphasised the importance of personalisation, self-care and choice; and has increasingly set out the need for greater co-ordinated health and social care for adults in need and their carers as well as for children and young people.

This focus is underpinned locally with the ongoing embedding of the Care Act 2014 and the Children and Families Act 2014; targeted use of the Better Care Fund (BCF) to design new shared service models and delivery with the NHS; and the roll out of the North West London Sustainability and Transformation Plan (STP) which aims to coordinate sub-regional health and social integration and delivery priorities across all age groups.

### **Children and Families Act (2014)**

This act changes the way in which we work with children and young people in the 0 to 25 age range who have special educational needs (SEN) and/or disabilities.

### **Ealing policy for children and young people**

Through our Brighter Futures programme we are working to prevent, wherever possible and desirable, children becoming looked after. We are doing this through targeted, intensive interventions with families. For children who do become looked after we are trying where possible to place them in family settings as near as possible to their home area. We know, though, that we shall have an ongoing need for some residential care for looked after children; and an ongoing need for foster care for children of varying ages and with a range of need.

For children with SEN we are trying wherever possible to keep them at home with access to local services. We are expanding both the range of specialisms and the capacity of local state funded schools, both special and mainstream. We know, though, that we shall have an ongoing need for some independent sector non state funded schools, though with a reducing need for boarding or residential schools except in exceptional circumstances. For children with disabilities and assessed care needs, we are working to support them and their families through local services such as domiciliary care.

### **Health needs of children**

We are committed locally to meeting the health needs of children through a range of integrated services, bringing together local authority front line services and health services for children with emotional health and well-being needs; children with disabilities; and universal and targeted health services for under-fives and their parents/carers and the school age population.

## Care Act (2014)

The Care Act requires that Councils (and their partners) focus on delivering:

- **Wellbeing**  
Councils need to look at a person holistically and consider their care and support needs in the context of their skills, assets and ambitions.
- **Prevention**  
Councils must aim to prevent, delay and reduce a person's need for long-term care and support, and consider the support needs of carers.
- **Information and advice**  
Councils must offer effective and accessible information and advice services
- **Advocacy**  
Councils must provide an independent advocate where it is determined that a person has 'substantial difficulty' in understanding, retaining information; or communicating their views, wishes or feelings; and where there is nobody else willing or appropriate to assist the person.
- **Support for carers**  
Councils must provide or arrange services that support carers and young carers
- **Market management oversight duties**  
Councils must ensure that their commissioning activities focus on developing a sustainable care market that promotes quality services, including workforce development, and ensure services are appropriately resourced
- **Provider business failure**  
Councils must have robust plans in place to manage the potential failure of regulated care and support providers operating in their local area
- **Integration and partnerships**  
Local agencies must work in a joined-up way to eliminate disjointed care and support which can often result in a negative impact on a person's health and wellbeing.

## Health and social care integration

Ealing's shared vision (and planning) for local health and social care integration aims to focus on:

- Transforming the quality of care for young people, adults in need, and carers and families
- Empowering people to gain, regain or maintain their independence and lead full lives as active participants in their communities.
- Shifting resources to where they will make the biggest positive impact

Consequently, health and social care commissioners are seeking to procure services that embed integrated models of practice and service delivery. It is envisaged that these coordinated systems will improve lifestyle, health and social outcomes in a seamless and timely manner, by ensuring:

- Better health outcomes for people, delivering improved quality of life and independence
- A reduction in the need to attend hospital by receiving care in community settings or own home

- If hospital admission becomes necessary, then lengths of stay will be shorter as we will ensure discharge is supported, with people going home as soon as their medical condition allows
- When at home, patients will receive appropriate support to feel safe and secure
- Early intervention and preventative care will help minimise deterioration of conditions, and help people remain healthy for longer and receive help as early as they feel is necessary
- People will only need to tell their story once - rather than have to repeat their history with every professional they come into contact with
- Advocacy services will be available for those people who need them
- People and carers will be coached on the management of chronic conditions, making them more confident and able to self-care, and to know when there is cause for concern and when there is not.

## **Sustainability and transformation**

NHS planning guidance for the period up to 2020-21 outlines the need for new approaches to ensure that health and social care services are built around the needs of local populations. To do this, multi-year Sustainability and Transformation Plans (STP) will be produced to illustrate how services will evolve and become sustainable over the forthcoming years – ultimately delivering better patient care and improved whole system efficiencies. The North West London STP will set out the priorities for our sub-regional area, including Ealing.

## **Financial position 2017-18**

The continuing rise in demand and the cost of care presents a significant challenge to deliver services within our current funding levels. The Council has recognised the need to transform the way we work to give even greater emphasis to reflecting asset and strength based approaches to support people to live independently for as long as possible, acknowledging the important role of informal carers and support networks.

## **Managing demand in adult social care**

Adults' Services will explore how current and new demand can be managed effectively with a stronger focus on outcomes, and in turn reduce overall spend by the directorate. This will include developing a series of individual projects that focus on specific changes at points in the customer journey and a co-ordinated programme of activity focused on cultural and behavioural change that defines the Ealing approach to Adult Social Care, based on the notions of prevention and independence, that in turn become the 'way we do things around here'.

## **Local strategic planning**

Ealing's market position statement complements a number of local multi-agency plans, including:

- **Ealing Council's Corporate Plan** sets out the long term vision for the economic, social and environmental wellbeing of the borough.
- **Ealing's Health & Wellbeing Strategy** identifies measures (with the NHS) to make Ealing a healthy and successful place.

- **Ealing's Joint Strategic Needs Assessment (JSNA)** provides analyses of local population data to guide for future prioritisation and investment. The demographic evidence presents a picture of the changing population and profile of the borough, and forecasts future needs.

Each of the above plans (and many more) can be found online at:

[https://www.ealing.gov.uk/downloads/201072/strategies\\_plans\\_and\\_policies](https://www.ealing.gov.uk/downloads/201072/strategies_plans_and_policies)

Ealing Council's Contract Procedure Rules are a set of clear rules for the purchase of works, goods and services for the Council which ensure that a transparent system of integrity and accountability exists in the procurement process which is beyond reproach or challenge. All council departments must adhere to Ealing's Contract Procedure Rules for the supply of goods and services to the Council; and in the carrying out of works for the Council.

The Council is also subject to the EU law with regard to public procurement, which requires all contract procedures, of whatever value, to be open, fair and transparent. You can find out more via the following link: [https://www.ealing.gov.uk/info/201018/tenders\\_and\\_contracts](https://www.ealing.gov.uk/info/201018/tenders_and_contracts)

## Commissioning standards

Ealing's MPS incorporates 12 standards that underpin effective commissioning and sets out what good commissioning looks like, which in turn frame Ealing's commissioning and procurement practice:

### 1. **Person-centred and focused on outcomes**

Good commissioning is person-centred and focuses on what people say matters most to them. It empowers people to have choice and control in their lives and over their care and support.

### 2. **Promotes health and wellbeing for all**

Good commissioning promotes health and wellbeing, including physical, mental, emotional, social and economic wellbeing.

### 3. **Delivers social value**

Good commissioning provides value for the community not just the individual, commissioner or the provider.

### 4. **Co-produced with people and their communities**

Good commissioning starts with an understanding that the people using services, and their communities, are experts in their own lives and know what good outcomes look like for them. Good commissioning creates meaningful opportunities for the leadership and engagement of people and communities in decisions that impact on the use of resources and shape of services locally.

### 5. **Promotes positive engagement with providers**

Good commissioning promotes positive engagement with all providers of care and support. This means market shaping and commissioning should be collective endeavours, with commissioners

working alongside providers and people with care and support needs, carers, family members and the public to find shared and agreed solutions.

**6. Promotes equality**

Good commissioning promotes equality of opportunity and is focused on reducing inequalities in health and wellbeing between different people and communities.

**7. Well-led by local authorities**

Good commissioning is well led within Local Authorities through the leadership, values and behaviour of elected members, senior leaders and commissioners of services, underpinned by principles of co-production, personalisation, integration and the promotion of health and wellbeing.

**8. Demonstrates a whole system approach**

Good commissioning convenes and leads a whole system approach to ensure the best use of all resources in a local area through joint approaches between the public, voluntary and private sectors to improve outcomes.

**9. Uses evidence about what works**

Good commissioning uses evidence about what works; using a wide range of information to promote quality outcomes for people and communities, and to support innovation.

**10. Ensures diversity, sustainability and quality of the market**

Good commissioning ensures a vibrant, diverse and sustainable market to deliver positive outcomes for citizens and communities.

**11. Provides value for money**

Good commissioning provides value for money through identifying solutions that ensure a good balance of quality and cost to make the best use of resources and achieve the most positive outcomes for people and their communities.

**12. Develops commissioning and provider workforce**

Good commissioning requires competent and effective commissioners and facilitates the development of an effective, sufficient, trained and motivated social care workforce. It is concerned with sustainability, including the financial stability of providers and the coordination of health and care workforce planning.

## **Market shaping and oversight**

Commissioners will actively support market development by:

- Working with providers to offer high-quality services supported by a highly-skilled workforce
- Ensuring that commissioning practices comply with the Social Value and Equality Acts
- Working with providers to build a sustainable local market for care and support



- Encouraging a diversity of providers with different types of service solutions
- Having due regard to the sufficiency of provision, in terms of capacity and capability
- Planning for anticipated needs for people requiring support regardless of how they are funded
- Understanding the market and developing greater knowledge of provider businesses
- Signposting to and facilitating supplier events to support local providers
- Working with interested service users and care providers to develop a care cooperative

## Quality assurance

**Children** - Children's services will work with providers to develop quality assurance standards for each of the dynamic purchasing systems that are currently being implemented or are under development.

**Adults** - The provision of high quality care and support is ever more important, particularly at a time when the financial pressures on public services are increasing. Our primary focus is to work in collaboration with providers to restate a shared commitment to quality and to translate this into practice that makes a real difference to people's lives. We will actively ensure that, through our commissioning arrangements, high quality services are delivered to all users. Consequently, quality will be a central feature of our local managers' network and established provider forums.

To underpin our commitment to quality - Ealing Council, Ealing Clinical Commissioning Group (CCG) and the Care Quality Commission (CQC) established a Joint Quality Assurance Group in 2015 to share market intelligence and better co-ordinate a joint agency response to quality matters. In parallel to this and in partnership with Skills for Care, Ealing Council supports the Ealing Registered Managers Network, which is focused on improving the quality of care and supports services and workforce development. Information for providers can be found at:

<https://www.careplace.org.uk/Information/Ealingproviders>

We also ensure that self-funders buying their own care and support have the same assurances on quality as we do. Consequently, our Placements and Brokerage Teams may, if requested, assist self funders in navigating the care and support market.

## Training and workforce development

**Children** - limited training opportunities are on offer, for example in relation to children's safeguarding. In the main, providers are expected to take the initiative in this area working individually or collectively both locally and across the Central and West London sectors.

**Adults** - Ealing Council is fully committed to providing professional development opportunities for care and support staff from the private, voluntary and independent sectors. There are currently over 100 external organisations registered with our online training system. These include care homes, care agencies, voluntary groups and carer organisations.

Our criteria for registration is that organisations must be either based in the borough or, if based outside the borough, have a contract to provide care and support services on the Council's behalf.

The training courses offered, from April 2017, cover the core requirements set out in the Skills for Care – Care Certificate Framework. Achieving the care certificate ensures that staff working have the required values, competencies and skills to provide high quality compassionate care. As well as ‘classroom’ style training we also offer the option to complete Adult Social Care courses on e-Learn the Council’s eLearning website. The adult social care courses offered for 2017-18 are as follows:

- Autism Awareness
- Boundaries and Good Practice in Social Care
- Challenging Behaviour (Disabilities)
- Good Practice for Home Carers
- Introduction to Dementia
- Introduction to the Mental Capacity Act
- Learning Disability Awareness
- Level 2 Award in Duty of Care
- Level 2 Award in Effective Communication
- Level 2 Award in End of Life Care
- Level 2 Award in Equality, Diversity and Inclusion
- Level 2 Award in Food Safety, Nutrition and Hydration
- Level 2 Award in Infection Control and Prevention
- Level 2 Award in Person Centred Care and Support
- Level 2 Award in Pressure Care Management
- Level 2 Award in Promoting Dignity in Care
- Medication
- Mental Health Awareness (for Non Mental Health Staff)
- Person Centred Care & Dementia
- Safeguarding Adults: Level 1 (Raising a Concern)
- Working with Clients Who Lack Capacity
- Autism Awareness
- Boundaries and Good Practice in Social Care
- Challenging Behaviour (Disabilities)
- Good Practice for Home Carers
- Introduction to Dementia

All of the adult training courses are currently **free of charge**. However, this is under review and as such the Council may charge for courses from April 2018 to ensure that a sustainable training offer can be maintained in the future. The adult social care training programme can be accessed by contacting the Training & Development Team at [trainingsocialcare@ealing.gov.uk](mailto:trainingsocialcare@ealing.gov.uk) or 020 8825 8780. Providers can also make use of a number of national online workforce tools to assist them in developing their workforce. Skills for Care currently offer the following online support tools:

- Skills for Care – Workforce Capacity Planning Tool  
<http://www.skillsforcare.org.uk/Standards/Care-Act/Workforce-capacity-planning/Workforce-capacity-planning-model/Workforce-capacity-planning-model.aspx>
- Skills for Care – Workforce Readiness Tool  
<https://www.snapsurveys.com/wh/surveylogin.asp?k=141137934094>

## Business development and support

Ealing Council, through its Commercial & Procurement Unit and Economic Regeneration Services periodically runs business focused events – the focus of which will be to support improved business resilience and sustainability. Events will be advertised on the Council's website [www.ealing.gov.uk](http://www.ealing.gov.uk)

The Council also offers business continuity advice i.e. if your premises were affected by a disruption like a fire, flood, IT failure or power loss, how would your business cope? Business continuity is about understanding and managing risks to the everyday running of an organisation. It helps you to prepare for disruption by planning different ways of working so that you can continue to deliver your key services and get back up and running as quickly as possible. You can access business continuity advice via the Council's website at:

[https://www.ealing.gov.uk/info/201214/business\\_continuity](https://www.ealing.gov.uk/info/201214/business_continuity)

## Sub-regional market management (West London Alliance)

**Children** - There is a far reaching children's programme that is coordinated via the WLA, which involves up to nine Local Authorities working together on a range of issues, examples of which are:

- A coordinated approach to inflationary increases
- Provider forums
- Contracts for independent fostering agencies and semi-independent accommodation providers
- Residential children's home managers network

Work in hand that started in 2016-17 and will be completed in 2017-18 includes:

- Development of dynamic purchasing systems for children's residential care, SEN schools and independent fostering agencies
- Use of the CarePlace e-Brokerage system
- Development of CarePlace to provide feedback to successful and unsuccessful providers to help them to shape their service offer
- Review of internally and externally provided services to ensure they dovetail and to ensure no over or under supply

**Adults** - The West London Alliance (WLA) continues to be an effective sub-regional hub for the exchange of good practice and market intelligence, and plays an important role in implementing cross-borough procurement arrangements. Through membership of the WLA, Ealing's commissioners have:

- Ensured local commissioning intentions are consistent with wider regional intentions
- Supported the development of a shared sub-regional market approach
- Engaged in sub-regional procurement projects with neighbouring authorities

The WLA's online platform – CarePlace – will be used to provide Ealing's core online information and advice offer and resource directory hub. You can access CarePlace via the following link: [www.careplace.org.uk](http://www.careplace.org.uk)

## Contingency planning for provider failure

All Councils have a temporary duty to meet the needs of people affected where a provider is unable to continue to operate due to a business failure. The duty applies to all people receiving care from CQC regulated care providers operating in the borough, whether or not the council organises or pays for that care.

