Hammersmith and Fulham: local authority assessment

How we assess local authorities

Assessment published: 9 May 2025

About Hammersmith and Fulham

Demographics

The London Borough of Hammersmith & Fulham is a unitary authority in inner London with 186,176 residents. It is an urban area bordered to the south by the River Thames, with 21 electoral wards stretching from College Park and Old Oak in the north to Sands End in the south. Hammersmith & Fulham has an Index of Multiple Deprivation score of 6 (with 10 being the highest and most deprived) and is rated 68th out of 153 (1st being most deprived), with higher levels of deprivation in the north. The cost of housing is higher than the London average for rental and purchase.

It is a diverse borough, with residents from over 150 different countries, 37% of people are from ethnic minority groups (excluding white minorities), of whom 12.26% are Black, Black British, Caribbean or African and 10.54% are Asian or Asian British. More broadly there were also established European communities. The population is young with 72.17% of people being of working age. There are 20,034 people over the age of 65, but this is expected to grow.

Hammersmith & Fulham Council are part of the Northwest London Integrated Care System which includes 8 London boroughs, 7 NHS trusts and 2 specialist care providers. The Hammersmith and Fulham Health and Care partnership coordinates health and social care integration at a local level.

Hammersmith & Fulham is a Labour controlled council with 39 members. There are 10 Conservatives members and members 1 independent member. Hammersmith & Fulham have provided home care without charge to its residents for nearly 10 years.

Financial facts

The Financial facts for Hammersmith and Fulham are:

- The local authority estimated that in 2023/24, its total budget would be **£325,120,000**. Its actual spend for that year was **£371,169,000** which was **£46,049,000** more than estimated.
- The local authority estimated that it would spend **£70,952,000** of its total budget on adult social care in 2022/23. Its actual spend was **£84,989,000** which is **£14,037,000** more than estimated.
- In 2022/2023, 22.9% of the budget was spent on adult social care.
- The local authority has raised the full adult social care precept for 2023/24, with a value of 2%. Please note that the amount raised through ASC precept varies from local authority to local authority.
- Approximately 3200 people were accessing long-term adult social care support, and approximately 495 people were accessing short-term adult social care support in 2022/23. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

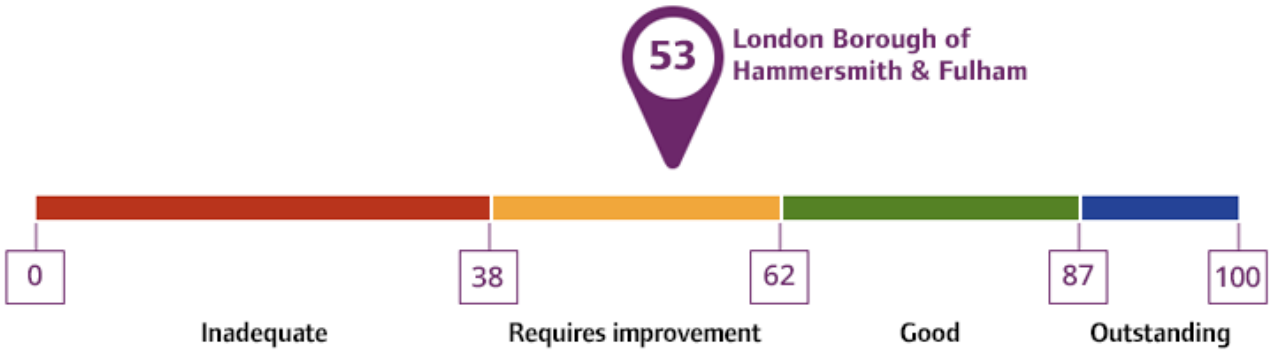
This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

Overall summary

Local authority rating and score

Hammersmith and Fulham

Requires improvement



Quality statement scores

Assessing needs

Score: 2

Supporting people to lead healthier lives

Score: 2

Equity in experience and outcomes

Score: 2

Care provision, integration and continuity

Score: 2

Partnerships and communities

Score: 2

Safe pathways, systems and transitions
Score: 3

Safeguarding
Score: 2

Governance, management and sustainability
Score: 2

Learning, improvement and innovation
Score: 2

Summary of people's experiences

We had mixed feedback on how people experienced care and support in Hammersmith and Fulham. Some people had person-centered assessments that supported them in meeting their needs the way they wished and protected their human rights. Other assessments did not reflect the person’s voice or them as an individual. In the past people were not asked for feedback on their Care Act assessment or safeguarding experience but the local authority had opened routes for this feedback.

Some people found the process of getting support confusing. People receiving care and unpaid carers experienced delays in social care assessments and reviews which impacted their wellbeing. Feedback from parent carers that the transition process was disjointed had been heard and led to the development of a transition team, which parent carers were actively involved in shaping. When people had an allocated worker they received good service, and unpaid carers were pleased with the training and support offered to them and direct payments given to support their wellbeing. The local authority provided home care without applying a charge which meant people had to pay for care less often.

There was a range of community services people could access through the voluntary sector, and people trusted these organisations and gave feedback through them on issues affecting their communities. People liked the reablement service which supported them to remain at home, however, some people wanted more choice about care on leaving the hospital. There was a long wait for equipment and adaptations, which meant people relied on care when they could be independent. People receiving services and unpaid carers reported feeling less safe than the national average; safeguarding was completed in a timely way in most cases, but more work was needed to make sure people receiving services were in control of their safeguarding process.

People living in Hammersmith & Fulham were seen as partners in producing services and developed the vision with the local authority 'Nothing about Disabled people, without Disabled people'. There were numerous opportunities for people to engage with the local authority at a strategic level. People in the local community acknowledged that the local authority was a good partner and people felt valued, listened to and consulted as experts by experience, but felt it could do more to understand the differences between groups. There were barriers to accessing provision experienced by some people and a diversity of different views would support better understanding.

Summary of strengths, areas for development and next steps

Following a recent senior leadership restructure, the team were taking the opportunity to reset governance and assurance arrangements for the delivery of adult social care. This was to provide more visibility and assurance on Care Act duties, risks to delivery, quality and sustainability, and people's care support and outcomes. Work had begun on improvements, like defining front door processes, launching a policy portal, and improving performance reporting so that the local authority could define and manage standards expected within the directorate.

This was improving the information they had about risk, performance, inequalities to inform strategy, allocate resources, and deliver the actions needed to improve care and support outcomes for people in the community. More work was needed so there was a clear and coproduced vision and strategy for adult social care with a fully resourced delivery plan.

The local authority was introducing a third-party policy portal to provide guidance for Care Act and carers assessments and were reviewing how people moved between teams to improve pathways, whilst also increasing opportunities to prevent, reduce and delay the need for care and support. There were waiting lists for assessment in some teams, and the local authority was taking steps to reduce these. There was a range of services in place to meet the needs of people with non-eligible support needs, and home care and daycare were provided without charge across the borough. Advocacy was available, but staff needed further guidance on advocacy and referring in a timely way to ensure effectiveness.

There was a Health and Wellbeing strategy that had been coproduced with residents and community groups. A Preventative strategy, a Carers strategy, and an Autism strategy for adult social care were being developed. The local authority had a strong reablement offer in partnership with health colleagues. There were delays in people accessing occupational therapy assessments, and equipment and adaptations. There was provision of information and advice that was accessible, and work was being done with residents to improve their access to information online.

The local authority had a broad overview of the demographic groups in their area but there was not a depth of equality analysis in adult social care. The local authority had built trust with communities, which allowed them access to rich feedback, but this was not always acted on promptly. There were good examples of culturally competent social care practice, but this was not consistent, and more work was planned to develop wider awareness across the directorate.

The local authority understood that there were gaps in care provision, but there was no strategy to meet this demand. Capacity issues and procurement challenges meant the local authority were struggling to complete their commissioning cycle and were issuing one-year-long agreements causing some uncertainty to providers in the market. There were ambitions to deliver more strategic commissioning in the longer term. The local authority faced challenges finding support for people's needs within the borough, especially if they needed supported living. This meant that the people who had higher levels of care and support needs were less likely to stay in their communities. Quality of care was checked in line with a framework in the borough, and there was some oversight of quality of provision outside the borough.

There was joint work with health on issue-specific areas, for example, the Dementia Strategy, but his had not met all its intended aims. A neighbourhood model was in its early days with partners building mutual trust and understanding, about budgeting and system impacts. The local authority worked collaboratively with the community and a voluntary sector partner issuing grants with the aim of improving mental health and health and social care outcomes in communities.

Risk management was improving at the local authority; they had identified that people waiting for a Care Act assessment had not been recently screened and prioritised. In May 2024, a screening process began to call people on the waiting list to clarify referral details and identify risk and priority and this was ongoing. There was an escalation process to inform senior leadership when risks were present.

The local authority had left joint arrangements with the NHS for hospital discharge and assessed people's care needs in hospitals, or the community if they needed long-term residential care. A lack of joint process meant that relationships were transactional which at times caused frustration. The local authority had recently fully recruited a transition team, and this was showing benefits to young people whose care was transitioning into adult services.

