Supporting people to live healthier lives

Score: 3

3 – Evidence shows a good standard

What people expect

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

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

The local authority commitment

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

Key findings for this quality statement

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

The local authority's Adult Social Care Prevention and Early Intervention Strategy 2024-2029 highlights their priorities as reducing social isolation, supporting people to 'age well', and to provide advice and guidance in a timely manner. The local authority demonstrated areas of proactive work with people, partners and the wider community to provide a range of services and resources designed to promote independence and prevent, reduce or delay the need for care and support. The Director of Public Health was line managed by the DASS and had regular meetings with the SLT as well as the committee system. Leaders told us there were strong links between the SLT, Director of Public Health and the political leadership at the local authority, who worked collaboratively. We were told the prevent, reduce and delay agenda is threaded throughout all the local authority's strategies.

Partners told us that there was outreach work being carried out with a goal of capturing harder to reach communities, and those who may be digitally excluded. Partners engaged in door-knocking initiatives whereby they would share with each other which areas they were going to be working with partners, to ask if there was any information to pass onto people about local activities or events that may support their well-being.

Staff said alongside implementing the ‘3 conversations’ model, community teams had a directory of support for each locality area, known as ‘info bank’, which is available online for people to access independently. The online portal also invited people to suggest new services to be added. Staff told us that by having access to the 3C’s debit card they had been able to provide one-off resources quickly, which delayed or prevented a need for ongoing care and support. One example was the purchase of a hoover for a young person, which enabled them to manage maintaining their home without the need for a further service. Another example was the purchasing of a phone which allowed a person to be reached by health professionals which had previously presented a barrier to accessing support. Teams and partners referred people to the Promoting People’s Independence Network (POPIN) service who worked with anyone not known to the local authority, including people who were funding their own care, and those with ineligible care needs. POPIN signposted people to voluntary organisations who were successful in supporting with such things as meal deliveries and have access to a shop where people can come and try equipment for example.

There was a growing population of people from an ethic minority background in the local authority area and leaders identified that support services required some development with this in mind, to ensure that there are culturally appropriate services and resources for all residents.

There was specific consideration given to the support for unpaid carers. Carers said they felt that the local authority had worked with them and been preventative of carer breakdown by supporting them; for example, by seeking an ongoing placement in shared lives, before they reached crisis point, and by having access to respite services to have a break this supported them in their ongoing role. Carers said they had access to training from the local authority. They were empowered to make one-off purchases with grants which had promoted their wellbeing, with one example being, a carer purchasing an exercise bike to maintain their wellbeing. Support provided by partners in the community promoted peer support between carers and access to holistic services.

Provision and impact of intermediate care and reablement services

The local authority worked with partners to deliver intermediate care and reablement services that enabled people to regain and maintain independence. National data showed that 2.86% of people 65 plus received reablement/rehabilitation services after discharge from hospital. This is in line with the England average of 2.91% (Adult Social Care Outcomes Framework (ASCOF)). 78.05% of people 65 plus were still at home 91 days after discharge from hospital into reablement/rehab. This is lower than the England average of 83.70% (Short and Long Term Support (SALT)).

The local authority had identified pathways to the multi-disciplinary Short Term Assessment and Reablement (STAR) service, supporting people post discharge to regain optimal independence. Alongside the community therapy team, the local authority also had their own ‘in house’ reablement team ‘AbleMe’. Their remit was to re-able those who had fallen ill or suffered an injury at home. At the point of assessment, the AbleMe service was still in its infancy, however leaders told us that there had been a successful start, and it was demonstrating positive results in preventing the need for longer-term services. Staff reported that the AbleMe service had engaged people who would previously not have met the criteria for reablement (STAR) and wouldn’t have had access to short-term intervention to increase their independence in the community.

The Community Integrated Care Centre (CICC) supported discharge from the main treatment hospital, Arrowe Park, as well as providing a ‘step up’ function to reduce the need for admissions to hospital. The community integrated response team, ‘Home First’ team supported the CICC, as well as working with people in the community when people were discharged home for a limited time. Local authority staff were positive about the work the intermediate care and reablement services provided.