In most cases where a business fails, administrators will be appointed and services will continue to operate until the service has safely closed in a planned way or a new buyer is found – in these ‘planned’ events the duty would not be triggered. However, where there is or has been an imminent failure then the Council has a duty to act. The Care Act outlines that local authorities must meet a service user’s temporary care needs for as long as it considers it necessary to do so (with the duty also extending to self-funders). The Council can charge for the services it arranges and where it is permissible for it to so. However, NHS funded Continuing Healthcare placements or packages of care will remain the responsibility of the commissioning NHS CCG. In direct response to the Care Act duties, Ealing established:

- A ‘Business Failure Continuity Plan’ in partnership with the Civil Protection Service
- Incident response teams to respond to individual provider failure events – the teams will also include NHS colleagues where a failure involves NHS funded placements
- Business intelligence sharing arrangements in partnership with the Care Quality Commission
- Systems for maintaining provider information including vacancy and capacity information.

## Partnership working and co-operation

Ealing’s commissioners continuously develop improved links with other public agencies as part of the duty to co-operate. Commissioners will in particular:

- Establish opportunities for greater integration between Adult Social Care, Children’s Services, Housing, the NHS and Public Health
- Proactively co-operate with local and regional partners in discharging our commissioning functions
- Work with neighbouring boroughs and CCGs on both cross-authority planning and individual care and support matters.

Regular provider engagement is also central to ensuring effective co-operation and partnership working. To this end the Council (with its partners) has established a number of dedicated provider engagement forums, including:

### Children

- Independent fostering providers
- Children’s residential care providers
- SEN providers

### Adults

- Ealing Care Home Forum

- Learning Disabilities Provider Forum
- Mental Health Provider Forum
- Homecare Provider Forum
- Information and Advice Provider Network

In addition to the above adults social care forums, and in partnership with Skills for Care, Adults Services hosts a local Registered Managers Network for registered and non-registered care and support managers (and their deputies).

## **Part 2: Key Market Messages**

### **Key achievements 2016-17**

#### **Children's Services successfully:**

- Established a new DPS for domiciliary care
- Worked with adult commissioners to commission advocacy and carers' services
- Worked via the WLA to set up a semi-independent accommodation provider contract
- Utilised CarePlace for a number of purposes (including e-Brokerage)
- Worked via the WLA to streamline in-house fostering services
- Piloted and planned the whole scale roll out of a new approach to working with children and families, called Brighter Futures
- Worked with a wide range of providers to plan for the anticipated CQC/OFSTED inspection of SEN and disability services
- Set up a new language contract
- Established a Young Carers protocol with Children's and Adults, West London Mental Health Trust and Substance Misuse
- Secured new targeted Children's Community Health Services via a 5 year contract allowing services to be fully managed and accountable

#### **Adults' Services successfully:**

- Procured a single Care Act and IMCA / DOLS advocacy provider to commence 1st April 2017
- Established a new Dynamic Purchasing System (DPS) for Care Home and Supported Living - with over 330 individual services successfully joining between September 2016 - March 2017
- Developed a new E-brokerage module (via CarePlace) for the Adults Placements Team to securely source placements from the new DPS providers
- Introduced new price bands for over 55's care home placements and new 'open book' pricing templates for mental health and disability services.
- Published an Information & Advice Strategy and began the process of re-configuring local information and advice resources to ensure they meet Care Act and NHS England requirements
- Established a Registered Managers Network (in partnership with Skills for Care) for Ealing-based registered and non-registered managers
- Re-purposed the Ealing Careline service to offer a consolidated telecare and alarm monitoring response service for NHS patients and Adult Social Care service users.
- Established a DPS for the provision of adult substance misuse intensive community, residential rehabilitation and detoxification/stabilisation services with 28 providers joining in the first round.
- Opened 2 new supported housing projects for homeless substance misusers for those motivated to engage with recovery and an abstinent service.
- As part of the London Equipment Consortium, awarded a new four year contract for Community Equipment Services to commence 1st April 2017
- Procured a new Carers' Support Service to commence 1st April 2017

- In collaboration with Hammersmith & Fulham CCG, procured a new service user involvement provider for mental health.

## **Key messages 2017-18**

### **Children's Services will:**

- Further utilise CarePlace as our primary information tool
- Develop, via the WLA, new residential care, fostering and SEN education Dynamic Purchasing Systems (DPS)
- Embed and grow the existing DPS for Children's Domiciliary Care
- Tender for an impartial Information and Advice Service, as required by the Children and Families Act, for the 0 to 25 population (with SEN / disabilities and their parents)
- Tender for school nursing and health visiting service
- Tender for a range of short breaks services
- Recommission emotional health and well-being services for children and young people in the borough
- With Ealing CCG and mental health providers transform CAMH provision (Future in Mind)
- Develop partnerships with private and 'not for profit' housing providers to increase the capacity of affordable accommodation for care leavers

### **Adults' Services will:**

- Increasingly focus on the core themes of prevention, demand management and the effective delivery of service user outcomes during the course of this year - with a particular emphasis on the following key areas:
  - Community – how can we best utilise the community to help people remain independent
  - Front door – how can 'front door' services work with people who contact them remain independent
  - Assessment and review – how do we maximise use of asset-based approaches to help people retain and / or regain their independence
  - Reablement – is our reablement offer targeted at the right people and delivering effective outcomes
  - Equipment & Telecare – are these options being fully utilised throughout the assessment and review processes
  - Behavioural & Cultural Change - how we will develop and skill the local social care workforce to operate in ways that actively deliver the above themes
- Develop, in partnership with WLA and NHS colleagues, an Enhanced Health in Care Homes model of care (see Page 17 for details)
- Develop, in partnership with NHS colleagues, a Discharge to Assess model (see Page 18 for details)
- Extend telecare equipment and alarm monitoring services to local residents (via Ealing Careline) and other falls prevention services, such as strength and balance and befriending

- Improve the co-ordination and quality of information and advice services with the new Carer Support Service providing guidance to all voluntary sector providers of information and advice services
- Implement the newly agreed Mental Health Strategy, extending community based support
- Develop a new Autism Strategy to inform future commissioning of services for Adults with Autism, building on the recently completed JSNA chapter.
- Implement, with NHS colleagues, improved access to short-term placements, where patients can be moved from hospital to a supported setting for a limited period whilst assessment and eligibility decisions are made.
- Go live with a new Dynamic Purchasing System (DPS) for Standard Homecare, Reablement and Complex Care to assist people to regain and/or maximise their independent living skills. New care agencies are encouraged join the new DPS at any time during the term of the DPS.
- Continue to actively identify and encourage new care home and supported living providers to join the DPS for Care Home and Supported Living Placements
- Explore options with the market on increasing the number of residential dementia and nursing dementia beds available for respite and short-stay purposes.
- Launch a women's complex need service to deliver a multi-agency one stop shop model to women with substance misuse, mental health, domestic abuse and sexual violence needs.
- Employ 2 social workers in the adult disability team to support change resistant drinkers and develop effective packages of care to address their specific needs.
- Aim to improve the take-up of direct payments
- Develop a new Carers' Strategy, building on the recently completed JSNA chapter
- Develop a new Alcohol Strategy to inform future commissioning of services.
- Develop a new Travel Support Strategy, promoting walking and independent travel, effective use of public transport and re-procuring special needs transport where necessary.



## Part 3: Service Area Profiles

### Children

#### Population profile

Ealing is the third most populous London Borough. For more detailed information about the children's population (and other population information) please refer to the Joint Strategic Needs analysis on Ealing Council's website.

[https://www.ealing.gov.uk/downloads/download/3593/joint\\_strategic\\_needs\\_assessment\\_jsna\\_2016](https://www.ealing.gov.uk/downloads/download/3593/joint_strategic_needs_assessment_jsna_2016)

Key facts about children:

- 25.5 per cent of the population is aged 19 and under – higher than the England and London averages
- There are 88,000 children and young people aged 0 to 19 years
- The total population of 0 to 19 year olds is set to rise by 6.6 per cent by 2026
- The birth rate peaked in 2010, fell by 2013, and seems now to have levelled out at just under 5,500 births per annum
- 83.6 per cent of pupils in maintained schools are from minority ethnic groups

#### Current demand profile

- Number of children on child protection plans – 232 (as of 31<sup>st</sup> March 2017)
- Number of looked after children – 347 (as of 31<sup>st</sup> March 2017)
- Number of children with special educational needs – 7,619 which is 14.2 per cent of the school population

#### Opportunities and development in 2017-18

- There is an ongoing demand for local foster carer placements with a particular unmet need for foster placements for older young people, in their teens, who may be vulnerable due to a range of family and societal issues and who may show challenging behaviour and/or be in need of protection from harm
- There is an ongoing demand for high quality, local residential care for older young people, in their teens
- There is an ongoing demand for high quality, local semi-independent accommodation (note that additional providers can join the DPS and should approach the WLA if they are interested in doing so)
- There is an ongoing demand for domiciliary care for children, with a particular unmet need for providers that can work with children with very challenging behaviour who may have a learning disability and/or autism and or mental health needs.
- There will be opportunities for providers to bid to run school nursing and health visiting services (block contract)

- There will be opportunities for providers to bid to be on a residential short breaks DPS
- There is an ongoing opportunity for providers to bid and join the DPS for children's domiciliary care for children and young people aged 0-25
- There will be an opportunity for providers to bid to run an impartial information and advice service for people aged 0 to 25 with SEN or disabilities, and their parents
- There will be opportunities for providers to bid for work supplying passenger assistants on home to school transport

## Older adults

### Population profile

The over-65 population in Ealing grew by 1,800 between 2012 and 2015. The greatest rise was in the 90 and over age group with an increase of 23%. Population projections for the next 10 years from the Greater London Authority population projections show that Ealing's population aged over 65 will grow by 55%. The greatest percentage rise is in the 90 and over age group with a predicted increase of 57% from 1,700 to 2,700.

### Population Projections by Age Group

Age	2016 Population	2026 Population	% change 2016 - 2026
65 - 69	12,700	15,000	+18%
70 - 74	9,400	12,300	+31%
75 - 79	7,600	9,900	+29%
80 - 84	5,600	6,600	+17%
85 - 89	3,400	4,500	+32%
90 +	1,700	2,700	+57%
All 0 to 90+ Ages	343,700	355,400	+3%

Source: GLA 2016 round population projections (SHLAA, DCLG)

There are 13,000 older people in Ealing who cannot manage at least one self-care activity; this figure is predicted to rise to 14,750 (19.4%) by 2020. Ealing has a diverse population, with 38% of the older population made up of BME communities. There are an estimated 2,747 older people with dementia in Ealing.

The number is predicted to rise to 4,350 by 2030. National prevalence data also predicts that there are in the region of 70 people with working age dementia in Ealing, however data from local support services would suggest that the actual number is considerably higher. Sensory impairment disproportionately affects older people.. Rates of all disabilities in Ealing are predicted to rise significantly by 2025 except for serious visual impairment and moderate/severe learning disability.

### People over 65 with disabilities in Ealing 2017 and 2025 projections

	2017 Number	2025 Number
65 and over with moderate or severe visual impairment	3,663	4,489
65 and over with moderate or severe hearing impairment	17,599	21,907
65 and over with severe hearing impairment	466	592
65 and over with moderate or severe learning disability	119	142

Source: PANSI<sup>1</sup> & POPPI<sup>2</sup>

<sup>1</sup> <http://www.pansi.org.uk/>

<sup>2</sup> <http://www.poppi.org.uk/>

## **Current demand and supply profile**

In 2016-17 there were 5213 people over the age of 65 receiving adult social care support. This is an increase of 343 from the previous year.

### **Support at home**

In 2016-17, external care agencies provided support to 1752 older residents; in addition the Ealing Council reablement service provided support to 661 older residents in the borough.

External Care agencies fed back capacity pressures in regard to:

- Emergency packages of care e.g. to start within 24 hours or facilitate discharge from hospital
- Double-up care - particularly for male service users
- Language requirements e.g. Hindi, Urdu, Gujarati
- Gender specific care i.e. access to male carers
- Limited availability in specific wards i.e. Ealing, Perivale, Acton and Park Royal
- Skilled staff able to work with dementia / challenging needs

The Council is working closely with the homecare market and other boroughs to build capacity across all categories of care, but in particular for double-up care and male carers. Ealing, Perivale, Acton and Park Royal are particular areas where the Council wishes to see additional or new capacity develop.

### **Registered care homes**

There are currently 58 registered care homes in the borough providing 1,764 beds (of which 1,252 are nursing beds). Approximately 80% of referrals to care homes were for people aged over 55 within which was a majority of people with dementia. There were noted increases in requests for planned respite or short-stay placements.

There are a number of residents already resident in care homes; Ealing Council funded 185 new permanent care home placements for people over 65 and provided 102 new short-stay and or respite placements in 2016-17 for people over 65. Approximately 72% for frail elderly; 20% organic mental health; 5.5% physical disabilities; and 2.5% functional mental health. In 2016/17 there were 589 older people in receipt of NHS Continuing Healthcare (CHC) funded placements. The main needs for CHC placements for older people were physical disabilities, mental health frailty and learning disability. Of the 589 clients CHC funded placements 362 were fast tracks – i.e. end of life palliative care and 227 were ordinary CHC funded care.