There was a multi-agency safeguarding partnership. Safeguarding processes were being refreshed to ensure that people's wishes were at the center of safeguarding activity, and processes were robust and timely. There was a need to increase the number of people who attended safeguarding and deprivation of liberty safeguards training as this was lower than the national average; further training was being arranged. There was learning from safeguarding adults' reviews (SARs) identified, however some of the learning needed to be actioned and embedded in practice.

Staff had access to a range of learning and development opportunities relevant to their roles. The local authority identified inequity in management opportunities and had increased representation in training to develop senior leaders. There was high use of agencies for professional staff, however, there was a targeted recruitment campaign in place, together with opportunities for non-registered staff to acquire professional qualifications to further support the local authority's registered workforce need.

The co-production groups within the local authority had been recognised nationally for their innovation which had provided opportunities for disabled people to voice their concerns and drive changes. Regular feedback on progress and commitment to implement recommendations arising from co-production in a timely way could be improved.

Theme 1: How Hammersmith and Fulham works with people

This theme includes these quality statements:

- Assessing needs
- Supporting people to live healthier lives
- Equity in experience and outcomes

We may not always review all quality statements during every assessment.

Assessing needs

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Key findings for this quality statement

Assessment, care planning and review arrangements

The local authority was refreshing its Care Act policies, procedures and practice approach. A third-party policy and procedures portal had been commissioned in December 2023, to be a database of documents defining how the local authority would meet its Care Act responsibilities. As part of the project the local authority's existing policies and procedures from 2018 were being updated in priority order. At the time of the onsite assessment in October 2024, the online portal was being introduced to adult social care staff. Some staff told us they were not confident about practice and process and some people in need of care and support found care pathways confusing. The new portal may help to address this.

Hammersmith & Fulham had a front door team where information and advice was provided on the phone, and people were referred on for assessment as needed. The team told us that in May 2024 they received 1,499 calls of which 1,445 were answered within 2 minutes, but there was no information on how many calls were resolved by the front door team or how they were resolved. The front door had been developed as part of the transformation programme, making the front door team a single point of referral, and Social Workers and Occupational Therapists were relocated to the front door team to triage referrals and complete proportionate Care Act assessments. Proportionate Care Act assessments provided the right level of assessment to suit the needs of a person, for example, someone with straightforward needs could be assessed virtually. As part of ongoing development of the front door the local authority had actions to make better use of performance information and digital technology.

There were specialist teams in adult social care for mental health, hospital discharge and learning disability. Funded by public health, a social worker worked in the 8 local homeless hostels and 3 social workers focused on people with substance misuse. The local authority had not made experts available for the assessment of people who are Deafblind or autistic people. It was found the sensory team who supported the Deafblind did not carry out Care Act assessments, and the learning disability team did not feel they had the depth of training to provide effective assessment and support to autistic people.

The quality of assessment and care planning was mixed. There were some good examples of strength-based assessment, however, other assessments did not reflect people's right to choose, build on their strengths and assets, and reflect what they wanted to achieve and how they wished to live their lives. National data from the Adult Social Care Survey (ASCS, 2023-24) showed that 67.18% of people felt that they had control over their daily lives. This was a negative variation from the England average (77.62%). Strength-based practice and mental capacity assessments were flagged as a development need by the Principal Social Worker, following an audit of 84 cases in March 2024. The Principal Social Worker had developed a new quality audit tool for Care Act assessments which would support feedback to staff on their work and identify wider learning to be shared at the monthly quality assurance board; this was being embedded in the organisation at the time of assessment.

There was evidence that workers were not considering a person's ability to be as involved as they could or would wish to be during their assessment and support planning activities or identifying when alternative representation should be provided. Staff told us paid carers, unpaid carers or family were being used as a default to support communication needs and decision-making. Guidance and further training were needed around mental capacity, advocacy, representation, and communication needs to support staff to better capture and represent the views and wishes of the person in need of care and support.

Timeliness of assessments, care planning and reviews

The local authority recognised timeliness of assessments was an area for improvement and was taking steps to manage and reduce the length of time people waited. The customer journey was being reviewed to reduce transfers between teams, increase focus on prevention, and build on the link worker schemes in the Primary Care Networks.

A monthly service-wide performance meeting had been established for oversight and the service was moving staff capacity between teams to support assessment completion. The local authority was unsure that the waiting lists were reflective of current needs, for example in the Mental Health team they did not know if people waiting were health or social care responsibility due to recording across 2 databases. A screening process by staff was being undertaken, starting in May 2024, actively calling people on the waiting list to clarify referral details and identify risk and priority.

Data shared by the local authority showed between August 2023 and September 2024, the median waiting time for Care Act assessments was 60 days and the maximum waiting time was 677 days. In May 2024, 444 people were awaiting a Care Act assessment, with the biggest waits being post-reablement (201 people) and in the mental health team (128 people). Between August 2023 to September 2024, the median wait from completed assessment to care planning was 14 days and the maximum wait was 647 days. In May 2024 there were 1399 people awaiting review and between August 2023 to September 2024 the median wait for review was 417 days and the maximum wait was 1819 days. National data from the Short- and Long-Term Support Survey (SALT, 2023-24) mirrored this showing that 34.90% of long-term support clients were reviewed. This tended towards a negative variation from the England average (58.77%).

The local authority had hired agency social work staff for a review project team to complete the backlog of annual reviews. This team had found over and under provision of support, as well as people who had not been spending their direct payments as anticipated. These reviews were proving helpful to ensure people had the care and professional support they needed. However, there was no specific team, guidance, or figures for reviewing out-of-borough placements. Feedback from partners and people needing care was mixed. Some people told us they received prompt service and other people said they could not get a timely assessment or review despite multiple calls to the local authority. This showed that whilst assessments and reviews were happening, waits for services varied.

Assessment and care planning for unpaid carers, child's carers and child carers

The needs of unpaid carers were recognised as distinct from the person with care needs; assessments, support plans and reviews for unpaid carers were undertaken separately. Social work staff made unpaid carers aware of the right to a carer assessment. A carer's organisation was commissioned by the local authority to provide statutory carers assessments, and the local authority completed some themselves. There was no guidance on carers assessment and who should take the lead on carers assessment. Following assessment carers could receive a direct payment up to £500, in addition to respite services for the cared for and signposting to local support groups.

Carers had poorer outcomes when compared to partners nationally and regionally. Data from the Survey of Adult Carers in England (SACE, 2023-24) showed that carers in Hammersmith and Fulham were experiencing financial difficulties (65.82%) and were not in paid employment (45.76%) because of their caring role and only 18.99% had as much social contact as desired. These were all significant negative variations from the England average (46.55%, 26.70% and 30.02% respectively). The local authority was committed to supporting carers and a co-production process was started in 2022 to create a carer's strategy, progress on this had slowed and the local authority hoped to have this finalised by November 2024. As part of strategy development, the local authority produced an analysis of unpaid carers this showed 60% (2,014/3,402) lived in the 40% (decile 1-4) most deprived areas of the borough and that Black and Black British people were disproportionally formal or informal carers.

Most unpaid carers experienced a delay in assessment but once assessed they found the experience positive, feeling heard and valued. In May 2024, 378 people were waiting for a carers assessment with the carers organisation and 65 people were waiting for a carers assessment with the adult social care teams. The median wait was 1 day, and the maximum wait was 179 days across both organisations.

Adult social care staff said a reason they completed carers assessments themselves rather than refer to the carer's organisation was that people referred experienced delays. The carer organisation was meeting its contracted target, from January to March 2024 the carers organisation completed 108 of its targeted 110 assessments. This indicated that there were not enough resources commissioned for the carers' organisation to meet the demand for assessment requests that they were receiving. The carers' organisation had raised concerns with the local authority about their lack of capacity to meet the demand.

The quality of carers assessments produced by the carers' organisation was not included in social care practice audits or considered during contract monitoring, so the local authority was not providing assurance that these delegated functions were carried out appropriately. There was no evidence that carers' assessments were being shared back to the local authority so it could help inform the assessment for the cared for as part of a whole family approach.

The mental health team had a carers peer support group once a month. The group included different multi-disciplinary professionals from mental health services who talked about their roles, listened and offered advice. Staff told us the impact of this had been noted in improvements in how the mental health trust and the local authority supported and involved unpaid carers when supporting recovery for residents.

Help for people to meet their non-eligible care and support needs

People were given help, advice and information about how to access services, facilities and other agencies for help with non-eligible care and support needs. Staff also signposted people to voluntary agencies. For example, the local authority had recognised there were people with non-eligible needs who were hoarding and had worked with housing to ensure support was available, so properties remained safe and suitable. Staff had a good understanding of additional services in the borough and there was an online directory and leaflets available to help with signposting.

National data from the Adult Social Care Survey (ASCS, 2023-24) showed that 35.91% of people felt that they had as much social contact as they wanted. This was a negative variation from the England average (45.56%). However, Hammersmith & Fulham's leadership team was passionate and committed to making their borough a place where people in need of care and support were an integral part of the community. This was reflected in their co-production activities which included: a dementia strategy, celebrating the contribution of older people from the Windrush generation, the provision of additional community safety officers to make people feel safe, and many other initiatives that were about building capacity, understanding and trust in communities.