Access to equipment and home adaptations

There was good access to equipment and minor home adaptations to help people maintain their independence and continue living in their own homes. At the time of assessment, the local authority had an average wait time for equipment of 6 days, with the longest wait being 31 days in the past 12 months. Neighbourhood teams had staff with appropriate training to provide basic equipment to increase independence, with staff reporting that some equipment had been delivered the same day as ordering. Where cases were deemed low priority, the Occupational Therapy (OT) team told us of wait times for assessment of up to 9 months. Occupational Therapists (OT's) reported not having access to the same trusted assessor site as other teams, and not being able to access equipment as speedily as the other teams. Since the assessment, the local authority informed us that all practitioners should have access to the same equipment ordering system.

People told us of the positive impact that having access to equipment such as grab rails, bannisters and toilet frames had, and these items had made a real difference to their lives. There was not a Principal OT role at the local authority which staff felt would be beneficial to their profession and create a 'voice' in the Senior Leadership Team (SLT).

Provision of accessible information and advice

There was information and advice available for people on their rights under the Care Act 2014 and ways to meet their care and support needs, on the council website however we were not told of where else this could be accessed. This included information for unpaid carers and people who fund or arrange their own care and support. Survey of Adult Carers in England (SACE) data showed 79.22% of carers found information and advice to be helpful, which was lower than the England average of 85.22%. Information on the website was only accessible to people who had a computer which created a digital barrier to access. Despite this, in the Adult Social Care Survey (ASCS), 75.34% of people who used services said they found it easy to seek information about support, which was higher than the England average of 67.12%. This data would not account for those people that had been unable to access services due to barriers.

Partners reported that easy-read documents and alternative languages weren’t always accessible, with some being asked to create their own easy-read documents to share with their communities. People frequently spoke about commissioned voluntary services supporting them in accessing information; and partners told us there was a gap in the local authority’s ability to support people from an ethic minority background with information whose first language may not be English.

It was highlighted by partners that more work needs to be done to engage those from ethnic minority backgrounds, especially around caring responsibilities as there were barriers for people who don’t identify as carers or people who worry about stigma in accessing advice and support. 56% of carers found it easy to access information and advice, which is slightly lower than the England average of 59% (Survey of Adult Carers). People told us that when supporting a family member who was in crisis, they received no advice in relation to carers support from the local authority and found this themselves using the internet. Carers accessing advice and information was not consistent and appeared to be dependent on the worker who they had contact with at the local authority.

Direct payments

The local authority had a low uptake of direct payments. Only 8.66% of people received direct payments which is very low compared to the England average of 26.22% (Adult Social Care Outcomes Framework). A direct payment review used co-production groups to try to address the reasons behind the low uptake. A lack of personal assistants (PA) registered was one reason provided, with people struggling to source a PA to match with. In response, the local authority had created a PA register. This was being developed at the point of assessment, therefore the impact of this could not be measured.

The review also recognised the challenges of being an ‘employer’ when taking on a DP and identified that people needed advice and support regarding PA's to facilitate choice and control over their care provision. It was also felt that the older demographic in the local authority area and the challenges they face with technology may impact upon their uptake of a direct payment. Staff told us a new direct payment ‘finder service’ was to be commissioned early 2025 which was intended to support and encourage people to take up DP’s. We were told at the time of our assessment the evaluation process was still taking place following the tender invitation closing, therefore no target uptake was identified as this would be agreed with the new provider.

Raising awareness of direct payments was recognised as important along with teams needing a consistent approach to ways of working, and provision of information booklets for people. No issues or difficulties were reported in respect of the transfer of a young person's direct payment when they transitioned to adult services. One person told us that the use of DP had given them choice and control over their care, and they had been supported to transition to adult service DP’s which had been smooth. Staff told us they were proud of the work being done to address the low DP uptake.