The need for permanent residential placements for frail older people is likely to reduce as more people are supported in their own homes or in extra-care sheltered housing services. The age of people entering residential care has increased, further reducing the need for this category. However, evidence indicates that people who are placed in residential care are now more likely to have complex care needs.

The demand for nursing placements remains stable in terms of demand and supply. However, we expect integration with health to increase the proportion of short-stay nursing placements in order to support people recovering from a period of ill-health prior to returning their own home. The need for residential and nursing dementia beds remains high, particularly for respite and short-stay purposes. There is also a particular need for dementia placements to support residents with challenging needs.

Noted issues identified by care home providers included:

- Increasing requests for people with complex needs
- Many residents are immobile with a higher risk of falls
- Significant number of residents have dementia
- Lack of homes who can effectively look after people with challenging / complex needs
- Medicines management is a real issue in some homes
- Isolation / low resilience of smaller providers to operate in the current financial climate
- Workforce development and the recruitment and retention of staff
- Training needs of care home staff

### **Extra-care supported housing**

There are currently two extra-care schemes providing 75 self-contained flats, both are popular and have waiting lists. We expect demand to continue to grow, and anticipate that this service model will be extended to other client groups. Whilst there are no current development plans for additional extra-care provision in the borough, we will nonetheless continue to be open to discussions with providers and developers as to how extra-care capacity could be increased and sustained to meet any new anticipated demand as it arises.

### **Community equipment and telecare**

Equipment and adaptations can have a significant impact in enabling people to live independently. We will continue to invest in this area as we know that these solutions are vital in supporting independence, dignity and wellbeing. During 2016-17 more than 5,800 borough residents were supported with new equipment issued via the Integrated Community Equipment Service. A further 1270 residents who have received equipment in previous years were supported with repairs and maintenance of equipment. Since The Telecare and Careline operating arrangements were revised in May 2015 679 referrals have been made for Telecare services up to March 2016. This is an average of 61 new referrals per month. 1,619 pieces of Telecare equipment have been issued. Some of this was issued to new customers and some as additional equipment as part of the re-evaluation of existing services/equipment. A total of 89.5% of all telecare users in 2016-17 were aged over 65 years old.

### **Opportunities and developments 2017-18**

- The Council and NHS will continue to implement 'rapid' access to short-term placements, where patients can be moved from hospital into a supported setting for a limited time whilst assessment and eligibility decisions are made.

- We have established a Dynamic Purchasing System (DPS) for the sourcing of residential, nursing and supported living placements. Care home providers can join the DPS at any time during the term of the DPS.
- We have established a Dynamic Purchasing System (DPS) for Standard Homecare *and* Intermediate Care Services (Reablement) for the provision of short term intensive support, to assist individuals to regain and/or maximise their independent living skills. Care agencies can join the DPS at any time during the term of the DPS.
- The Council and NHS will investigate with care homes initiatives to improve the care and support of people with challenging /complex needs
- The Council and NHS will continue to work with care homes to improve the care and support of vulnerable older people
- The Council and NHS will examine options to increase the number of residential and nursing dementia beds for respite and short-stay purposes.  
The Council and NHS will examine options to increase Care homes who can support people with dementia with challenging needs.
- The Council will work with interested service users and care providers to develop a care cooperative

# Physical disabilities and sensory impairment

## Population profile

The majority of younger adults with a physical disability are supported by means other than social care services. In 2015 there were an estimated 15,000 people under 65 with a moderate long-term condition or physical disability and 4,200 people with a severe long-term condition or physical disability. It is anticipated that the population of those aged 18-64 with a physical disability / long-term condition will rise from 7% to 12% by 2030.

Population Projection	2015	2020	2025	2030
People 18-64 predicted to have a moderate physical disability	15,355	15,813	16,285	16,502
People 18-64 predicted to have a serious physical disability	4,223	4,391	4,586	4,655

**PANSI DATA**

In 2016-17 1,076 adults with a physical disability and/or a sensory impairment aged 18-64 were known to the Council. Of these 1,042 were 26 years and over, with 35 people aged between 18 and 25 years. The majority of clients received support for a physical disability; with 26 clients receiving support due to a visual or hearing impairment. The Council is also supporting increasing numbers of physically disabled adults with challenging or anti-social behaviour (including a number of people with Korsakoffs Syndrome) as a result of prolonged substance misuse.

## Current demand and supply profile

### Residential and nursing care provision

46 adults with a physical disability were in a residential or nursing care home placement in 2016-17. There is no evidence to suggest that the nursing and residential care home market requires further development. However there is a greater need to sustain a number of long term placements for younger adults with complex / dual need such those with enduring mental health or substance misuse needs. There is also a need to review current provision to support the development of greater age appropriate services.

### Supported housing and accommodation

Access to suitable supported accommodation remains limited for a number of younger disabled adults in the borough. Consequently, we propose to assess whether alternative housing support options such as 'shared' supported living provision can offer a viable option for some and whether or not these options represent value for money. We are therefore interested in speaking to existing supported living providers who can assist in a market testing exercise.

## **Support at home (homecare)**

In 2016-17 640 younger adults with a physical disability received support from a care agency. A four year 'support at home' framework is in place across the NWL sub-region and offers a dedicated support categories for people with long-term needs. However, there are service capacity issues similar to that experienced by older people's services, which we plan to address over the forthcoming year.

## **Extra-care and supported housing and housing related support**

Extra care housing and supported living services support 19 adults with a physical disability aged over 50 and there are an allocated 34 floating support places available in the borough for younger people with a disability who live in their own property. A total of 16 people were placed in B&B accommodation in 2015-16 mainly as a result of not having recourse to public funds.

## **Deafblind support**

The Social Care for Deafblind Children and Adults (2009) guidance was replaced by the Care Act 2014 from the 1<sup>st</sup> April 2015. In line with the Act we will aim to:

- identify, make contact with and keep a record of all Deafblind people in their catchment area (including those people who have multiple disabilities which include dual sensory impairment);
- ensure that when an assessment of needs for care and support is carried out, the person has specific training and expertise relating to Deafblind persons;
- ensure services provided to Deafblind people are appropriate, recognising that they may not necessarily be able to benefit from mainstream services or those services aimed primarily at blind people or deaf people who are able to rely on their other senses;
- ensure that Deafblind people are able to access specifically-trained one-to-one support workers if they are assessed as requiring one; provide information and advice in ways which are accessible to Deafblind people;
- and ensure appropriate Deafblind care and support services are available to Deafblind adults resident in Ealing

## **Opportunities and developments 2017-18**

- We are participating in the development of a Dynamic Purchasing System (DPS) for the sourcing and purchasing of residential, nursing and supported living placements that will commence 1st September 2016. Care home providers can join the initial phase of the DPS in June 2016 or at any time during the term of the DPS.
- We will establish a new Dynamic Purchasing System (DPS) for Standard Homecare and Intermediate Care Home Care Services (Reablement) for the provision of short term intensive support, to assist individuals to regain and/or maximise their independent living skills. Care agencies will be able join the initial phase of the DPS in late 2016 and then at any time during the term of the DPS once it has gone live.
- Joint commissioning arrangements will be taken forward for 0-25 year olds with SEN or disabilities including children with a multi-sensory impairment, both with and without Education Health and Care (EHC) plans.



- The Council aims to increase the independence of people with physical disabilities and as such is developing - an Access Group to look at all aspects of accessibility; a Travel Support Strategy, with an emphasis on enabling independent travel; and is working in partnership with local voluntary organisations towards improving employability for people with disabilities of working age
- The Council will work with interested service users and care providers to develop a care cooperative

## Learning disabilities

### Population profile

The number of adults with a learning disability (LD) in Ealing is increasing and the nature of need is changing. It is anticipated that the population of those aged 18-64 with LD will increase from 7% to 12% by 2030

Data source	Age range	Number of people known to services
Local Authority 2017	18+	737
Quality Outcome Framework (GP register)	18+	1255
Estimates by PANSI (People aged 18-64 predicted to have a moderate or severe LD in 2017)	18+	1311

*Source: Ealing Local Authority 2017, Quality Outcome Framework 2015/16, and PANSI data sets 2014*

Population Projection	2015	2020	2025	2030
People aged 18-64 predicted to have a moderate or severe learning disability	1289	1339	1383	1424

*PANSI data sets*

There are 737 adults with a learning disability receiving services funded by Ealing Council as at 31 March 2017. Of these, 546 live in the borough, and 191 live out of borough. Just under half who live outside Ealing, live in London. The number of people with complex needs is also increasing. As the life expectancy of people with LD increases so does the incidence of age related conditions, particularly dementia.

The age profile of people with learning disabilities in Ealing is young, with 40% of the adult population aged under 35. The prevalence of learning disabilities is higher in men compared to women, with 60% of the local population being male.

Age range	Female	Male	Total
18-24	44	78	122
25-34	68	106	174
35-44	48	79	127
44-54	63	85	148
55-64	39	49	88
65-74	24	33	57
75-84	11	8	19
85+	0	2	2
<b>Totals</b>	<b>297</b>	<b>440</b>	<b>737</b>

There has been a significant increase in the number of children and young people with a severe learning disability, and the number of school pupils with profound or multiple disabilities are

reported to have doubled. This cohort includes increasing numbers of young people with profound or multiple disabilities, complex autism, mental health needs, and people whose behaviour challenges.

Ealing is a diverse borough. 58% of the population of adults with LD are from black and minority ethnic backgrounds, and of those 28% are from Asian backgrounds.

People with learning disabilities are at significantly higher risk of early, preventable death than other groups. Whilst some of the reasons relate to higher levels of deprivation and social exclusion, and some lifestyle factors, such as being obese or overweight, poorer access to and responsiveness of health services also plays a key part. Ongoing action to improve health and access to health services for people with learning disabilities is an important priority in Ealing. Supported living and residential care providers will need to demonstrate a commitment to promoting the health and wellbeing of the people they support.

The increase in the number of people with complex needs has implications for the types and levels of support required, and reinforces the need for an integrated approach to meeting people's health and social care needs. We also need to ensure that the workforce has the right skills, knowledge and experience to work alongside people with complex needs as part of any planned future models of care and support. 170 adults with LD who are known to the Community Team for People with LD have a diagnosed MH condition. 106 adults are known to have challenging behaviour. Of this cohort, 49 people are currently settled and not presenting with challenging needs and 57 people are presenting with significant challenging behaviour which requires active intervention from the psychological therapies team.

In 16/17 there were 149 people with LD identified as having autism who are eligible for support from Ealing Council. Of these, 105 were male and 41 were female. The needs of people with learning disabilities who have autism can be particularly complex, with many having a co-existing mental illness and/or challenging behaviour and often needing psychiatric or psychological interventions. This cohort is more likely to be at risk of admission to assessment and treatment and inpatient mental health services. At November 2016, 78% of adults with learning disabilities placed in assessment and treatment commissioned by NHS Ealing CCG, also had a diagnosis of autism.

## **Current demand and supply profile**

Care and support is currently delivered by a range of providers from a small number of in-house services to a larger number of independent sector services. The majority of care and support services are purchased from suppliers through established Dynamic Purchasing Systems (DPS), frameworks or spot purchase arrangements. A total of 182 adults with LD purchased support services using a direct payment in 16/17. The development of a DPS for the sourcing and purchasing of residential and supported living placements has been successful in attracting more providers specialising in LD to work in Ealing. A total of 111 people with LD received homecare services, with a growing number making use of new outreach services being offered by local homecare agencies. Ealing Council's Support at Home DPS which went live in the summer 2017 will offer more choice for people with LD including those with complex needs. Emphasis will continue to be on commissioned services that promote independence, better quality of life and where possible prevent, delay or minimise a person's need for formal care and support by providing greater access

to universal services and through the increased use of assistive technology. If people need further care and support, then they will have improved choice through a diverse market of good quality and personalised services which are developed and shaped together with people with LD and their families.

Ealing is working with commissioners in neighbouring NW London boroughs to deliver the aims of the national Transforming Care programme. In addition to reducing the numbers of inpatient beds commissioned, dynamic risk registers are under development across children/young people and adults' services to assist in identifying and better supporting people when approaching placement breakdown, family support breakdown and other crisis situations. During 2016 – 17, a total of 9 patients were discharged from inpatient settings and only 2 patients admitted. Providers will need to respond to the diverse and complex needs of the cohort who meet the Transforming Care definition by ensuring their workforce has the right skills and expertise to support the following LD cohorts:

- autism and behaviour that may challenge
- mental health support needs
- people who display anti-social, risky or offending behaviour
- people who misuse drugs and alcohol
- people who display harmful sexual behaviour

## **Community and family support**

Just under half of all adults with a learning disability who receive adult social care live with their parents or family members. Flexible family centred support is therefore a key priority for Ealing and there is a need to ensure that people living with their families have access to a range of support and social networks i.e. day-opportunities, supported employment, outreach, support at home, and short-breaks (respite). Services will be provided by a combination of voluntary, independent and council provided services (including a Shared Lives Scheme).

The success of personal budgets has helped to diversify the day opportunities market. Ealing's vision is to encourage more use of universal services and community resources, including libraries, cultural spaces and leisure centres. Our focus will be on services that reduce people's dependence on formal support by helping them build independence and self-care skills, connect with their communities, access universal services and gain employment. Whilst we recognise that some people with LD enjoy spending time in traditional day services, many others, particularly the younger generation, want to explore new and exciting ways of occupying their time alongside other members of the community. Supported internships which are offered under the Project Search initiative have been hugely popular with young job seekers with LD. However, in line with other London boroughs the number of people with learning disabilities in Ealing in paid employment is still very low and we are committed to finding ways to increase this number.

## **Residential and supported accommodation**

During 16/17, a total of 216 adults with learning disabilities lived in a residential care home setting, with 138 people living in supported accommodation including shared ownership and shared lives. 2

older people with a learning disability live in the borough's extra-care housing schemes. 6 people with LD lived in nursing homes.

We are committed to developing further supported living accommodation in the borough and will continue to work with providers to de-register existing residential care provision over the next year to support this aim. However, there are a number of long standing vacancies within the existing portfolio of supported living services in Ealing due to the suitability or standard of the accommodation or compatibility issues in shared services. It is therefore essential that any new developments are fit for purpose and responsive to local need. There will be an expectation that new accommodation based services will ensure that they set rents at an affordable level, that is in line with the councils' expectations.