Eligibility decisions for care and support

The Care Act 2014 and the Care and Support (Eligibility Criteria) Regulations 2015 provided the framework in which eligibility decisions were made. In addition, the local authority was refreshing guidance as part of the work on the policy portal, training was given about eligibility, and the social care case file audit tool was launched in April 2024 checked eligibility was appropriately applied.

The local authority offered home care and daycare services without charge for all residents who had eligible care needs. This meant that where people would have a financial means test to see what they needed to pay towards their care, this was not required in Hammersmith and Fulham. Means testing only applied when people moved into a residential placement in a care or nursing home. There was political support for this charging practice as politicians felt this would improve the health and wellbeing of the people of Hammersmith and Fulham. The local authority had commissioned Aston University to evidence the outcomes of providing care without charge.

There was an Independent Living Practice Assurance Meeting (ILPAM) which was a gatekeeping system for purchases, quality of practice and to support compliance with financial assessment processes. All care and support plans of £1000 and above a week and all placements/change of residency/respite went to this meeting. When talking about the ILPAM staff focused on the financial limits of care rather than meeting the assessed need. Some staff told us this slowed down the provision of care and support, as support packages may have to go to the meeting multiple times. There was no separate appeals procedure for Care Act eligibility, but there was a complaints procedure supported by a resident experience team.

National data from the Adult Social Care Survey (ASCS, 2023-24) showed that 69.11% of people did not buy any additional care or support privately or pay more to 'top up' their care and support. This was tending towards a positive variation from the England average (64.39%). There was guidance on top-ups for people in need of care and support and this was available online.

Financial assessment and charging policy for care and support

There was information and advice for people who may need to pay for a residential placement. In May 2024, the local authority said people did not have to wait for financial assessment and there was no process for home care or daycare, as this was provided without charge. Staff had to complete a financial form before someone could be placed in a care home, which was monitored by the Independent Living Practice Assurance Meeting.

There was no separate appeals procedure for financial assessment, but there was a complaints procedure supported by a resident experience team.

Provision of independent advocacy

The local authority had a provider for statutory advocacy which supported people who needed an Independent Mental Capacity Advocate, Care Act Advocacy, Independent Mental Health Advocacy and people going through the Deprivation of Liberty (DoL's) process. Another organisation provided non-statutory advocacy to disabled people and parent carers to support them in voicing views and wishes and understanding their rights regarding lifestyle, health and independence issues. The local authority spot-purchased out-of-area advocacy provisions as required. Providers reported that they had enough provisions to meet referral numbers. The local authority was considering changing its advocacy offer by bringing it together under one contract and were engaging with providers and the community about this.

We received feedback that requests for advocacy support were not always made in a timely way with referrals made with 24-hour notice, which did not give enough time for the advocate to get to know the individual, their views, and wishes. The local authority workforce development plan highlighted it wanted to ensure that staff had the skills to identify when advocacy was needed and provide it in a timely way. There was a lack of analysis of who was receiving advocacy and checks on whether this was being used for people placed out of area.

Supporting people to live healthier lives

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

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

The local authority commitment

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

Key findings for this quality statement

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

Hammersmith & Fulham had a Joint Strategic Needs Assessment (JSNA) that was used by partners and the local authority to identify needs, highlight and address them. For example, it showed Hammersmith and Fulham had the highest rate of suicide in London. Office of National Statistics Data reported that between 2021 – 2023 the rate of suicide was 10.7 people per 100,000 of the population. Reducing rates of suicide was a political and operational priority. Funding had supported many initiatives including mental health workers based in 'at-risk' communities, and a health promotion campaign in partnership with a national brewery, targeting men to support them to speak up about mental health and seek support.

The Health and Wellbeing Strategy 2024 to 2029 was informed by residents' feedback, best practice, and Marmot principles. Marmot principles are nationally recognised evidence-based values that aim to address health inequalities through the social determinants of health. Social determinants of health are the societal structures that impact our ability to live a healthy life, for example, our education or standards of housing.

To produce the Health and Wellbeing Strategy there was a comprehensive co-production campaign that included surveys, interviews, discussions and focus groups with 420 residents, 31 community, neighbourhood and faith groups, 63 businesses, council colleagues and NHS services. There were 4 key priorities identified to address key health issues, amplify community strengths, cultivate conditions to flourish and eliminate information barriers.

Adult social care was starting to develop a directorate preventative strategy and toolkit, they aimed to have this completed by 2025, aligning this work with the Health and Wellbeing Strategy. National data from the Adult Social Care Outcomes Framework (ASCOF, 2022-23) showed that 48.28% of people who received short-term support no longer required support. This was a significant negative variation from the England average (77.55%). This data was not readily comparable as the local authority continued to support self-funders as they did not charge for homecare or daycare, which is not the case in most areas. This meant there were no indicators to show success in delaying or reducing the need for care.

There was no link between preventative projects and a strategic intention to delay and reduce the need for adult social care, but there were numerous projects across Hammersmith and Fulham that would support this. For example, public health had invested significantly in its relationship with the local prison and the probation service to ensure people leaving prison had the right mental health support and accommodation options in the borough, this meant there was 45% continuity of mental health care which was the highest in London.

There was also a cost-of-living alliance in the borough to bring together financial support for people who may be in hardship, and partners had started the development of a financial inclusion strategy to improve access to financial information. Over 2 years because of this work,1100 people had used warm hubs and 1500 people engaged in cost-of-living information events.

The support to unpaid carers extended to peer support, participation forums, events, activities and training sessions. National data from the Survey of Adult Carers in England (SACE, 2023-24) showed that 13.33% of carers reported that they accessed training for carers. This was a significant positive variation from the England average (4.3%). Feedback from carers was positive about these activities and unpaid carers were also supported through other voluntary organisations.

Several preventative services were in review as the local authority was considering whether other ways of commissioning services would produce better outcomes. For example, there was a day service transformation programme and Public Health was analysing its funding contributions to council services in 2024/25 to make sure it aligned with the Health and Wellbeing Strategy.

The local authority provided a range of grants to the local voluntary and community sector which could prevent, and delay needs. For example, a grant was provided to an organisation that provided clubs and lunches, DIY services, and digital inclusion support for older and disabled people. There was no evidence that outcomes of these prevention grants were routinely monitored, or lessons learned where preventative work had been successful or unsuccessful.

Provision and impact of intermediate care and reablement services

The local authority had a therapy led in-house reablement service that was rated outstanding by the Care Quality Commission and reviewed in July 2023. This service worked in partnership with other health services, taking referrals from the hospital and the front door teams. The team worked with a person for a maximum of 6 weeks, setting goals with people to assist them in regaining independence. If after the sixth week, ongoing services were required, the team completed a Care Act assessment. There was a wait for Care Act assessment after reablement and the local authority was bringing in other teams to help with this. People receiving reablement were pleased with it and, between June 2023 to May 2024, reablement accounted for 44% of compliments received by adult social care.

National data from the Short- and Long-term support data (SALT, 2023-24) showed that 96.43% of 65+ were still at home 91 days after discharge from the hospital into reablement/rehab. This was a positive variation from the England average (83.70%) The Adult Social Care Outcomes Framework showed that 3.43% of 65+ received reablement/ rehab services after discharge from the hospital. This was no variation from the England average (2.91%).

Access to equipment and home adaptations

People were not receiving equipment and adaptations in a timely way, and this meant there was a missed opportunity to promote independence. There were trusted assessors at the front door and in social care teams which meant some less complex equipment and adaptation needs could be met through this route. For people referred directly to Occupational Therapy and for more complex needs, there was a wait, which meant people received a different service depending on the route they were referred along. We found evidence that people were receiving a commissioned care service instead of having access to equipment that could make them independent.

Data received from the local authority showed that in May 2024, there were a total of 292 Occupational Therapy assessments waiting. Between August 2023 and September 2024, the median wait for Occupational Therapy assessment was 107 days and the maximum wait was 819 days, the reason for the wait was that the current service could not tackle the backlog of referrals. The directorate leadership team recognised the high numbers, and action was completed to prioritise the 292 Occupational Therapy assessments and visit the high-priority cases. The leadership team had a business case, to be agreed, to fund an external Occupational Therapy agency to support assessments to reduce the waiting times.

The Occupational Therapy team prioritised assessments where cases were urgent and other teams reported that there was good joint working in these instances. There was no evidence that the service was managing long-term risk, for example, reviewing manual handling plans.

Occupational therapists worked in the housing team and once a request for a Disabled Facilities Grant (DFG) was received it was usually completed within 16 weeks. A DFG is a means-tested grant to support people with disabilities to make adaptations to their home so it can remain accessible, for example by installation of a wet floor shower room or a stairlift. Members of the voluntary sector had noticed that despite this provision people with disabilities were being housed inappropriately, and it took a long time to resolve these issues. Adult Social Care leaders in Hammersmith and Fulham were working collaboratively with housing colleagues to increase local housing stock and support living provision.

There was a lack of strategic direction to define the role of occupational therapy and how it fitted in with the Care Act assessment pathway, and this meant there was a missed preventative opportunity in the borough. The Adult Social Care Survey (ASCS, 2023-24) showed that 55.98% of people spent their time doing things they valued and enjoyed, 89.58% said their home was clean and comfortable and 88.03% said they had adequate food and drink. These were all significant negative variations from the England average (69.09%, 94.05% and 93.71% respectively).