## **Opportunities and developments 2017-18**

- Ealing's vision is to broaden the market and develop different models of day resources that offer flexible opening times and a range of community activities which promote access to universal services. Whilst there continues to be a demand for building based day opportunities, we also want to talk to providers with fresh ideas and who demonstrate a commitment to co-production.
- We will work in partnership with employment agencies, the voluntary and community sector and day resources in order to maximise resources and access employment and work experience opportunities for job seekers with LD.
- Some people with learning disabilities find it difficult to attend college. We would welcome discussions with providers who are interested in working in partnership with local colleges to deliver a bespoke education offer from an alternative place of learning.
- There is a need to develop supported living services for young people age 16 + to access local schools and colleges, reducing the need for out of area education placements, particularly for young people with challenging needs.
- Equality of access to reasonably adjusted mainstream health services continues to be a priority for Ealing. In addition to commissioning a project to deliver awareness training to local health professionals and facilitate a LD champions' network, Ealing wants to work with providers who are committed to supporting people to lead healthier lifestyles and encouraging access to annual health checks and cancer screening programmes.
- Ealing wants to work with providers who are committed to delivering best practice Positive Behaviour Support to improve quality of life, increase independence, manage risk and reduce the reliance on 1:1 and 2:1 support and other restrictive practices. There is an expectation that providers in Ealing will work collaboratively with local clinicians to deliver flexible and person / family centred support within capable environments which are compliant with the NICE guidelines.
- There is a need for more accommodation based short-breaks for people with LD (including autism) who have challenging needs and who live with their family carers
- In 2017/18 Ealing intends to commission a small residential service to offer bespoke accommodation for people with learning disabilities/autism with challenging behaviour and/or mental health needs. The service will offer accommodation for people moving back to borough or stepping down from hospitals and a "crash pad" for people in crisis situations who are at risk of an inpatient admission.

- Ealing wants to develop services for the ageing LD population so that they are flexible and responsive to this increasing need and encourage mainstream services such as 'extra care' sheltered housing to allow access to those with LD.
- We want to engage with support providers who are able to work with housing providers to develop bespoke housing solutions for people with LD and autism who have challenging needs.
- Ealing is keen to engage with supported living providers in Ealing to develop supported accommodation for people with learning disabilities who have additional complex needs including anti-social, risky and/or offending behaviour, harmful sexual behaviour and substance misuse issues. We will continue to work with colleagues in mental health services to improve step-down options from inpatient mental health services back into the community.
- We will continue to promote the local Shared Lives scheme and endeavour to increase the number of placements available, both for respite and longer term accommodation and support
- Providers who have not already done so are actively encouraged to join our DPS for residential and supported living placements and the DPS for Support at Home

## Autism spectrum disorders (ASD)

### Population profile

Autism is a lifelong, developmental disability that affects how a person communicates with and relates to other people, and how they experience the world around them. Most people with ASD are not in receipt of social care, and a national GP register of patients with ASD does not currently exist. Hence, it is not clear how many people with ASD live in Ealing. Prevalence data suggests that 1.1% of the population have autism. Applying this to the estimated population of Ealing would indicate that there are approximately 3,780 children, young people and adults with ASD.

#### Projected number of adults with an ASD by age (18+), projected to 2030

Age group	2016	2020	2025	2030
18-24	306	301	305	339
25-34	690	704	708	689
35-44	590	620	645	660
45-54	465	484	515	550
55-64	328	363	406	428
65-74	214	237	257	294
75+	167	183	221	254
<b>Total 18+</b>	<b>2,758</b>	<b>2,891</b>	<b>3,057</b>	<b>3,213</b>
<b>Total 18+ (%)</b>	<b>1.05%</b>	<b>1.09%</b>	<b>1.12%</b>	<b>1.16%</b>

Source: PANSI & POPPI, 2014; GLA 2015 population projections

Approximately 50% of people with autism will also have an IQ of 70 or below, one of the key criteria for learning disabilities (LD). The previous chapter on LD addresses the needs of adults with autism who have a co-existing learning disability - this chapter examines the needs of adults with autism who don't have LD and includes Asperger's Syndrome and High Functioning Autism.

People from all nationalities and cultural, religious and social backgrounds can have autism, although it appears to affect more men than women. Recent studies have reported an increased prevalence, and according to school census data, over the last five years the number of children in Ealing schools with a diagnosis of ASD has increased by 54%. The reason for this increase is not fully understood.

Autism is linked to poor mental and emotional health; anxiety disorders are very common amongst people with autism. According to the National Autistic Society, roughly 40% have symptoms of at least one anxiety disorder at any time, compared with up to 15% in the general population. During 2015 – 16, 19 adults with autism from Ealing were given an assessment by WLMHT and 59 received treatment for their mental health condition. The majority of those who received an assessment and/or treatment were male. People with autism often face barriers when attempting to access ordinary services such as housing, employment, leisure, education and health.

Accessing health services can be a particularly stressful experience for people on the autistic spectrum due to fear of the unexpected, sensory difficulties and communication issues. Only 16% of autistic adults in the UK are in full-time paid employment, and only 32% are in some kind of paid work. As a consequence, many people with ASD are financially deprived and live at home with their families. In Ealing we will endeavour to work with employment agencies and the voluntary sector to

People with ASD can be particularly vulnerable to social isolation. 41% of adults with autism in England who completed an online survey reported that they often feel lonely, compared to 11% of the general population. Services and support which provide opportunities for people with autism to socialise and develop relationships is therefore a commissioning priority for Ealing

## **Current demand and supply profile**

An Autism Focus Group has recently been established to provide a forum for young people with ASD to share their views and experiences and inform future priorities for the Autism Board. The main areas that young people said were important to them:

- Being able to access mainstream services alongside members of the community who respect and understand their needs
- Having an education, and getting a job
- Feeling safe in the community
- Getting the right support to live independently

Most people with ASD do not want or need formal services but will need those around them, including employers and providers of universal services, to make reasonable adjustments and be accommodating to their needs. Ealing's Autism Self-Assessment submission for 2015-16 highlighted that autism awareness training is not an integral part of ongoing workforce development for staff working in the criminal justice system, advocacy services, drug and alcohol services, housing, primary and secondary healthcare and the voluntary sector. There is commitment locally to develop a multi-agency autism training plan to for staff working in these sectors.

As the majority of adults with autism don't receive formal services, much of the support available is provided by the voluntary sector. NHS Ealing CCG and Ealing Council commission the voluntary sector to provide a range of services for adults with ASD who aren't eligible for social care and their family carers. These include:

- A pre and post diagnostic support, information and advice service for adults living in Ealing, who do not receive social services from the council. The project offers 1:1 appointments which aim to provide practical help to people with some of the difficulties they may be experiencing such as filling out forms, liaising with employers and university lecturers, looking for work, attending hospital appointments and exploring their diagnosis and developing strategies. The service also runs weekly social groups, a monthly outings group and a Women's group.
- Ealing Specialist Advice Service provides advice and information to young people and adults with additional needs, including autism. The advisors can provide information on housing, benefits, disability rights, assistive technology, transport, education, health and social care, and



personal budgets. The service also provides information about employment, Access to Work and reasonable adjustments to the workplace

- The Carers' Support Service is a resource and support centre for all unpaid carers, of any age. The service facilitates peer support groups, drop-in sessions and forums for carers as well as providing access to free counselling and independent advice and help with benefits claims
- Treat Me Right project which provides autism awareness training, advice and guidance to mainstream health professionals to enable them to make reasonable adjustments to improve access to local health services for patients with autism

Up until recently, support for people with ASD to engage in voluntary, supported employment and internships has been limited. However, Ealing has been awarded external funding to deliver an employment project and we are confident that this will contribute towards increasing the numbers of people with autism in paid jobs.

People with high functioning autism and Asperger's who meet the eligibility criteria for social care often have a co-existing mental health need, issues with drugs and alcohol or display anti-social, risky, or offending behaviour. As a result, they often access community based services (e.g. day opportunities, supported employment, supported housing, outreach) delivered by providers who specialise in supporting people with mental health, forensic and drug and alcohol needs rather than those who specialise in autism. It is not fully understood whether the workforce always has the right skills and knowledge to comprehensively meet the needs arising from a person's autism, and Ealing would like to work with these providers to identify any gaps and develop expertise in this area. Specifications for the DPS for supported living, and residential care and support at home included the needs of people with ASD and we anticipate that this will stimulate the market.

There isn't a local diagnostic pathway for adults with autism (who do not have a learning disability). Whilst initial screening is undertaken locally, if further assessment is appropriate, the person is referred to a specialist autism service (usually in South East or North London) for the delivery of diagnostic assessment, and specialist interventions/therapies if needed. The development of a local or regional service would allow better oversight and scrutiny and ensure that the process clearly triggers automatic signposting to adult social care services for a needs assessment and where appropriate to local mental health services, and community services which provide support to increase independence and wellbeing and access to social networks, leisure and employment.

The local Mental Health Trust provides a range of primary, secondary and forensic mental health services, all of which can be accessed by people who also have a diagnosis of autism and a mental health condition. If the needs arising from their autism are particularly complex, a referral to a specialist autism service may be recommended.

## **Opportunities and developments 2017-18**

- We are keen to work with support providers of mental health, forensic and drug and alcohol services to ensure their workforce has the skills and knowledge to meet the needs of people with ASD. We would like to engage with providers who are able to offer a range of community support services including supported accommodation in Ealing for people with autism who have

additional complex needs including mental health needs, anti-social, risky and/or offending behaviour, harmful sexual behaviour and substance misuse issues.

- Ealing CCG will undertake an audit of patients on the autism diagnostic pathway against the NICE quality standards to identify gaps and areas for improvement, and explore the development of a local or regional NICE compliant autism pathway
- Ealing will continue to commission a support, signposting and information service for people with ASD who are not eligible for social care services.
- Ealing wants to develop services for the ageing ASD population so that they are flexible and responsive to this need and work with mainstream services such as 'extra care' sheltered housing to accommodate the needs of older people with autism.
- We will work in partnership with employment agencies, and the voluntary and community sector to establish a project to support people with autism to secure and sustain employment, and to offer training to employers to equip them to make reasonable adjustments in the workplace
- Ealing is keen to engage with our community and voluntary sector partners to establish social groups and networks which provide opportunities for people with ASD from Ealing to meet their peers, share experiences and support and reduce social isolation.
- Ealing will continue to commission a project to provide autism awareness training and promote autism aware communities and reasonable adjustments to universal services.
- Providers who have not already done so are invited to join our DPS for residential and supported living placements and the DPS for Support at Home.

## Mental health (including forensic services)

### Population profile

Mental health is an essential component of a person's health and impacts on physical health, lifestyle choices, and how people feel and behave.

Mental ill health is the largest single source of ill-health in the UK, while good mental health contributes to living longer and more successful lives. This chapter is about adults' mental health.

In 2015 estimates indicated that nearly 35,000 adults in Ealing had a common mental health disorder, with nearly 16,000 people experiencing two or more psychiatric conditions. This is likely to increase by 3% within the next five years.

Population Projection	2015	2020	2025	2030
People aged 18-64 predicted to have a common mental disorder	34871	35402	35965	36451
People aged 18-64 predicted to have two or more psychiatric disorders	15712	15962	16225	16453

*Common Mental Health Disorders projection in 18-64 years – Ealing's JSNA*

Other estimates show higher prevalence; NHS England endorses an estimate of 40,484 people in 2016/17 in Ealing living with Common Mental Health Needs including depression, anxiety and Obsessive Compulsive Disorder and also anticipates an increase.

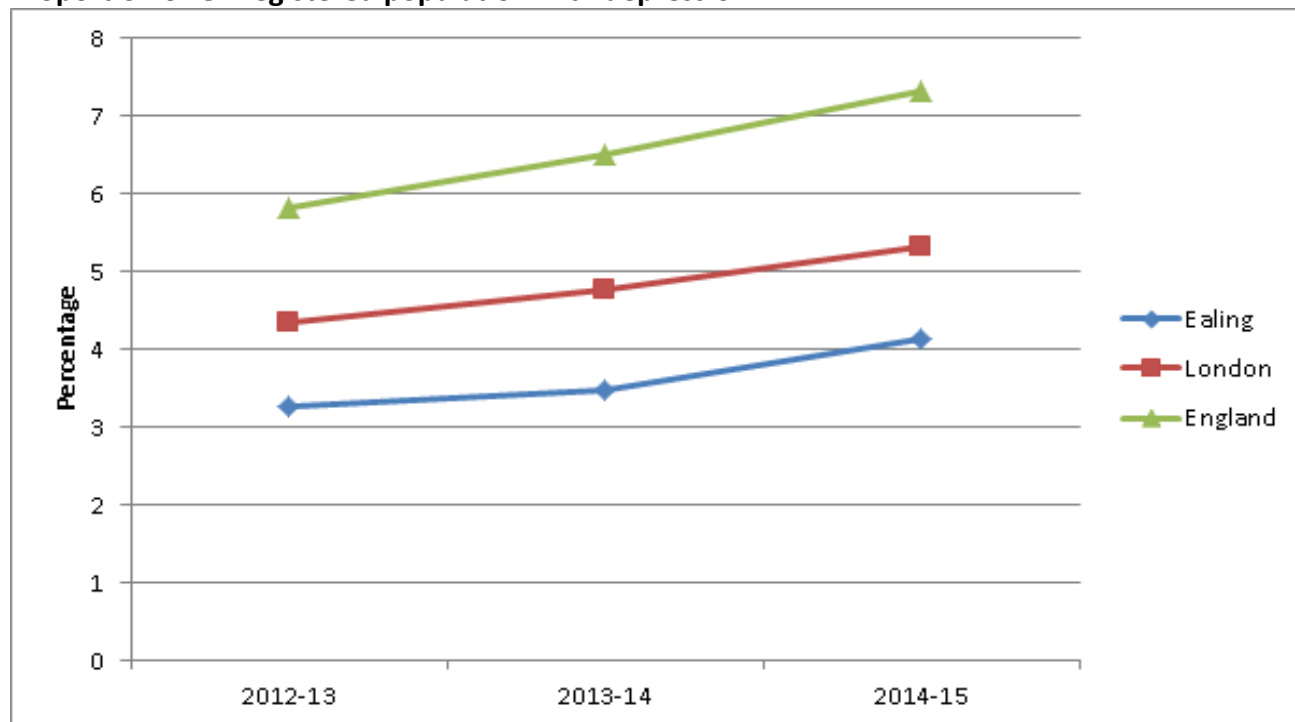
This is based on a population figure of 435,186 for Ealing overall, so that the estimate reflects approximately 10% of people.

### Depression

In 2014/15 the Ealing GP registered population with depression was 13,538, which is 4.15% of all people. This proportion is lower than for London (5.33%) and England (7.33%), but this varies greatly across Ealing. It is not clear why Ealing has a lower percentage of people registered with a GP who have depression, but it is unlikely to be due to lower prevalence.

It may reflect Ealing's diverse population; some communities are less likely to seek early help or report mental health problems, because of stigma, cultural views of emotional wellbeing, or because services do not seem appropriate to their needs.

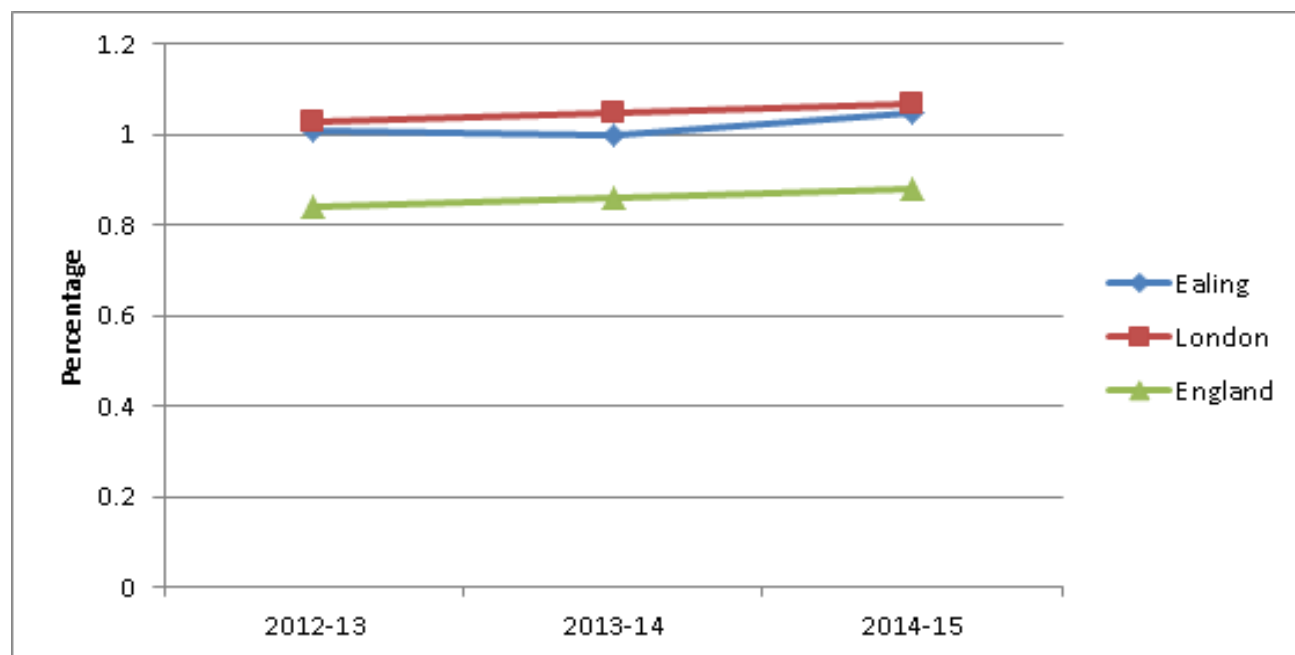
### Proportion of GP registered population with depression



Source: HSCIC, QOF data 2014/15

### Severe mental illnesses

In 2014/15 the Ealing GP registered population with psychoses was 4,392, which is 1.05% of all people. This proportion is lower than for London (1.07%) but higher than England (0.88%).



Source: HSCIC, QOF data 2014/15

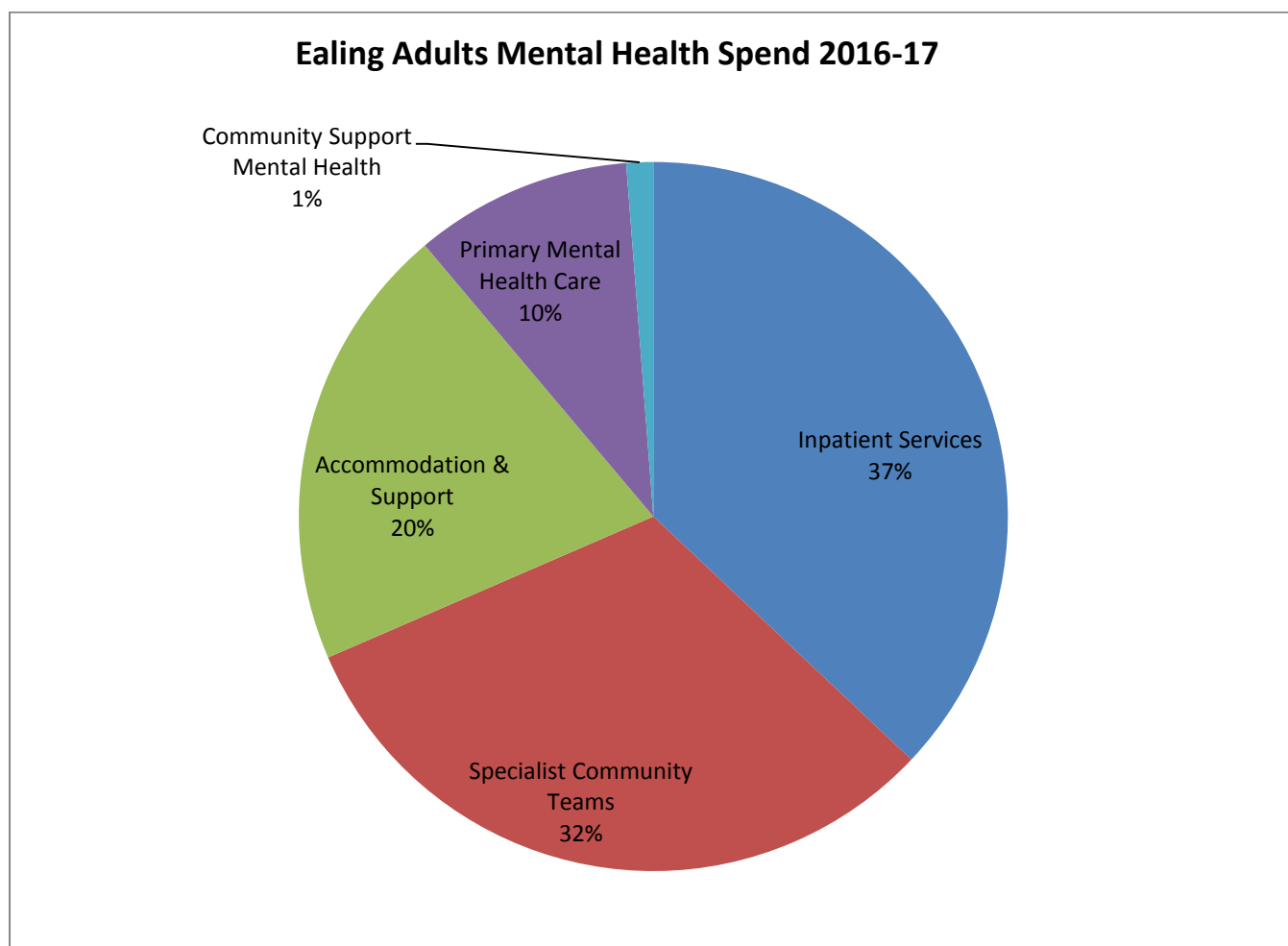
## Hospital Admissions

Ealing's rate for emergency hospital admissions for depressive disorders and psychoses is significantly lower than the England average, but the number of bed days in secondary mental health care hospitals per 100,000 of the population in Ealing is higher than the England average, reflecting long lengths of stay for some people.

## Spending on mental health services

In Ealing the statutory authorities spend over £50 million on adult mental health services per year. The largest proportion of this comes through Ealing NHS Clinical Commissioning Group, paying for NHS mental health services in hospital and communities, GPs Out of Hospital contract, mental health community placements and continuing healthcare. The total is in the region of £38 million. The Local Authority spends £5 million on social work, carer support, supported housing, and independent advocacy. The remaining £7 million is spent jointly by the Council and the CCG, covering Supported Living, Residential and Nursing Care,<sup>3</sup> and community and voluntary sector services and counselling.

The pie chart below shows how resources are currently divided between different kinds of service.



<sup>3</sup> Currently largely paid for through the Local Authority, but with an increasing share through the CCG

It is not anticipated that there will be a great deal more money or resources for mental health services over the next year, but the aim is to move resources towards prevention and early intervention and away from acute hospital admissions by reducing the length of time people stay in inpatient care. By improving mental health and wellbeing and addressing mental illness early on we can reduce spend on lengthy inpatient care and support more people in the community.

## **Section 117 aftercare**

A significant number of people receive care and support services through Section 117 of the Mental Health Act 1983. Where someone has been detained in hospital under Section 3 of the Mental Health Act, there is a duty on local statutory bodies to assess for the need for aftercare when the person leaves hospital, which is free to the person. Aftercare provision and responsibilities have been strengthened through the development of new joint S117 arrangements between the Ealing Council and Ealing CCG that have set out a shared approach to the planning, decision making, reviewing (including discharge arrangements), and the funding of aftercare services.

## **Services**

- **Primary care**

The Improved Access to Psychological Therapies (IAPT) programme aims to support people who have common mental health problems such as depression, anxiety, obsessive compulsive and panic disorders.

Ealing Council and Clinical Commissioning Group (CCG) supports IAPT and Talking Therapies services through working with voluntary and community sector providers. Ealing has developed a Primary Care Mental Health Team, which works with GPs and other Primary Care professionals to support more people outside of secondary services.

- **Secondary mental health**

In Ealing the rate of people using secondary mental health services is similar to, or slightly lower than, London and England averages. However the rate of people on a Care Programme Approach (CPA) is higher at 9.4 per 1000 population, as compared to both London and England rates. This suggests more people than average with complex mental health needs.

Most secondary mental health services in Ealing are provided by the West London Mental Health NHS Trust. This includes both inpatient services and community services. There are two Recovery Teams (East and West) and a Crisis Assessment and Treatment Team providing community services. The Recovery Teams treat about 3,600 people at any one time, and are made up of psychiatrists, social workers, community psychiatric nurses, psychologists, occupational therapists and support workers. There are a range of hospital wards in Ealing, specialising in acute mental health needs, dementia and support for recovery and discharge. Other specialist services provided by the West London Mental Health NHS Trust include Early Intervention Service for first episode psychosis, Specialist Rehabilitation, Forensic Outreach and, through the Council, an Approved Mental Health Practitioner Service (those qualified to implement the Mental Health Act).

A Single Point of Access is in place for secondary and crisis care, accessible through GPs as well as directly by people using services, their families, friends and carers, and other professionals such as social care or the police.

- **Forensic mental health services**

West London Mental Health NHS Trust provides both community and inpatient forensic services, including specialist forensic services for women and adolescent males. These services are delivered mainly from the St Bernard's Campus, which has over 250 beds.

There is also a Forensic Outreach service which supports people in communities, including those ready to leave secure hospitals.

Unit	Forensic Services	Admissions 2013-14
West London Mental Health NHS Trust Forensic Services	Adolescent services	14
	Male Low Secure services	26
	Male Medium Secure services	39
	Specialist services	5
	Women's secure services	21
	Total	105

## Current demand and supply profile

- **Community services**

More people, including those with serious and long term mental health needs, are now able to access support for their mental health through Primary Care, either directly with their own GP, or through the Primary Care Mental Health Team.

Providers are already working with people to offer opportunities needed to live well in the community, build resilience and get support accessing employment and training, leisure and a social life when needed. Advocacy services for people who are in hospital and in the community are also provided. As more people move to being supported in Primary Care, the need for these services will continue to develop. There are also opportunities to contribute to the provision of more Talking Therapies, particularly for those with serious and complex mental health needs and those with personality disorders.

It is planned to expand access to Talking Treatment services to meet the needs of a greater proportion of the population. NHS England targets (Five Year Forward View Mental Health Implementation Plan 2016) for access suggest an annual increase from 15% in 16/17 to 25% of people with common mental health needs by 2021.

The focusing will be on people with long term physical health conditions. There are opportunities for integrated working in communities across physical and mental health needs to address this.

- **Placements and supported accommodation**

There is a persistent demand for accommodation-based and floating support services for people leaving hospital and to enable others to stay living in their communities but with more support. There are approximately 300 people in a care home placement and / or supported living setting. These people with most significant needs for support who have been assessed as eligible for accommodation-based support services from Adult Social Care or eligible for Section 117 Aftercare arrangements under the Mental Health Act. A further 8 people are supported in B&B accommodation as a result of not having recourse to public funds. Ideally people will follow a recovery pathway which meets their changing needs and leads to an optimum level of independence and the opportunity to manage any care and support needs they have.

As with other service areas, there is a need for focus on the outcomes a person wishes to achieve (such as day-to-day living skills, budgeting, shopping, using public transport), and on shorter term recovery-focused intervention. Due to the range and complexity of need in Ealing, it is important that Providers of Supported Living, Residential Care and Supported Housing are clear about their admission and exclusion criteria. There is a need in Ealing for solutions for support and accommodation for people with multiple and complex needs, such as substance abuse, contact with the criminal justice system as well as mental health needs.

- **Support at home**

Support for people in their own homes has remained constant at around 60 people per year being supported through council-contracted care agencies. Packages of care to assist people with serious and enduring mental health needs to live safely at home will continue to be purchased in the main through council commissioned agencies on the person's behalf. Floating support services are also available in the borough.

- **Improving outcomes for independence**

The process of regularly reviewing individual care plans and identifying the most effective way of meeting them will be a central feature of Ealing's model, which will in turn focus on outcomes and maximising independence. Therefore, it will be important for mental health providers to offer services which focus on people's recovery and the outcomes they want to achieve, supporting people to develop and maintain their independence and skills and to build their personal support networks. We will also challenge providers to offer and deliver greater support to people with mental health needs to retain and/or find employment.