Hammersmith and Fulham were part of a multi-agency pan-London equipment contract managed by 2 other London boroughs. The contract was awarded in 2013; data from September 2023 to August 2024 showed that they were not meeting their contracted timescales. For example, same-day orders took a median of 2 working days for delivery which impacted care pathways like hospital discharge as people could not go home till equipment was in place. The London equipment contract was a well-known issue among partners and not unique to this local authority.

The local authority had a technology offer with a pendant alarm service called Careline which was a 24/7 service. The local authority had the ambition to improve its use of technology-enabled care and had started to develop a joint strategy working with health and the voluntary and community sectors. As part of this, research was completed in partnership with the Dementia Research Institute, to test technology that alerted carers to a change in a person's behaviours which may anticipate a change in the support needed.

Provision of accessible information and advice

Hammersmith and Fulham's website was accessible to the Web Content Accessibility Guidelines AA standard which meant it would support accessibility applications. It had information and advice on rights under the Care Act and ways to meet care and support needs. The website signposted people to the front door team via a contact form or phone, where there were multiple phone numbers for different services. There was a typetalk facility for people who were deaf or hard of hearing, but no information in British Sign Language online. The website had multiple language options, but this did not extend to the online contact form which was available in English only.

The Adult Social Care Survey (ASCS, 2023-24) showed that 61.49% of people who used services found it easy to find information about support. This was tending towards a negative variation from the England average (67.12%). At the time of assessment, the local authority was reviewing its front door services to reduce the multiple points of access and improve the customer experience.

Hammersmith and Fulham had points of contact with the community and were working in co-production to make public buildings accessible to people, with renovations to the independent living centre and the Town Hall taking place. These were used as community hubs where people in need of support could get a range of information and advice, and in the north of the borough, 3 link workers were employed to work with GP surgeries to bolster information and advice provision. There were also several information and advice leaflets, like the Living with Dementia Guide, produced to highlight services specifically to this group; however, these were available in English only unless requested.

Community leaders and the voluntary and community sector were concerned about the local authority's reliance on online communication methods leading to digital exclusion. Hammersmith and Fulham were aware that people wanted easier access to relevant information, and they had a working group looking at this and refreshing their website with people who used it. A digital accessibility group was working to promote the digital inclusion of disabled people across the borough and had enlisted volunteers to support people to gain digital skills.

Direct payments

Hammersmith & Fulham were committed to the use of direct payments to improve people's choice and control with governance and action plans to increase the use of direct payments. For example, they had a direct payment steering group that met every six weeks and was co-chaired by a disabled person and a senior leader to ensure any improvements were co-produced. There was a direct payment support service delivered and run by a disabled people's organisation supporting 60% of direct payment users. The disabled people's organisation had influenced practice positively by sharing their views, for example, they had reported that support plans could be quite prescriptive, and they had worked with social work staff to improve this practice.

More work was needed to support the Voluntary and Community Sector (VCS) and residents to understand direct payments, as groups were worried about the introduction of direct payments by default. The VCS felt commissioned services provided more stability.

National data from the Adult Social Care Outcomes Framework (ASCOF, 2022-23) showed that 21.59% of service users received a direct payment. This tended towards a negative variation from the England average (26.22%). Women, people from ethnic minority backgrounds and those over 65 were the most frequent users of direct payments. Between June 2023 to May 2024, 59 people stopped their direct payment, the main reasons being 32% deceased, 14% were no longer in area and, 10% became continuing healthcare funded. The local authority used Direct Payments data to set their Direct Payments Moving Forward plan for 2024 to support increased awareness raising and use of direct payments, targeting groups like those with mental health and dementia. This action plan was monitored at the direct payment steering group'. Data showed that direct payment users were increasing slowly, in March 2023 there were 494 people using direct payments and in March 2024 there were 520 using direct payments. This was not broken down by type of need.

Equity in experience and outcomes

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

Hammersmith & Fulham had some protected characteristic data highlighted within the Joint Strategic Needs Assessment (JSNA), the demographic data was analysed at the primary care network level, and there were further detailed chapters including one on learning disability published in 2023. This data was used in many ways by the local authority and partners. For example, local Primary Care Networks used this data to make decisions about local priorities and adult social care commissioning used this data to inform its market position statement and procurements.

The local authority had multiple communities in the borough representing a rich diversity, however, the depth of equalities analysis did not always reflect this in adult social care. For example, we heard about the lesbian, gay bisexual, and trans community, asylum seekers community, and traveller community but these communities were not identified in the adult social care data or population profiles. Partners recognised that adult social care was seeking to reach out to a range of communities but felt sometimes it did not have a depth of understanding about different cultures and differences within groups.

There was a corporate equality plan for 2021-25 and the council had an Equality Diversity and Inclusion (ED&I) Lead who understood the areas of development required in adult social care. However, there was no specific equality plan for adult social care and though it had some information about people receiving services captured in its care records system, this did not cover all protected characteristics and was not analysed to understand if inequality existed in the provision of social care.

The local authority had regard to its Public Sector Equality Duty (Equality Act 2010) in the way it delivered its Care Act functions, there was some community work happening to understand people's experience of social care, but more work was needed to fully embed strategic intentions consistently into front-line practice and service delivery in a timely way.

For example, there was the Building Trust project completed with the NHS North-West London and the local authority in response to health inequality highlighted during COVID, and concerns about vaccination uptake. 13 listening events took place in 2023 to build trust with members of Black, Asian and Minority ethnic communities, where people shared their experiences of health and social care. Within these events led by community leaders people opened up about issues of racism and unconscious bias, and gave reasons why they struggled to engage, especially over the phone, with services due to the language barriers and lack of translators. Some people said they had good service but there was a strong sense of injustice. Issues of intersectionality were highlighted, where 2 or more protected characteristics combine to create unique inequalities, for example, the intersection of race/ethnicity and sex. The rich information from these 13 workshops produced 21 recommendations then stalled, but a new chair was appointed in May 2024 to oversee the implementation sub-group. A community event was held in June 2024 and chose four themes to take forward which were: racially, culturally and trauma-informed mental health care, the creation of a Black health panel, improvements to maternity services and prostate cancer awareness work.

The local authority had collaborated closely with disabled people since 2014 and as a result, a political commitment was made to provide home care and daycare without charge across the borough. In 2017 there was a commitment to co-producing an Independent Living strategy and 'Doing things with residents, not to residents'. In 2022 a vision for independent living was published, which took a social model of disability approach and indicated language that the group felt should be used in care assessments. Within adult social care teams and in the assessments completed the social model of disability and language of independent living had not been fully embedded, as assessments were sometimes written in a task-orientated way instead of a strength-based way.

There were many good examples of cultural competence Care Act assessments, however, this was not consistent. Senior adult social care managers referred to the diverse staff groups they had when asked questions about inclusive practice but did not demonstrate an awareness of the wider issues facing the diverse population in the borough. There was equalities training for all staff and cultural competency training had been commissioned for 80 staff members, most of whom were managers, and there was a plan to roll this out to the wider workforce.

Inclusion and accessibility arrangements

There were some inclusion and accessibility arrangements in place so that people could communicate with the local authority in ways that worked for them. The local authority told us that there were people from 150 different countries in the borough. People's first language was noted on the care system when contacting adult social care, 73% of the data was recorded, and 18% of people in contact with adult social care reported that English was not their first language, with a complete data set this number may have been higher. There was a contract in place for interpretation services, but it was not monitored for assurance it was being used appropriately, and quality of service was good. Staff had a mixed approach to using this, with some relying on providers, friends, family or Google Translate, there was no guidance for staff on when interpreters should be used or assessments offered in different languages.

There was a range of materials, reports, and surveys in easy-to-read format. There was a specialist sensory team to support people with hearing and sight loss, providing accessible information and advice while identifying barriers to access and providing appropriate equipment and support. There was no provision of appropriate training to carry out Care Act assessments for those who are Deafblind as staff told us this was beyond the scope of the sensory team.

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

We may not always review all quality statements during every assessment.

Care provision, integration and continuity

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is co-ordinated, and everyone works well together and with me.

The local authority commitment

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Key findings for this quality statement

Understanding local needs for care and support

Hammersmith & Fulham understood the local needs for future care and support but did not show how they had developed their market position statement and sustainability plan with local stakeholders, including people who were most likely to experience poor care. But there was a clear commitment to involve residents in co-production and decision-making in future commissioning activities.

The local authority had a Market Position Statement for 2024 published on its website. This set out its core values around co-production, supporting the workforce, building trust within the community, and adding social value. It gave an overview of data from the Joint Strategic Needs Assessment (JSNA) to define broad areas of need in the future. It set out when commissioning would take place, requesting providers with a focus on independence, being person-centred, and greater use of technology.

A Market Sustainability Plan (MSP) was produced in 2022 as part of a government return which identified more services were needed in the borough for people with mental health conditions and learning disabilities to support independent living and access to paid employment. Also, it highlighted further development of care providers in the community was needed to support people with dementia. Inflation was indicated as a key issue and paying the London Living Wage was seen to value the workforce and support retention of provider staff.

The local authority was involved in regional and national discussions with other local authorities on benchmarking, joint commissioning, and data sharing.