- **Talking Therapies**

A Talking Therapies Network in Ealing brings together organisations and individuals who provide talking therapies services to Ealing residents

## **Opportunities and developments 2017-18**

- Prevention and Wellbeing for the whole population: including reducing stigma and social isolation; identifying mental health needs earlier; addressing the links between physical and mental health; suicide prevention
- Better outcomes and support for people with common mental health needs: including those with long term physical health conditions; better access to primary care



- New model of care for people with serious and long term mental health needs: including crisis response; community based support; primary care; early intervention; carer support.
  - Working better together: health, social care, housing, police and communities; adults and children; substance misuse, alcohol and mental health; learning disabilities and mental health; criminal justice
  - Reaching all our communities: geographical; age; BAME; LGBT; class. Equality of access and treatment; reducing suicide; reducing restraint
- Within these broad areas, we have specific aims for 2017/18 as follows:
- As more people are supported in Primary Care, specialist Care Pathways are being developed to support people with more complex needs. It is anticipated that there will be a role for independent providers in supporting these pathways.
  - The market for mental health residential and nursing care remains relatively small and we do not expect any significant change in demand. We will continue to commission provision on the basis of short-stay placements from across the North-West London region.
  - A programme of residential placement reviews continues in 2017/18 to support people to move promptly along the recovery pathway, and to ensure we continue to provide the most appropriate settled accommodation to people with mental health needs.
  - We would like to engage with supported living providers in Ealing and neighbouring boroughs to source additional 24-hour supported accommodation provision for people with complex and multiple needs, along with additional support in community settings.
  - We are interested in ideas for projects which can assist in freeing up the recovery pathway and maximising what is available to people leaving hospital, and to prevent admission in the first place. We want people to stay in hospital only as long as necessary for treatment, and are interested in initiatives to prevent or shorten hospital admissions.
  - We are interested in partnership projects being developed, with community and independent sector providers working alongside NHS provider to provide high level support for people leaving hospital.
  - Mental Health accommodation providers are encouraged to join the DPS for Care Home and Supported Living Placements
  - We aim to develop a local pathway for people living with autism and ADHD who are not diagnosed as having a learning disability (see Autism chapter)

## Substance misuse

### Population profile

The numbers in specialist drug and alcohol treatment have been increasing each year despite reductions in the number of opiate users coming into treatment. However, Ealing's treatment capacity has been affected by significant reductions in funding in 2016/17 and this has resulted in a reduction in the overall numbers of drug and alcohol users in treatment.

Ealing's treatment population still has significant levels of complex need with 60% having high or very high complex needs compared to 50% across England.

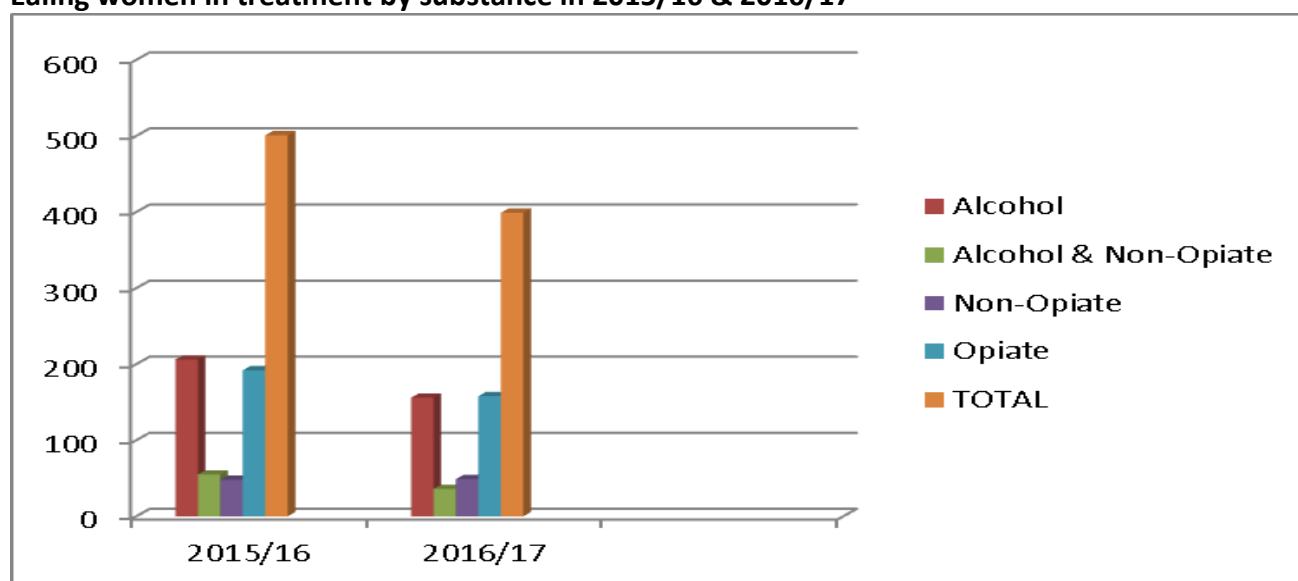
Type	2014 - 15	2015 - 16	2016 - 17
Alcohol	727	757	609
Opiate	1202	1227	1076
Alcohol & Non-Opiate	209	245	153
Non-Opiates	164	205	187
<b>Total</b>	<b>2302</b>	<b>2434</b>	<b>2025</b>

### Gender

The majority of all drug users in treatment are men with a fairly consistent 80:20% split over the last 3 years. There has been a reduction in the number of women accessing treatment during 2016/17 and Ealing is hoping to increase access and successful outcomes for women with the opening of the one-stop shop for women with complex needs in autumn 2017.

The service will have a multi-disciplinary team delivering mental health, substance misuse and domestic abuse/sexual violence interventions in a women only setting.

### Ealing women in treatment by substance in 2015/16 & 2016/17



## **Alcohol**

The most recent Local Alcohol Profile for England (LAPE) published in March 2017 shows Ealing performing worse than the national and London averages for alcohol related admissions to hospital using the broad definition and recorded by episode. The number of people admitted to hospital for alcohol specific conditions is on a downward trajectory and is now similar to the national average but still performing slightly worse than the London average.

## **Drugs**

The prevalence of Opiate and Crack Users (OCU) in Ealing was 13.0 per 1,000 in 2010-11 and reduced to 10.9 for 2013-14. The downward trend is also reflected nationally and may be due to older long term drug users having higher mortality rates, successful treatment exits or a shift away from class A drugs to other substances. The new Glasgow prevalence data is expected later in 2017. There were 2,300 drug misuse deaths registered in England in 2015, an increase of 8.5% on the year, and the highest figure on record. Heroin and morphine account for the majority of the deaths and the increase. Heroin related deaths have doubled since 2012 in England and Wales. There were 1,989 deaths from opiates (heroin and methadone) in England and Wales in 2015. Although London's drug related death rate still remained 2<sup>nd</sup> lowest in the country, there is a noticeable increase over the last year, which requires an increased focus on harm minimisation work.

## **Dual Diagnosis**

Dual diagnosis is broadly defined as the co-existence of mental ill health and substance misuse problems. The use of non-prescribed drugs and alcohol can make mental health symptoms worse and trigger acute relapse. Research suggests that between 22% and 44% of adult psychiatric inpatients also have problematic drug or alcohol use, with up to half being drug dependent. The prevalence of co-existing mental health and substance use affects between 30-70% of those presenting to care services in Ealing. Mental health and substance misuse problems are a major public health issue. They are regularly encountered in the general population but are more apparent in care settings. In 2015/16, 30% of Ealing's new presentations for alcohol treatment and 29% of new presentations for drug treatment were receiving care from mental health services for reasons other than substance misuse.

## **Criminal Justice**

In December 2016, there were 329 Ealing residents in treatment, who were in contact with local criminal justice agencies. This equates to 17% of the treatment population and 69% of this population were opiate users. Ealing's criminal justice pathway has proven particularly effective at engaging local offenders into the drug and alcohol treatment system, with over 94% of referrals from the local drug intervention programme making it into structured treatment compared to just over 49% nationally. However, the successful completion rate amongst the criminal justice cohort is lower in comparison to the total opiate using population in Ealing although this is still higher than the national average for criminal justice opiate clients.

## **Parents**

In 2016-17 RISE supported 242 substance misusers living with their own or other people's children (12% of the treatment population) and a further 436 parents whose children were not living with

them (21% of the treatment population). RISE and the Substance Misuse Team attend monthly forums to facilitate case discussion and treatment options for parents engaged with social services.

## BME communities

Ealing's population is very diverse, with a steady rise projected for Asian/Asian British, Black/Black British, and Chinese by 2040 compared to 2010 statistics, with the white population remaining at 2010 levels. The demographics of drug and alcohol users are largely representative of the borough's population. However, the ethnic profile of primary alcohol users shows a higher proportion from the white populations, and there is a greater representation of heroin and other opiate use among the Asian populations. In 2016/17, 30% of the combined treatment population were White British; 38% Asian/Asian British; 7% White other; & 3% White Irish.

## Age

The adult treatment population is getting older with the 55+ cohort of drug users in treatment increasing year on year. 70% of the alcohol treatment cohort is over 40. RISE is seeing an increase in physical health problems with rises in COPD as well as an increase in alcohol-related brain damage including Wernicke-Korsakoffs syndrome and alcohol-related dementia.

Age Range	2014-15	2015-16	2016-17
18-24	88	88	43
25-34	274	335	186
35-44	262	252	228
45-54	101	157	111
55-64	23	34	11
65 and over	4	1	2

*New presentations: drug users (age at assessment) - RISE data*

Age Range	2014-15	2015-16	2016-17
18-24	88	88	26
25-34	274	335	142
35-44	262	252	264
45-54	101	157	168
55-64	23	34	69
65 and over	4	1	16

*All Active - drug users (age at end of reporting period) - RISE data*

Age Range	2014-15	2015-16
18-29	58	52
30-39	156	156
40-49	214	214
50-59	172	173
60-69	62	60
70-79	7	17
80+	1	2

*Alcohol users - NDTMS data*

## Current demand profile

In 2016/17, Ealing funded 54 in-patient detoxifications; 23 residential rehabilitation placements; and 24 aftercare placements, providing more intensive packages of care to a total of 86 Ealing residents. The profile of these clients remains complex with 45% having co-occurring mental health; 20% victims of domestic abuse; 10% homeless prior to treatment; 43% with long-term physical health conditions including COPD, liver cirrhosis, type 2 diabetes; and 8% with children under 18 living at home.

In autumn 2016, Ealing advertised for providers to join a substance misuse Dynamic Purchasing System and the new process went live on 3rd April 2017. The DPS has increased the number of providers available to Ealing residents from previous spot purchasing arrangements, particularly the options available for intensive community based support.

As the Tier 4 budget decreases substantially in 2018/19, Ealing will need to reduce the amount of time service users spend in residential settings through better use of community based aftercare and therapeutic support. The DPS offers Ealing considerable flexibility with the option of calling off both individual and block placements. It is also able to adapt to changes in the market because providers can apply to join the scheme throughout its lifespan as opposed to a fixed framework arrangement.

The budget allocated for Tier 4 is reducing in line with current funding constraints and Ealing is exploring more flexible packages of care through joint partnership work between the local community treatment service, the local hospital, detoxification and residential rehabilitation services as well as aftercare packages. Changes in funding, negotiation around shorter packages of care, and reductions in the number of service users accessing Tier 4 placements continue to have an impact on providers:

- They are treating more complex clients
- Clients are staying in rehab for shorter periods of time and providers are having to adapt their programmes
- They are spending more time on contract tenders and marketing the service
- There is little surplus income to improve facilities
- They are depending more on charitable donations and other ways of generating income
- There have been reductions in paid staff and an increase in the use of volunteers
- Less funding is available for aftercare, once the rehab programme has been completed and this treatment is taking place back in Ealing or neighbouring boroughs.
- They are struggling to cover the costs of service provision with lower levels of occupancy
- They are having to build relationships with a greater number of community treatment systems

## Funding and demand

Funding pressures will continue to be an issue. Placements are likely to be shorter, with treatment agencies encouraged to provide positive treatment outcomes more creatively and in less time. This means tapered treatment plans, aftercare support back in the community, and more effective joined up working with community services to ensure seamless care packages. Because changes to funding provision and financial pressures mean increased pressure to demonstrate value for

money, treatment providers will be encouraged to keep open lines of communication with commissioners.

### **Resettlement and housing**

Housing is a major problem and many individuals would like to resettle outside of Ealing and start a new life. Treatment providers therefore need to be able to provide wider resettlement options to facilitate reintegration back into the community and to provide secure housing during this transitional phase.

Ealing increased its own supported housing pathway with the opening of 2 new projects in 2016 to support people without stable housing who are motivated to make changes to their substance misuse.

### **Aftercare**

Reintegration can often be a time of anxiety, uncertainty, insecurity and isolation for people, especially those without established support. The DPS offers a wider range of intensive community based treatment and providers will be working in close partnership with Ealing's integrated drug and alcohol treatment system (RISE) to effectively support service users back in their local community.

## **Opportunities and developments 2017-18**

- Treatment providers need to respond to the multiple needs of this more complex client group by demonstrating their ability to provide:
  - Specialist and joined up mental health treatment
  - Appropriate support for an ageing population with greater physical health needs requiring robust primary health care and good links to local GP services
  - Specialist women's provision, which explores gender specific issues relating to parenting , eating disorders, sexual abuse/rape, and domestic abuse
  - Culturally diverse interventions which consider different dimensions to treatment, migrant issues and associated difficulties, language barriers and cultural norms and values.
  - Services for an ageing population, with providers needing to adapt to the needs of this group, and provide age appropriate activities and interventions.
- We want support for Carers who are caring for someone with substance misuse. It is essential that treatment providers are able to provide adequate help to those who will be providing long term support to individuals when they leave treatment. Families can also often be enabling and be entangled in an individual's substance misusing behaviour, treatment providers need to sensitively offer and provide family therapy to improve such situations.
- We will continue to encourage providers to apply and be part of Ealing's new Dynamic Purchasing System (DPS) for substance misuse services to maximise the choices available to service users.
- Ealing will be employing 2 social workers in the adult disability team to support change resistant drinkers and develop effective packages of care to address their specific needs.

- Ealing's women's complex needs service will launch in autumn 2017 with funding from MOPAC offering a multi-disciplinary team working from a women only environment with other partners providing satellite sessions.

## Support for carers

The National Carers Strategy outlines four priorities for carers:

- 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

## Carers in Ealing

Ealing has an estimated 35,000 carers. Census data indicates that the highest concentration of carers is in Southall, Greenford and Northolt. Census statistics reveal that there are 3,200 young carers aged 0-24, living in Ealing with 700 aged under 15. This is thought to be a huge underrepresentation. Based on national research it is estimated that there may be more than 4,000 young carers aged under 18 in Ealing.

The borough is ethnically diverse and there is a need to consider what support is needed to support carers from black and ethnic minority communities. Ealing want to focus on 'hidden carers' who are not accessing services e.g. male carers, young carers, Black and Asian ethnic minority carers; and want the market to develop new and innovative ways in which to engage these groups. The Census 2011 shows that 8.5% of Ealing residents provide unpaid care to a friend, relative or neighbour. The level of unpaid care varies from 1 to 19 hours (5.2%), 20 to 49 hours (1.5), and 50 or more hours in an average week (1.8).