Market shaping and commissioning to meet local needs

There were no specific commissioning strategies to deliver on areas of need highlighted in the market position statement but there were several overarching adult social care strategies completed or in development that referred to commissioning requirements. Also, staff and senior leaders told us they had plans in place, which included exploring the use of excess extra care provision to meet the needs of people with learning disabilities and mental health conditions. The local authority also was exploring transforming its day services to offer more flexibility and encourage independence with a blended approach of community and building-based opportunities after a drop in referrals.

The dementia strategy 2021-24 had recommendations for commissioning to review specialist dementia support and consider extra provisions but there was no evidence that this was completed. New strategies were being developed with residents like the Autism Strategy and the Carers Strategy which may support with commissioning strategic plans for these communities. In addition, the local authority had invested in a new post, strategic commissioner for transitions and had been appointed to lead on provision in this area and work closely with the parents' co-production group.

Some people had access to a diverse range of local support options that were safe, effective, affordable and high-quality to meet their care and support needs. The Adult Social Care Survey (ASCS, 2023-24) showed that 62.63% of people who used services said that they have a choice over services. This was tending toward a negative variation with the England average (70.28%). In Hammersmith & Fulham, home care was provided without charge as part of the council's commitment to support residents to live independently. This provision could be in place on the same day, depending on the nature of the person's needs.

The local authority had been attempting to recommission the home care contract to provide greater choice and sustainability in the market. At the time of the onsite assessment in October 2024, there was no home care contract in place, as the previous home care contract had ended in June 2024.

The local authority was proud that they did not charge unpaid carers for replacement home care to have a break. Figures from the survey of Adult Carers in England (SACE, 2023-24) did not show a significant variation from the England average when carers were asked if they could take a break for 1-24h (24.68%) or more than 24 hours (18.18%) but did show a variation that tended towards the positive for allowing carers to take a break at short notice (15.79%).

The carers' support contract was receiving one-year extensions, which created sustainability issues for the provider in meeting the demand for carers' assessment as they were unable to renew staff contracts. The local authority was reviewing how they were providing carers services, with some assessments being conducted in-house, which allowed ongoing skills, expertise, and awareness to be fostered internally. Provision of respite for people with learning disabilities in the borough was low with only 4 beds available, meaning that sometimes people were placed out of areas which disrupted access to their communities, employment, and education.

Ensuring sufficient capacity in local services to meet demand

A Brokerage Team sourced a range of suitable support options for residents and used a mixture of contracted and spot contract arrangements to meet needs. A contracted arrangement is with a provider that the local authority can draw down on and this is normally set at a fixed rate over many years, providing security for the council and provider. A spot contract is made at a one-time transactional price, and these arrangements are normally more volatile and harder to quality assure. In some complex cases, social work teams brokered individual arrangements directly and then sent them to the brokerage team to arrange the contract, as operational teams felt they had a better knowledge of a providers' ability to meet needs.

Hammersmith & Fulham had 4 care homes in their area providing a mixture of Nursing and Residential care. Data provided by the local authority showed that from June 2023 to May 2024 there were 494 people in care home placements and 73% of residential and 45% of nursing placements were out of area. Data provided by the local authority showed between March to May 2024 the wait for nursing care was a median of 9 days and a maximum of 20 days. The wait for residential care was a median of 19 days and a maximum of 24 days. People were more likely to be placed out of area if they had complex needs or dementia, and though some people chose to be closer to family, capacity in the borough did not always meet demand. At times this caused delays in time-sensitive placements like hospital discharge as people wanted to wait for care home beds in their chosen area, or the needs of the person could not be met locally.

Extra care placements were all met in the borough and there was excess capacity. There was good capacity for home care, and data provided by the local authority showed that between March to May 2024, the median wait for home care was 2 days and the maximum wait was 22 days. Where there were specific needs that could not be met by the contracted home care provider, for example, a specific language or a cultural need, these were sought, and if possible, provided through spot purchase.

Data provided by the local authority showed from June 2023 to May 2024 there were 134 people in supported living placements made by the borough of which 62% were out of area. The main reason given for this was the complexity of needs, but there was also a lack of supportive housing in the borough to meet demand. Hammersmith and Fulham had acknowledged that more developments were needed for people with complex needs to live in the borough. The local authority did not further define what it meant by complex needs in relation to supported living placements, but it was used as a general term when talking about meeting needs. Feedback from several groups told us that people placed out of area experienced barriers, especially with health service handover, access to families and communities, and support for regular review.

There were gaps in the provision for activities to promote independence and employment for young people, people with learning disabilities and mental health needs. The local authority knew this was an area that needed development. The transitions team had been developing some activities by reaching out to football teams within Hammersmith & Fulham, as well as a disability-led charity who were now providing a drama and a horticultural club.

The local authority provided day services with specialist provision for dementia and people from the older African Caribbean and Asian communities. Referrals for day services were reducing, and the local authority was considering reshaping this provision. A voluntary sector partner worked collaboratively with the community issuing grants on behalf of the local authority to improve mental health for people from ethnic backgrounds, and health and social care outcomes in communities. There was monitoring of the mental health grants, but no evidence was given of how the 22 community grants had improved social care outcomes for adults.

Ensuring quality of local services

Hammersmith and Fulham had arrangements through their Care and Governance Quality Framework to monitor the quality and impact of the care and support services being commissioned for people and it supported improvements where needed. The local authority's in-house reablement service and short breaks service had both been rated Outstanding by CQC since 2018. As of June 2024, most of the home care provided by agencies was rated Good; of the 4 care homes in the area, 3 of these were rated Good, with 1 Requires Improvement, which the local authority was actively supporting. The local authority had a policy to only place people in care services rated Good or above.

Hammersmith and Fulham undertook quality audits of its care services by speaking to residents, checking records, policies and procedures. This was both proactive and reactive, and staff could record concerns on the care system to be reviewed by the quality team. Where improvement was required, action plans were put in place and support was given; working closely with the commissioning team so contractual measures could be taken if needed. For people who lived out of area, staff linked up with other local authority staff responsible for managing safeguarding and quality assurance through regional sector-led improvement initiatives, so any major quality issues were flagged. There had been no embargoes or restrictions on providers in the borough within the previous 12 months, and the brokerage team held a risk register for providers out of the area that held suspensions.

There was a mixed picture of contract monitoring at the local authority for non-care contracts. Some providers spoke of strong relationships with the local authority and regular meetings. Other providers reported that the commissioners often changed, and it took time to establish a relationship and understanding of service provision. In these cases, there was a reduction in the scrutiny and engagement on the performance of their contracts.

Ensuring local services are sustainable

Hammersmith and Fulham were not strategically commissioning in line with their vision. There was a co-production commissioning cycle in place which aimed to allow time and support for co-production activities within the commissioning schedule. However, the contract forward plan provided by the local authority in June 2024 showed that as contracts came to full term, one-year funding was being given to current providers. The Council had plans in place to start open competitive processes in line with their new Market Position Statement.

The one-year funding arrangements limited the local authority in achieving its ambition to include residents, politicians, and providers in the commissioning cycle and open opportunities to the wider market. The contract forward plan showed that direct awards were signed off by the cabinet member for adult social care, in line with standing orders. Key services affected by this included carers, advocacy services, and local Healthwatch, with these yearly awards making it difficult for them to plan long-term.

The commissioning team had regular quarterly provider meetings and knew procurement needed to be improved. For example, the local authority had been trying to increase its provision of supported living accommodation over several years but had not been able to deliver this. To support improvement the leadership team brought in a new Director of Commissioning, Transformation and Partnerships, to deliver future supported living procurements.

The local authority had a costed proposal for providing uplifts to the market for 2024/25 and was involved with work as part of the northwest commissioning alliance to manage the care home market. The local authority had moved away from the use of a Dynamic Purchasing System where care homes entered the cost they needed to provide care. Instead, the local authority was using a third-party platform that estimated the cost of care based on care needs to support brokers with price negotiations.

The local authority had completed the fair cost of care exercise with a small number of providers, but the prices they were offering in the uplift were lower than the prices from the cost of care exercise. The local authority did reference in their uplift document they were working towards providing fair cost-of-care prices. The local authority completed payroll checks to ensure all care workers were receiving the London Living Wage and as part of the contractual agreements travel costs were paid by the providers. Hammersmith and Fulham had a framework for managing provider failure and handbacks, there were no reported handbacks or suspensions in the 12 months leading to the assessment.

National data from the Skills for Care Workforce Estimates (ACE-WE, 2023-24) showed that 36.06% of adult social care (ASC) staff (all jobs, all sectors) had a care certificate in progress or partially complete or completed. This was a significant negative variation from the England average (55.53%). Staff vacancy rates and sickness absence rates from the same survey had no variation from the England averages. The staff turnover of ASC staff (all jobs, all sectors) was 0.20, this was tending towards a positive variation from the England average (0.25). In its market sustainability plan Hammersmith and Fulham said that there was a shortage of care workers and were supporting care providers with recruitment and offering training to new care workers, but there was no strategy or training programme in place.

Partnerships and communities

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is co-ordinated, and everyone works well together and with me.