### Provision of unpaid care by age group in Ealing, 2011 Census

	<b>Unpaid care: Total</b>	<b>1 to 19 hours unpaid care a week</b>	<b>20 to 49 hours unpaid care a week</b>	<b>50+ hours unpaid care a week</b>
All ages	8.6%	5.3%	1.5%	1.8%
Age 0 to 24	3.0%	2.2%	0.5%	0.3%
Age 25 to 49	9.0%	5.5%	1.7%	1.8%
Age 50 to 64	16.6%	10.5%	2.7%	3.4%
Age 65 +	12.6%	6.3%	1.9%	4.3%

Source: ONS 2011 Census

Analysis of the 37 direct payments made to carers in 2016/17 shows that services agreed to meet their assessed needs include sitting service 73%, massage 32%, gym membership 22%. In addition 233 carers one off payments were issued in 16/17. These payments of £150 have been used for a variety of purposes. The largest area of expenditure was on contributing to the costs of Short Breaks/day trips 57%.



In 2016/17 a number of carers have been supported through the voluntary sector either through respite or information services. Ealing voluntary sector provided respite support to 950 carers over the year; and 1,580 carers received support through a arrange information, advice, peer support and training activities / events.

Currently Ealing Young Carers Service has 166 young people on their books aged 4 - 18, an increase of 5% from 2015-16. The majority of young carers, 119, care for an adult / parent (58% Mother, 10% Father and 4 % grandparent). 47 care for a sibling (17% brother and 10% sister)

Referrals to the Young Carers Project in 2016/17 were from:

- Social Services                      33%
- Parent/carers                        24%
- School                                 5%
- Health professional                1%
- Other                                  37% (9% unknown)

The care needs of an adult cared for person include physical disabilities (59%), mental health (36%), substance misuse (2.5) consequence of domestic violence (2.5%) and 1 parent with a learning disability.

Carers have told us how much they value flexible respite opportunities, day time activities that can provide respite, the importance of reliable transport services to day opportunities and hospital services, the need for help and support in managing the household tasks, accessible information and advice, opportunities to increase IT literacy, leisure, training and employment opportunities, and greater employer awareness of the issues facing carers. Carers identified the following service gaps: flexible sitting services; access to breaks; replacement services for general domestic tasks e.g. laundry, cooking and gardening; complementary therapies and low-level counselling services; specialist support for carers of people with mental health, dementia, substance misuse and complex health needs e.g. cancer, circulatory diseases, strokes.

The provisional results from the bi-annual carer survey for 2016 are summarised below, but are yet to be finalised. 273 Carers responded to the survey.

- The majority of carers were aged between 45 and 74 years.
- 63% of the people being cared for fell between the ages of 65 to 85+
- The most common support offered to those being cared for were equipment/adaptations/telecare, homecare, day activities, and respite breaks.
- 39% said they spent over 100 hours per week looking after the cared for person
- The most common physical support needs of the cared for person were Physical Support (38%), Mental Health support ( 28%), support with memory and cognition (19%) and learning disabilities (12%).
- 55% of those being cared for received support from the council.

## **Ealing Carers' Strategy priorities**

Ealing Carers' Strategy recognises that we need to find a different way to provide the greatest level of support i.e. through community based services rather than relying on social care resources.

The Ealing Carers' Strategy aims to deliver the following outcomes:

- 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
- Children and Young People to be protected from inappropriate caring and have the support they need to learn, develop and thrive to enjoy positive childhoods
- Provision of support to parent carers

Ealing identified a number of areas for development 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.

## **Young Carers in Ealing**

The Council and the CCG want providers of adult care and support services to be alert to the possibility of young carers being part of a household and to support them by referring them onto Children's Services for an assessment where needed or if there are safeguarding concerns. This continues to be a high priority in 2017-18. The needs of young carers were taken into account in the 2016-17 tender for a new carers centre and the new service now provides tailor made support to young carers as does the Young Carers Support service.

## **Future plans**

- We want the market to assist in facilitating a mix of day-time and evening groups and being more innovative in terms of engaging carers e.g. by supporting 'group befriending' models of support where carers can meet up and share experiences and offer peer support
- We want to develop a varied market in respite and carers breaks to be marketed at both self-funding and self-commissioning carers (as increasing the numbers of carers make use of direct payments available through the Council)
- We want to increase the number of carers who are able to access learning and training; maintain employment; or find work. To do this we want the market to develop and deliver employer awareness training to promote the employment of and retention of carers
- We want information about young carer services to be further developed, both for young carers themselves and their families. The funding of young carer support remains a priority for the Council. We also want to develop 'whole family intervention' to help carers maintain and balance their wider caring roles especially where the carers also have children or other wider family responsibilities.

- We want to increase the amount of home-based respite available, and ensure that planned care home respite is readily available.
- We want to shape services in ways that encourage the promotion of the Five Ways to Wellbeing. Possible activities that could be explored include:
  - Services are provided in ways that facilitate social connections, such as by providing befriending, mentoring, buddying, and/or peer support
  - Targeted interventions to build social relationships
  - Encouraging people to volunteer or participate in environmental and community activities
  - Mechanisms to enable service users and carers to contribute to discussions about local health and wellbeing issues and/or to enable the co-production of solutions
  - Access to information and uptake of home improvement schemes, particularly (such as the Handyperson scheme, which carries out home safety checks and improvements)

## **Opportunities and developments 2017-18**

- Development of a new Carers Strategy from April 2018
- Continue to extend the telecare equipment and alarm monitoring service via Ealing Careline
- Continue to increase Income maximisation (including through welfare benefits and employment opportunities)
- Improved coordination and quality of information and advice services with the new Carer Support Service providing guidance to all voluntary sector providers of information and advice services
- Tackling social isolation & participating in the National Evaluation of Prevention

# Housing related support

## Current profile and provision

Housing Related Support is time limited, lower level support aimed at helping vulnerable people regain, maintain or achieve independent living. The purpose of this support is to enable people to remain living in their home in the community for as long as possible, or to help people to move onto more independent living.

Ealing Council recognises that housing related support forms a central part of our prevention duties as set out in the Care Act.

Adults Services currently funds housing related support from 54 locally based service providers who operate throughout the borough, accounting for an annual spend of £5m. This expenditure covers all main service user groups and includes:

- 2 dedicated extra-care housing schemes providing 75 self-contained flats
- 111 units of housing related support for adults with a learning disability
- 200 units of support for people with enduring mental health problems
- 150 units of support for young people

## Opportunities and developments 2017-18

- The focus of future commissioning will continue to relieve pressure on high-level and high-cost services by increasing support provided in the community and by increasing throughput from high need accommodation services to improved independent living options with floating support.
- A number of existing floating support services are nearing the end of their contracts and as such the council will be re-procuring these services during 2017-18
- Commissioning in 2017-18 will very much involve the development of services which maximise value for money for Adults' Services Department and the NHS.

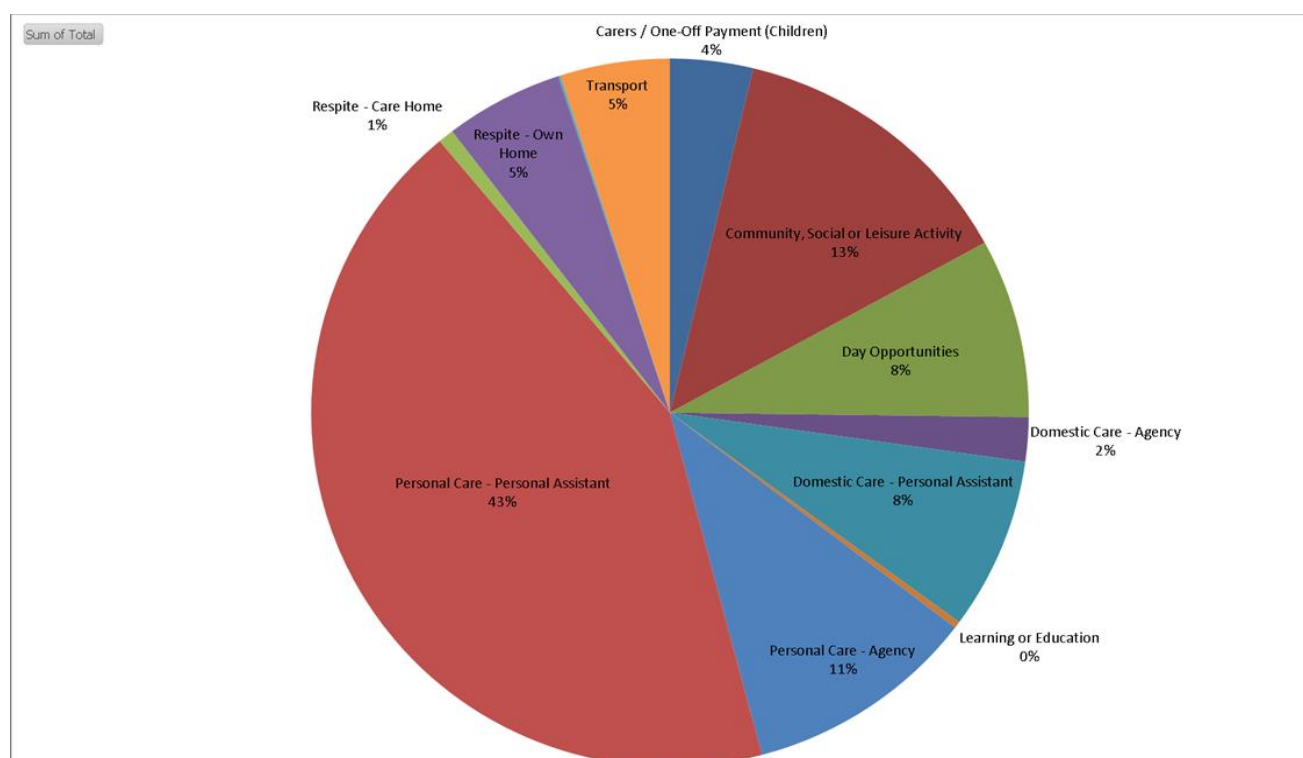
## Direct payments

Direct payments were offered to all children and adult social care service users who were eligible to receive them. In 2016-17 the Council supported just under 700 direct payment users and spent in the region of £12m as follows:

Expenditure (net)	
Older People	£2,993,194
Learning Disabilities	£4,220,321
Physical Disabilities	£4,576,547
Mental Health	£83,457
Substance Misuse	£1,824
Children	953,860
<b>Total</b>	<b>£12.829m</b>

Profile of DP users	Number of DPs
Children with a Disability	103
Learning Disabilities	162
Mental Health	10
Older People	182
Physical Disabilities	195
Carers	46
<b>Total</b>	<b>698</b>

The direct payments purchasing profile for 2016-17 was as follows:

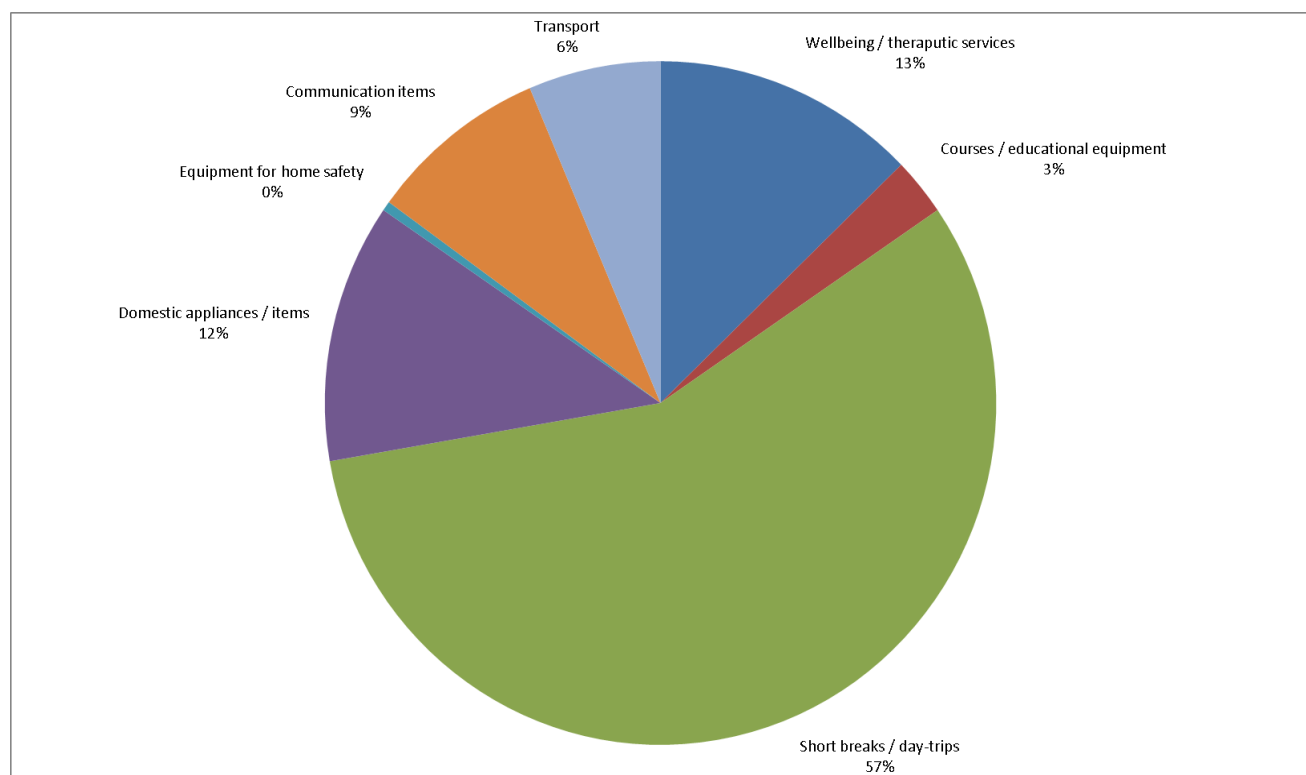


## Carers One-Off Payments 2017-18

In addition to the long term direct payments to Carers, **233** one off carer's payments were made in 2016-17. The £150 payment contributed towards supporting carers with their caring role.

Carers One-Off Payment Scheme	
Older Aged Adults	102
Physical Disabilities	27
Learning Disabilities	46
Mental Health	58
<b>Total</b>	<b>233</b>
<b>Spend</b>	<b>£35,000</b>

### Services / items purchased



## Opportunities and developments 2017-18

- The Council aims to further extend direct payments to children with special education needs (SEN)
- There is a continued need to develop the Personal Assistant (PA) market for direct payment users to ensure they have access to a reliable and skilled workforce.
- There is need to develop new flexible 'sitting services' for carers in the borough

## Voluntary & community sector grants 2017-19

### Children

The children's grant programme comprises of Ealing Council and Ealing CCG funding totalling £459,556 per annum up to 2018-19.