The local authority commitment

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

The local authority was part of the Northwest London Integrated Care System which includes 8 London boroughs, 7 NHS trusts and 2 specialist care providers. Within the Integrated Care System, there was a local health partnership board which was attended by the Cabinet Member for Adult Social Care. Part of the Integrated Care System Vision 2023 was to create neighbourhood teams in the 7 borough-based partnerships, across the Integrated Care System. All partners agreed relationships at the borough level needed to be developed, and the local health and social care system did not have a shared vision for health and social care support in Hammersmith the Fulham.

Work had begun to build trusting relationships to support a neighbourhood team; the Integrated Care Board (ICB), Central London Community Health and the local authority had jointly appointed a managing director to develop the integrated model of care. This was in its early stages, but all parties were committed to building these relationships and were hoping the model would be functioning in 12-18 months. Key development areas were joint pathways for people living with dementia, adult mental health and community empowerment in the north of the borough. Governance arrangements for how current joint work would fit into the neighbourhood model, and the role the Health and Wellbeing Strategy and the board would have in setting the agenda, were part of building shared priorities within the neighbourhood model.

Outside of these local arrangements, there were initiatives the local authority was directing in response to its priorities. Public health has funded several programmes to improve health outcomes; for people leaving prison, people at risk of suicide, provider staff reluctant to take up vaccination and social care support for homeless people in hostel accommodation.

There were also shared initiatives with health including the dementia partnership board and the building trust engagement with Black communities but work implementing change was slow. For example, the Dementia strategy 2021- 2025 had been developed in co-production with residents. A Dementia Partnership Board had been established to oversee an implementation plan, with representation from the NHS, Hammersmith and Fulham Council, the Voluntary and Community Sector and people with dementia, their carers and families. In March 2023 the group reported on its first year of progress to the Health and Wellbeing Board and they showed that they had an impact in developing a range of dementia-friendly activities and raising awareness of dementia across the borough. However, they reported that despite multiple meetings about data among partners, no progress was made meaning the board was unable to set key performance indicators for the strategy. Also, work was needed to understand how the priorities of the dementia partnership board sat within the governance framework and priorities within the borough partnership.

Arrangements to support effective partnership working

The local authority had limited systems arrangements with health partner agencies. In the past there had been a lack of power sharing and maturity in the decisions by partners and the local authority, which meant adult social care was a separate system from health, and all partners were keen to protect their resources. However new leadership is proactively engaged in strengthening the partnership work. This is reflected in a new Director of Commissioning, Transformation and Health Partnerships Role. A recent Health and Care Partnership Strategic Planning Away Day saw the agreement of new shared priorities and commitments for joint working.

The local authority had Better Care Fund (BCF) arrangements with the Northwest London Integrated Care Board (ICB) but there were limited funds spent on joining up health, social care and housing services. The ICB was reviewing the Better Care Fund arrangements across Northwest London as they wanted to better understand how this funding was spent to support the system. The local authority spent a considerable proportion of the BCF supporting their home care provision and had recently commissioned Aston University to review the impact that home care without charge had on the health and social care system.

Impact of partnership working

As the borough partnership was in its early stages there were no performance indicators agreed at this level to define what success looked like in the local systems leadership, however the Health and Wellbeing Board did manage the statutory responsibility of reviewing Better Care Funding.

The Better Care Fund (BCF) was overseen by the Health and Wellbeing Board which had oversight of how money was spent and how effective this was. The Health and Wellbeing board evaluated how funding had been used and the effectiveness of this. In 2023-2024 the way that the BCF was being spent was reviewed. The bridging service for people who needed to go home from the hospital with a care package was a success. In the bridging service, contracts were put out to the open market for spot contracting when the local authority could not meet the needs under contract within targeted timescales. This meant people were not delayed in hospital waiting for care provision if it was available on the open market. Step-down beds in care homes had a limited impact; people did not like moving twice and it could take time to move people out of a step-down bed, so a decision was made not to commission this again. Information about how the Better Care Fund was used was sent to NHS England and the Northwest London Integrated Care Board.

Working with voluntary and charity sector groups

The local authority worked collaboratively with voluntary and charity organisations to understand and meet local social care needs, some were unsettled by short-term contracting that had taken place. However, there was still a strong commitment among community partners to support positive progress in adult social care, and there was representation of the voluntary and community sectors on strategic boards, like the Health and Wellbeing Board.

There was an open culture in the voluntary community sector, and they were happy to talk to the local authorities about challenges and deeper inequalities that groups were facing, this showed a large amount of trust in the local authority. For example, in the building trust exercise completed with Black and Asian communities, the voluntary sector supported people to share their very personal experiences of inequality.

The local authority and health provided funding to a community development organisation that supported the voluntary and community sector and issued grants on its behalf to improve mental health in ethnic groups and health and social care outcomes in communities. For example, the mental health grant programme gave grants to 15 community organisations during 2022/23. This supported a range of community groups to deliver mental health input to their communities in a creative way. Like support to the Iranian community to deliver holistic therapies, which supported 45 refugees to improve their wellbeing. Health and social care partners were committed to providing these grants on an annual basis.

The voluntary and community sector felt further improvements could be made if the local authority was clearer about its priorities and gave more feedback on progress after co-production activities. The local authority had identified that the work on some of its strategies had slowed like the Autism strategy, Carers strategy and the Building Trust work and were working to get these back on track.

Theme 3: How Hammersmith and Fulham ensures safety within the system

This theme includes these quality statements:

- Safe pathways, systems and transitions
- Safeguarding

We may not always review all quality statements during every assessment.

Safe pathways, systems and transitions

Score: 3

3 – Evidence shows a good standard

What people expect

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Key findings for this quality statement

Safety management

Staff, leaders, and partners told us that safety was a priority for everyone. However, we found inconsistencies in the provision of assessment, services, and the use of data to support oversight of safety and consider where improvements were required. For example, in some operational teams, there were high waits for assessment, and though social care leadership was aware of this these were not included in any risk register. There was also a lack of joint hospital discharge processes which could sometimes cause people to be delayed on discharge or be readmitted to the hospital due to a lack of prevention approaches.

The out-of-hours service was provided under a three-borough arrangement with 2 other London boroughs. Qualified staff supported the service to meet the Mental Health Act assessment needs, however, due to the complexities of the assessment and the high volume, other social care calls were often not addressed in a timely way. In addition, there were no clear procedures for handover to the out-of-hours service which caused inconsistencies. The mental health team sometimes used a different system to record care notes, and these were not accessible by Out of Hours the team.

Safety during transitions

The local authority had recognised that improvements were required in their pathway for young people transitioning to adulthood following a diagnostic review in May 2023 on the transition service. The transition recovery plan made recommendations to improve co-production with families around daycare opportunities and joint working with housing. As a result, from September 2023 tools and pathways were developed with Children's Services to support improved transitions to adult social care. A new transition team was recruited and joined Adult Social Care during the summer of 2024. The transition team had social workers, housing officers and occupational therapists to support young people moving to adulthood. The new protocols established a set of principles, guidance, and procedures to support the multi-agency team working; the team had built relationships with schools, children's services, and carers organisations.

The local authority told us they ceased using the discharge-to-assess model (D2A) with the NHS in December 2023, due to poor outcomes for the people of Hammersmith & Fulham. In Hammersmith & Fulham, the local authority would make Care Act assessments on the hospital ward before discharge except when someone was discharged to a care home, then the Care Act assessment would take place in the care home. The hospital team was a partnership across three local authorities and this team had three different processes for each of the different local authorities, Hammersmith and Fulham had some documented approaches for the discharge process and staff knew what they were doing. The hospital team reported that they felt quite removed from the adult social care team in Hammersmith and Fulham.

There were examples of good joint work to achieve a safe discharge home from the hospital for most people, for example, there were twice daily meetings with health staff, involving the hospital social work team, providing updates to support decision-making that was right for the person and any informal carers, the flow, timeliness and safety of discharges. Support had been commissioned by the local authority from a local charity to support people with non-eligible needs like shopping or greeting the person following hospital discharge.

Since the local authority had left the Discharge to Assess arrangements in December 2023 there was no evidence that the local authority had evaluated the pathway to see if outcomes had improved or gathered feedback from people receiving support about how they experienced the new pathway arrangements. However, the Assistant Director for adult social care attended system meetings to understand the discharge pressures, review the effectiveness of pathways, and problem-solve where people were delayed. Systems meetings included meetings to discuss delaying admission to the hospital, Hammersmith and Fulham felt that their offer of home care without charge supported admission avoidance and were evaluating this with Aston University at the time of this assessment.

The relationship between the hospital, Integrated Care Board, Community Health, and the hospital team was transactional and there was no documented joint process for discharge as a result, when there were delays due to funding or placement issues this caused frustration. For example, there were delays in agreeing on Continuing Health Care (CHC) funding due to a lack of a trusted process, with social care challenging funding decisions while the individual remained in the hospital. The local authority was trying to support this pathway and had used Pathway 3 funds to meet the needs of some people awaiting agreement on CHC funding to support discharge from the hospital.

Where there were delays in social care these were a result of brokerage having challenges in accessing the right provision, for example home care was being provided between 8am and 8pm only which limited some people ability to go home, or people wanted to wait in the hospital for a preferred care home placement. There had been some developments with 5 reablement flats within an extra care site, to be utilised to support as an interim placement for discharges. We heard mixed feedback about the success of these flats and further work was needed to evaluate the outcome of these.