Allocation	2017-18	2018-19
CCG and Council contribution	£459,556	£459,556

The children's grant priorities for funding up to 2018-19 are:

- Young carers support
- Support for children and families experiencing specific forms of disadvantage
- Safeguarding
- Information, advice and support for families with a child with a disability or special educational needs or complex health needs
- Community short breaks for children with a disability or special educational needs or complex health needs
- Support for children affected by domestic violence.

A range of voluntary sector organisations provide these services, some of which are specific to Ealing and others that are local branches of national organisations. During this year (2017/18) consideration will be given to the priorities for next commissioning round.

### Adults

The health and social care grant funding priorities have been designed to underpin the Council's Care Act duties and to underpin drive towards the integration of health and social care.

Allocations	2017-18 £000's	2018-19 £000's
Council contribution	1,158	1,158
CCG contribution	748	748
<b>Total</b>	<b>1,906</b>	<b>1,906</b>

The adult grant funded voluntary and community services (and lead agencies) for 2017-19 are:

### Being Part of the Community

- Travel Buddy Project - Ealing Mencap
- Improving Health & Housing Outcomes for People with Learning Disabilities and Autism - Certitude
- Mental Health Support Service - CAPE

- Community Activities for Older People - Neighbourly Care
- Support for Individuals with Asperger Syndrome - National Autistic Society
- The Restore Plus Project - Age UK Ealing
- Borough-wide Befriending Scheme - Neighbourly Care
- Ealing Disability Unite Project - Southall Day Centre

## **Carers' Respite**

- Call & Care Service - Dementia Concern
- Short-term Respite Breaks for Carers of Adults with Learning Disabilities - Certitude
- Short Breaks / Respite - The Asian Health Agency

## **Counselling**

- Counselling Services - Ealing Abbey Counselling Consortium

## **Information & Advice**

- Ealing Specialist Advice Service - Ealing Mencap

## **Self Care**

- Ealing Cares - Southall Community Alliance

## **Support Planning & Brokerage**

- Support Broker Service - Certitude

## **Opportunities and Developments 2017-18**

During this year (2017/18) consideration will be given to the priorities for next commissioning round for voluntary sector grants, which is due to commence in April 2019.

*Public Health Ealing also grant fund local services in addition to the above children and adult focused care and support services*



# Appendices

## Glossary

Term	Definition
ADASS	Association of Directors of Adult Social Services
Advocacy	Supporting a person to understand information, express their needs and wishes, secure their rights, represent their interests and obtain the care and support they need. Requirements of organisations and Independent Advocates are prescribed by the Care Act.
Assessment	The process of working out what your needs are. An assessment looks at how you are managing everyday activities such as looking after yourself, household tasks and getting out and about and is used to inform determinations of eligibility for social care services.
Authorised person	Someone who agrees to manage a direct payment for a person who lacks capacity
Capital limits	Determines the extent to which a person with eligible needs could be charged for care and support in relation to their savings and other forms of assets. See upper and lower capital limits. Between the upper and lower capital limits means tested support is available.
Care account	From April 2016 everyone with assessed eligible needs will be entitled to a care account. This will keep track of what a person has accrued towards the cap on care costs.
Care and support plan	Sets out how a person's eligible needs are going to be met and provides information and advice about wellbeing.
Care cap	A cap on the eligible care costs which a person pays over their lifetime. From April 2016 this will be set at £72,000 for those over retirement age. How a person progresses towards the cap will be based on what the cost of meeting their assessed eligible needs would be to the local authority
Clinical Commissioning Group (CCG)	Group of GP Practices responsible for commissioning most health and care services for patients. Responsible for implementing the commissioning role set out in the Health and Social Care Act 2012
Child or young person in transition	Anyone who is likely to have needs for adult care and support after turning 18
Commissioning	Commissioning is a cyclical activity to assess the needs of the local population for care and support services, determining what element of this needs to be arranged by the authority, then designing, delivering, monitoring and evaluating those services to ensure appropriate outcomes
Continuing Healthcare	NHS funded care for people with a long-term condition whose needs meet the nationally agreed threshold
Cooperation	Public organisations working together in partnership to ensure a focus on the care and support and health and health-related needs of their local population

<b>Term</b>	<b>Definition</b>
Co-production	When an individual/ groups are involved as an equal partner(s) in designing the support and services they receive. Co-production recognises that people who use social care services (and their families) have knowledge and experience that can be used to help make services better, not only for themselves but for other people who need social care
Deferred payment agreement (DPA)	People entering residential care can defer paying for their care costs, meaning that they should not have to sell their home during their lifetime. A deferred payment agreement enables a local authority to reclaim care costs through the sale of the person's property (or other security) at a later date
Deprivation of liberty	Restriction of a person's liberty to the extent that they may be deprived of their liberty – provisions of the Mental Capacity Act 2005 must be applied
DH	Department of Health
Deafblind	The generally accepted definition of Deafblindness is that persons are regarded as Deafblind "if their combined sight and hearing impairment causes difficulties with communication, access to information and mobility. This includes people with a progressive sight and hearing loss" (Think Dual Sensory, Department of Health, 1995).
Direct payment	Payments made directly to someone in need of care and support by their local authority to allow the person greater choice and flexibility about how their care is delivered
Disposable income allowance	In a deferred payment agreement, the amount of income a local authority must leave the deferred payment holder with (unless the deferred payment holder decides to retain less than the allowance)
Disregard	In a financial assessment, income and capital must be disregarded (ignored) in certain circumstances
Duty	This is something that the law says that someone (in this case, usually a local authority) must do, and that if they do not follow may result in legal challenge
Education, Health & Care Plan (EHCP)	Plan for children and young people with special educational needs and/or disabilities identifying their needs and the arrangements to be put in place to meet those needs - Children Act 2014.
Eligible needs	Needs for care and support which result in an adult being unable to achieve specified outcomes and as a consequence there is or is likely to be a significant impact on the person's well-being
Equity limit	The maximum equity available in a deferred payment agreement from a person's chosen form of security
Financial assessment	An assessment of a person's resources that will calculate how much they will contribute towards the cost of their care and how much the local authority will. This covers both a person's income and capital.
Financial information and advice	A broad spectrum of services whose purpose is to help people plan, prepare and pay for their care costs.

Term	Definition
Financial Threshold	Levels of assets set to determine if financial support can be provided by the Council to meet assessed eligibility needs. Until April 2016, if you have savings, investments or property worth over £23,250, you will be asked to pay for all your care.
Floating Support	Service that meets the housing related support needs of people living in their own accommodation within the boundaries of the borough – this is commissioned as a preventative service. It does not provide personal care.
Framework-I	The computer software system Ealing's Adults' Services teams use to manage Assessments and Care for vulnerable adults and their carers
Independent advocate	Someone appointed by the local authority to support and represent a person who has substantial difficulty in being involved with the key care and support planning (or safeguarding) processes, where no appropriate individual is able to do so
Independent financial advice	Refers to regulated financial advice services.
Information and advice	Providing knowledge and facts regarding care and support, services available, and helping a person to identify suitable resources or a course of action in relation to their care and support needs.
Light touch financial assessment	In some circumstances, a local authority may choose to treat a person as if a financial assessment had been carried out. In order to do so, the local authority must be satisfied on the basis of evidence provided by the person that they can afford, and will continue to be able to afford, any charges due. This is known as a 'light-touch' financial assessment
Market shaping	Local Authorities with their partners are expected to have an understanding of demand and supply for well-being, health and social care services. They are expected to intervene accordingly to ensure the right services are in situ for the specified population
Minimum income guarantee	When an adult contributes towards their care and support they must still be left with a certain amount of money for themselves after the local authority has charged them. The minimum income guarantee is the minimum amount of income a person must be left with after charging in all settings except a care home. The amounts are set out in regulations and are based on income support, plus any relevant premiums plus 25%.
National eligibility threshold	This is the level at which a person's needs for care and support, or for support in the case of a carer, reach the point where the local authority must ensure they are met. The local authority has powers (but not duty) to meet ineligible needs, so the link between eligibility and 'council-funded care and support' is not automatic.
Needs assessment	The process of working out what your needs are. An assessment looks at how you are managing everyday activities such as looking after yourself, household tasks and getting out and about and is used to inform determinations of eligibility for social care services.

Term	Definition
Outcomes	In social care, an 'outcome' refers to an aim or objective you would like to achieve or need to happen – for example, continuing to live in your own home, or being able to go out and about. You should be able to say which outcomes are the most important to you, and receive support to achieve them. Outcomes are prescribed within the Care Act for determinations of eligibility.
Personal budget	This is a statement that sets out the cost to the local authority of meeting an adult's assessed unmet eligible care needs. It includes the amount that the adult must pay towards that cost themselves (on the basis of their financial assessment), as well as any amount that the local authority must pay
Person-centred approach	An approach that seeks to involve the person and ensure they can engage as fully as possible. The local authority must take a person-centred approach throughout the assessment and care planning processes, and in all other contact with the person (such as a review of their care and support package)
Preventative	Applies to the provision of services, facilities or resources that prevent a need from occurring, minimise the effect of a disability or help slow down any further deterioration for people with established health conditions, complex care and support needs or caring responsibilities.
Preventative services	An early intervention or activity that supports a person to retain or regain their skills or confidence. A service that prevents a need for care and support occurring, reduces an existing need or delays further deterioration
Prevention	A local authority must provide or arrange for services, facilities or resources which would prevent, delay or reduce individuals' needs for care and support, or the needs for support of carers
Resource Allocation System (RAS)	System used by Ealing Adults' Services teams to calculate an estimated budget required to meet the customers care and support needs. Is used to guide the support planning process. The final costs of the care and support deployed are referred to as the Personal Budget.
Reablement	A structured programme of care provided for a limited period of time, focusing on helping the person to regain skills and capabilities to reduce their needs
Regulated financial advice	Advice from an organisation regulated by the Financial Conduct Authority (FCA)
Review	A review of a person's care and support plans ensures that outcomes continue to be met. Can be planned, unplanned or requested by the person receiving care and support
Safeguarding	The process of ensuring that adults at risk are not being abused, neglected or exploited, and ensuring that people who are deemed unsuitable' do not work with them.
Self-funder	Someone who arranges and pays for their own care and support services and does not receive financial help from the local authority.
Signposting	Pointing people in the direction of information that they should find useful.

<b>Term</b>	<b>Definition</b>
Substantial difficulty	The Care Act defines four areas in any one of which a person might have substantial difficulty in being involved in the care and support planning, or safeguarding, processes. This includes substantial difficulty in understanding relevant information, retaining that information, using or weighing that information, and communicating the individual's views, wishes or feelings (whether by talking, using sign language or any other means)
Support plan	A plan developed following assessment that says how customers will spend their personal budget to meet assessed needs/outcomes and stay as well as possible. The local council must agree the plan before it makes the money available.
Supported self-assessment	An assessment carried out jointly by the adult with care and support needs or carer and the local authority, where the adult or carer is willing, able, and has capacity or (in the case of a young carer) is competent.
Sustainability & Transformation Plan (STP)	Strategic plan for health and care services across a large geographical area, in North West London covering the eight boroughs: Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow, Kensington & Chelsea, Westminster
Top Up fee	This is only relevant where a person has exercised their right to choice of accommodation. It means that where a person has chosen a more expensive setting than the amount identified in their personal budget, the top-up fee is the additional amount needed to meet the cost of that setting. This can be paid by a third party, or in limited circumstance, the person
Transition assessment	An assessment of a child or young person, young carer or child's carer that will inform a transition plan to receive care and support from Adults Services.
Transition plan	A statutory requirement for young people and carers if they are likely to need care and support when they turn 18
Wellbeing	Wellbeing is a broad concept, and it is described as relating to the following areas in particular: personal dignity (including treatment of the individual with respect); physical and mental health and emotional wellbeing; protection from abuse and neglect; control by the individual over day-to-day life (including over care and support provided and the way it is provided); participation in work, education, training or recreation; social and economic wellbeing; domestic, family and personal relationships; suitability of living accommodation; the individual's contribution to society
WLA	West London Alliance (WLA) is a partnership between 8 Boroughs: Ealing, Brent, Harrow, Hounslow, Barnet, Hillingdon, Hammersmith & Fulham, Kensington & Chelsea, Westminster

## What is the Enhanced Health in Care Homes (EHCH) model?

- Provides joined-up primary, community and secondary, social care to residents of care/ nursing homes and Extra care Living Schemes (ECLS) via a range of in-reach services
- Delivers person-centred integrated preventative care that promotes independence and supports individuals in an appropriate housing option of their choosing

The model incorporates:

Care element	Sub-element
1. Enhanced primary care support	Access to consistent, named GP and wider primary care service
	Medicine reviews
	Hydration and nutrition support
	Access to out-of-hours/urgent care when needed
2. MDT in-reach support	Expert advice and care for those with the most complex needs
	Helping professionals, carers and individuals with needs navigate the health and care system
3. Re-ablement and rehabilitation to support independence	Reablement / rehabilitation services
	Developing community assets to support resilience and independence
4. High quality end of life care and dementia care	End-of-life care
	Dementia care
5. Joined up commissioning and collaboration between health and social care	Co-production with providers and networked care homes
	Shared contractual mechanisms to promote integration (including continuing healthcare)
	Access to appropriate housing options
6. Workforce development	Training and development for social care provider staff
	Joint workforce planning across all sectors
7. Harnessing data and technology	Linked health and social care data sets
	Access to the care record and secure email
	Better use of technology in care homes

## Why are we developing this model?

- To provide equitable access, to high-quality NHS healthcare for those who need it most
- To address growing acuity and complexity of need in an underserved population
- To make best use of scarce resources and create cost-saving opportunities
- Reductions in ambulance call outs; A&E attendances; and non-elective admissions

## What is the Discharge to Assess (D2A) model?

### D2A: Agreed Principles & Vision

Development of a local D2A model should ensure that for every patient in NW London, the following applies:



- Acute hospital admission ONLY whilst patients are acutely unwell
- They are discharged from hospital when they are medically stable for discharge



- Assessment of functional ability takes place at home
- Needs are best determined in the patient's own home



- Patients on-going needs will be re-assessed and care reduced as they get better
- All patients to receive FREE care for up to 6 weeks



- These services should be available seven days a week
- Aim to simplify processes and remove steps in the discharge pathway
- All models should take into account "cross-border" patients

### D2A: What are trying to achieve?