Contingency planning

Home care providers felt there was a positive approach when people moved between services or required a more detailed contingency arrangement. They felt the local authority communicated changes promptly with relevant reasons for transition. Joint meetings were held to facilitate safe and easy transfer whenever necessary.

Contingency or future arrangements had not always been discussed with unpaid carers or people receiving care. This meant commissioned services were not always aware of the gaps in need to consider future provision for respite or ongoing needs.

Adult social care had a service continuity plan for service disruption which included the loss of premises, of IT and telecommunications and staff. This plan included an assessment of risk, how this should be communicated and responsibility for recovery of services.

Safeguarding

Score: 2

2 - Evidence shows some shortfalls

What people expect

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Key findings for this quality statement

Safeguarding systems, processes and practices

The local authority worked with the Safeguarding Adults Board which was a multiagency partnership with the Integrated Care Board, NHS trusts, Police, the local authority and a range of other community groups including the fire brigade and Healthwatch. The board signed up to the Pan London Safeguarding Adults Policy and Procedures to deliver a coordinated approach to safeguarding adults in the area. Information-sharing arrangements were in place so that concerns were raised quickly and investigated without delay.

The board had a strategic plan for 2023/24 which aimed to improve systems and processes, create a learning culture, and enhance communication and partnership. Actions included gaining more residence voices, understanding intersectionality and its effect on risk, and developing a deeper understanding of discriminatory abuse, self-neglect and mental capacity. There was evidence that some actions had been completed. For example, a local advocacy provider was piloting a process to gain feedback from people's experience of safeguarding and a new learning tool had been launched that focused on discriminatory abuse. In addition, the local authority had undertaken a Local Government Association review of its safeguarding processes and procedures to improve its systems.

There was a quality and practice sub-group set up in 2023 to look at data, themes, and trends and have oversight of whether learning was being embedded. There had been a strategic focus on self-neglect and hoarding and a high-risk panel in place to review these cases and the board was considering extending this group's remit.

The Adult Social Care Survey (ASCS, 2022-23) showed that 59.70% of people who used services felt safe. This was a negative variation with the England average (69.69%). National data from the Survey of Adult Carers in England (SACE, 2023-24) showed that 68.35% of carers felt safe. This was a significant negative variation from the England average (80.93%).

Hammersmith and Fulham had safeguarding procedures in draft from April 2022, this had not been signed off by the local authority but did outline processes and practice and underscored the importance of making safeguarding personal. Additionally, it highlighted the need for cooperation across various teams and agencies, ensuring that safeguarding concerns were triaged effectively and that appropriate actions were taken in response to allegations. At the time of the onsite assessment in October 2024, an online portal was being introduced to adult social care staff which would include a revised procedure for safeguarding.

The local authority had a Local Government Association peer review of adult social care safeguarding, and the report was published in May 2024. This identified 3 themes that needed improvement: making safeguarding personal, communication, and triaging and decision-making. There was an improvement plan in place to meet these aims running in 3 phases from September 2024 to May 2025, this focused on practice improvement, process changes and greater strategic oversite. At the time of the site visit, this work had started, and some changes to the triage process had been made and the impact was still being evaluated.

Adult social care workforce estimates (ASC-We, 2022-23) showed that 27.46% of independent/local authority staff completed safeguarding adults training and 17.91% had completed Mental Capacity Act Deprivation of Liberty training. This was a negative variation from the England average of 48.81% and 37.48%, respectively. There had been a drive to promote mandatory safeguarding training and there was a plan to develop a safeguarding training pathway by January 2025.

Responding to local safeguarding risks and issues

There was an understanding of safeguarding risks and issues in adult social care and actions from Safeguarding Adult Reviews (SARs). The local authority worked with safeguarding partners to reduce risks and to prevent abuse and neglect from occurring.

A SAR is an independent review that takes place to identify lessons when a person has experienced serious abuse or neglect or died and there are concerns that partner agencies could have worked more effectively to protect them. Actions are recommended to reduce future risks and drive best practices. The local authority published 2 Safeguarding Adults Reviews in 2023. Key risks identified included fluctuating capacity, fire safety, lack of learning, substance misuse, self-neglect, racism and multi-agency communication. Action taken because of these was to create a high-risk panel, embed fire safety within a service, and develop a self-neglect tool. Adult social care staff talked about these tools and how they used them in their practice.

In March 2024, Safeguarding Adults Board partners reviewed the progress on SARs and highlighted areas for ongoing work including, improving the quality of the Individual Management Report through the development of a SAR policy, the development of a policy and process to challenge racism and abuse towards staff to ensure their wellbeing and further response to managing complex mental capacity issues.

As part of the council's commitment to reduce suicide in the borough a safeguarding adult review referral was made in May 2024 to request a thematic review of 10-15 suicides in 2023 and 2024 who were known to have been in contact with mental health services in the last year of their life. At the time of assessment, a decision had been made to move forward with the review, and a draft key lines of inquiry had been agreed.

Responding to concerns and undertaking Section 42 enquiries

There was no guidance on what constituted poor practice and what was a Section 42 (s42) safeguarding concern which needed an enquiry. A s42 enquiry is the action taken by a local authority in response to a concern that a person with care and support needs may be at risk of or experiencing abuse or neglect. Data provided by the local authority on June 2024 showed that in the previous 12 months, 2473 safeguarding referrals had been received and 268 s42 enquiries were completed which was an 11% conversion rate. When safeguarding enquiries were conducted by another agency, for example, a care or health provider, the local authority retained responsibility for the enquiries and the outcome for the person concerned. There was a quality assurance board in place to check the quality of s42 enquiries, and improved training and oversight were included in the safeguarding improvement plan. Frontline staff were not aware of the quality audits taking place or wider changes in the safeguarding improvement plan.

Hammersmith and Fulham's safeguarding process had a pre-screening element before the statutory process. However, this had recently been reviewed and removed as it prevented timely enquiry decisions from being made, as information gathering was informally taking place. In June 2024 the local authority reported that 47 enquiries were awaiting initial review and over the previous 12 months the medium wait had been 3 days, and the maximum wait had been 43 days. 3 section 42 enquiries were awaiting allocation, the median wait for allocation was 48 days.

Most of the time relevant agencies were informed of the outcomes of safeguarding enquiries when it was necessary for the ongoing safety of the person concerned. However, improvements were needed, as some agencies told us they had heard nothing after the referral.

There was no Deprivation of Liberty (DoLs) waiting list, the local authority outsourced most of these assessments to locum staff, and there was no procedure on how people were being appropriately identified for DoLs or how the local authority maintained oversite on out-of-borough placements. Community DoLs were completed in community teams and there was no centrally held list of how many there were outstanding or checks on if these were consistently applied.

Making safeguarding personal

Making safeguarding personal is an approach that aims to ensure that the adult at risk or their advocate is fully involved throughout the safeguarding process and that their views and wishes are central to the outcome as far as possible.

Hammersmith and Fulham had plans to ensure making safeguarding personal was consistent practice in safeguarding through training and quality audits, from late 2024 to January 2025 as part of the safeguarding improvement action plan. The Safeguarding Adults Collection (SAC) showed that 83.33% of individuals lacking capacity were supported by an advocate, family or friend, which is no variation from the England average (83.38%). Draft safeguarding procedures and the SAB strategy referred to making safeguarding personal and there were some examples where people had been central to safeguarding decision making. Further work on feedback and learning cycles will help to evidence personal-centered practice in this area.

Theme 4: Leadership

This theme includes these quality statements:

- Governance, management and sustainability
- Learning, improvement and innovation

We may not always review all quality statements during every assessment.

Governance, management and sustainability

Score: 2

2 - Evidence shows some shortfalls

The local authority commitment

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Key findings for this quality statement

Governance, accountability and risk management

Hammersmith and Fulham were reviewing their governance and performance management across adult social care following a senior management restructure in May 2024. This was to provide more visibility and assurance on Care Act duties, risk to delivery, quality and sustainability, and people's care support and outcomes. Work had begun on improvements, like defining front door processes, developing a policy portal and improving performance reporting so that the local authority could define and manage standards expected within the directorate.

The local authority was improving the information they had about risk, performance, and inequalities to inform strategy, allocate resources and deliver the actions needed to improve care and support outcomes for people in the community.

Following the restructure and appointment of senior leaders the team had developed positive relationships, and though the Director of Adult Social Care (DASS) appointed in June 2024 was not a direct line report to the Chief Executive they had regular meetings to agree priorities in adult social care. The leadership team was committed and stable and had been focused on making permanent recruitment to key senior posts and this was an improving picture, for example, the Principal Social Worker was an agency member of staff at the time of assessment, but there were plans to recruit permanently.

There was a clear commitment in the senior leadership to adult social care improvement and they were on a journey of embedding equality, human rights, and diversity principles into their work. This was reflected in their passion to include residents in co-production and their commitment to providing care without charge, as was the case for home care support.

We heard and saw how the local authority had listened to people through co-production exercises across a range of strategy developments, plans and engagements. In the past implementing recommendations had been slow; plans, people's feedback and board documents showed that there was not a culture of identifying performance indicators so that projects and boards could be held accountable. When things had not gone as planned, where projects had faltered, or commissioning had failed there was no documented evidence of reflection of lessons learnt for improvement. However, the leadership team had recognised this and had put in place a Director of Commissioning, Transformation and Health Partnerships to ensure that there was an alignment of strategic priorities, improvements and partnership activities going forward.

The DASS and the Principal Social Worker regularly met with social care staff, and in response to feedback from the staff survey, they had created further opportunities for staff to engage with them and had made progress in the short time they had been in post.

The leadership team were sighted on risks and told us about areas of development and improvement that they were putting in place to mitigate risk, like providing more resources to screen people awaiting care act assessment and improving safeguarding processes. However, the current risks and mitigations were not clearly articulated in the risk register, which meant that oversight was not fully robust. There was a risk escalation arrangement so staff could report individual events or risks to senior leaders.

Where there were shortfalls in delivery of Care Act duties these had been identified and actions were in place to mitigate the shortfalls, for example there had been investment in the review project team to reduce waiting times for review of Care Act assessments. There were areas where mitigation still needed to be provided, for example in actions to improve timeliness of Occupational Therapy assessments. But actions were being taken to ensure that improvements to adult social care were made in the longer term.

Hammersmith and Fulham had started using data to help them understand productivity in adult social care teams. The local authority recognised that the use of data would support them to understand people's health and social care journey and could be used in partnership to inform risk and resource management.

The local authority's Cabinet Members, Shadow Cabinet Members, Executive directors and other leaders were passionate about adult social care delivery. Core Cabinet members and leaders felt well informed and had influence over service planning and strategic issues such as co-production and providing care without charge. Councillors told us that residents were at the heart of what they did and they were keen to support in a cross-party way to deliver on this aim.

Scrutiny arrangements worked to allow the full range of adult social care responsibilities to be discussed and challenged. Through this process, 4 Labour non-executive members, 1 opposition non-executive members and 3 co-opted members participated in scrutinising adult social care.

Adult social care was prominent in the wider Council's resource allocation and the Council has invested additional resources as needed to support effective delivery of Care Act duties.

Strategic planning

Hammersmith and Fulham had a Corporate Plan for 2023-26 with a cross-cutting set of ambitions for the organisation with a vision that 'Hammersmith & Fulham is a wonderful place in which to live work and do business'. There was a set of outcome measures which were relevant to practice in adult social care for example 'More Disabled residents experience the same control, choice and freedom as any other resident'.

The Directorate Leadership Team knew more work was needed to ensure that delivery plans and strategies were in place, fully resourced and accountable. They had developed a vision for adult social care which was 'Working compassionately with our young people and adults so that they enjoy independent, healthy and fulfilling lives'. The plan was to communicate this with staff as part of the broader improvement program. We did not see evidence that the vision for adult social care had been co-produced with residents and partners.

There was evidence of recent improvement plans which had clear targets and were resourced, for example in conducting quality audits of Care Act assessments and in the safeguarding improvement plan. Improvement plans were on track to improve the shortfalls identified in the delivery of Care Act duties and outcomes for local people.

Within the Adult Social Care and Public Health Directorate Leadership Team (DLT), there were many ambitions and targets set through different workstreams coming from residents, other departments, partners, and political priorities. Health and care system partners agreed that there was more work to do on developing the collective sense of purpose and ambition within the borough partnership, and greater clarity was needed on what they were trying to achieve through working together and improving the alignment of strategic plans.

Information security

The local authority had governance and standards in place for information security and Caldicott Guardians, who were the senior leaders responsible for information being used legally, ethically and appropriately. There was information on Hammersmith & Fulham's website about people's data and access rights.

The local authority had information-sharing agreements with partners. In some areas these were being developed, for example in mental health an IT strategy and information-sharing agreement were identified as a priority for 2023/24 in their memorandum of understanding between the local authority and the NHS trust.

Social workers had to attend mandatory General Data Protection Regulations (GDPR) training and Care Act assessments were audited and met GDPR in most cases.

Learning, improvement and innovation

Score: 2

2 - Evidence shows some shortfalls

The local authority commitment

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Key findings for this quality statement

Continuous learning, improvement and professional development

The local authority had a workforce strategy with an implementation plan, which included improving recruitment and retention, and learning and development. There was also a focus on professional development and career paths. We saw these areas correlated with the staff surveys from July 2023, with initial actions being taken; for example, a weekly newsletter from the DASS and updates from the Principal Social Worker.

The local authority had identified the dual pressures of being a London borough, and this being a highly competitive marketplace for workers, and having a high number of professional staff over the age of 50, meaning retirement would reduce this experienced workforce. Therefore, they were succession planning as well as looking at packages that would make Hammersmith and Fulham more attractive as an employer. Opportunities for career development and social work apprenticeships were in place to attract new social workers to the workforce. For example, the local authority was part of the national Think Ahead programme which supported people moving into mental health social work.

There was a reliance on temporary contracts and indirectly employed staff, who accounted for 39% of the workforce. This impacted the stability of the workforce and there were not enough experienced or senior staff to support apprenticeship or newly qualified staff, this meant at times these staff felt unsupported.

The Principal Social Worker was developing a training needs assessment for the adult social care directorate and there was mandatory training was available for all staff, as well as optional training which was encouraged. Following recent audits refresher training had been held on carers assessments, safeguarding and domestic violence, and hoarding.

The data provided on the local authority workforce showed that 32% of frontline staff were Black, Black British or Black other and for senior roles, this was 14%. This reflected a lack of representation from these communities in senior roles. There was a management development programme which had 50% Black, Asian and Minority Ethnic representation, however, ongoing work was needed for leadership to be representative of the workforce. The local authority had an Equality, Diversity and Inclusion (EDI) lead who had implemented several initiatives. These included staff networks to support inclusivity in the work place and other groups to support career development. However, not all the staff we spoke with were aware of these groups or how to access them. Weekly online wellbeing sessions had been introduced to support staff and further initiatives were being considered.

The local authority had collaborated with a disabled people's organisation and a college for more than 5 years to deliver the Supported Internship Programme. Work placements had been created at the local authority and other partners for young adults with learning disabilities aged 16-24 to develop the skills they need for work. There were 40 Supported Internship Programmes open to Hammersmith and Fulham residents with a total of 39 placements made across the 2023/24 and 2024/25 academic years.

The co-production groups within the local authority had been recognised nationally for their innovation which had provided opportunities for disabled people to voice their concerns and drive changes. The ‘Nothing About Disabled People Without Disabled’ vision, based on the social model of disability, was established as a group in 2017. Prior to this some of the group had supported the local authority’s decision around the removal of charges for homecare services in 2014. A priority area had been on the development around independent living as a foundation, which covered transport, employment, housing, leisure, health as well as peer support. In 2023, the local authority opened a local Centre for Independent Living, which was designed in co-production with local disabled people. The centre now acted as a hub and provided direct payments support, employment, welfare benefits services and training.

The co-production group had supported, with partners and the local authority, the development of Disabled People's Housing Strategy 2021 and the Dementia Strategy 2021-2024. Both these involved people and unpaid carers who had a lived experience in these areas. Some co-production groups we spoke with identified that although the local authority was listening some service areas were slower at developing opportunities through commissioning services or implementing direct changes. For example, the autism and carers strategies had been slow to be developed with several delays, which has meant changes or developments had not progressed.

Learning from feedback

The local authority was improving their approach to learning from people's feedback. They planned to link feedback to a data dashboard from May 2024 to capture themes and use them to identify any training needs or developments. We saw the feedback form was available in easy read and electronically.

The local authority had reviewed 106 complaints received between June 2023 to May 2024. The largest number of complaints related to service delay and quality of service in social work teams. A 2-stage process had been introduced which gave people the opportunity to have their complaint reviewed again by a senior manager. This process resolved more complaints and reduced the need for people to refer to the Local Government Social Care Ombudsman (LGSCO).

In the last year, 3 complaints were referred to the LGSCO, which were all closed after initial enquiries. An action was to improve communication between hospital social work teams and the safeguarding team about hospital discharge. Procedures were updated and changes were made to the joint working process with senior colleagues in the 2 teams to ensure a more robust approach to discharging people with complex care needs. There were no risk flags identified by the LGSCO and no ongoing detailed investigations.

The local authority had recently changed its leadership structure and was opening feedback mechanisms for staff and making themselves available so they could hear about what was working and how they could make improvements. Work to improve engagement between the senior management team in Adult Social Care and frontline staff included discussion on the development of the ASC vision statement and feedback from the Principal Social Worker drop-ins used to contributed to the development of the policies and procedures portal.

There was a transformation program that was looking at several areas of change to pathways of access, safeguarding, and service provision. Some of this had been influenced by complaints that had been received about assessments and waiting times. We saw developments had commenced around these areas, however, were not yet embedded and some staff felt they lacked the opportunity to feedback on the new initiatives or changes to leaders. For example, the safeguarding changes had been made and communicated to staff by email and staff felt they had not been consulted on the pathway or how the changes might affect the flow or risks.

The staff survey in July 2023 reflected 80% of staff received supervision and 70% an annual appraisal. The Principal Social Worker had an aspiration to increase these percentages and for managers to focus on staff development through the introduction of an audit tool along with a supervision and appraisal tool.
