Supporting people to live healthier lives

Score 3

3 - Evidence shows a good standard

What people expect

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

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

The local authority commitment

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

Key findings for this quality statement

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

The local authority worked with people, their partner organisations and the wider community to provide a range of services and resources to promote independence and prevent, reduce or delay the need for care and support. The strategies, including those agreed in partnership with health and other key partners included this as their focus.

For example, the 15 Year Vision for Adult Social Care and the Adult Social Care 4 Year Plan focused on the need for people to be able to lead healthy, purposeful, self-supporting lives, with the aim of this helping to prevent and reduce care and support needs.

The local authority commissioned a partner organisation to provide information and resources about the wide range of services available to people prior to a need for formal care and support.

The recently formed Gateway team gave examples of how they had been able to provide advice and signpost people for support. This team clearly had extensive knowledge of what was available in the community and where to signpost people. There were clearly strong links with other frontline teams so that where needed, referrals were made to other teams. The team was a multidisciplinary team, including occupational therapists. There was also strong partnership working with the Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations. For example, the commissioning team worked with a voluntary organisation supporting people with sight loss to set up a reading group in a library for people with visual problems.

We heard directly from people who had received advice and support to remain independent and prevent them from needing formal care and support. For example, one person told us about the equipment they had been provided with which enabled them to maintain their independence and return to work. Another person told us how they had received support and advice from several organisations which had worked well together with improved outcomes for the person. The person told us they had felt involved throughout the process.

National data shows that 84.55% of carers found information and advice helpful which is in line with the England average ((SACE). However, we received mixed views from carers, with some telling us about positive experiences and others feeling that they had not received the advice that they had needed.

National data showed that 78.35%of people who had received short term support from the local authority no longer required ongoing support. This was slightly higher than the England average of 77.55% (ASCOF). The local authority had a real commitment to the need for good quality prevention services for everyone who needs it. As a result, they had recently commissioned an external review of their preventative offer.

The local authority had a technology enhanced care offer for people which had recently been reviewed by the Public Health team. One of their priorities was to increase this offer.

Frontline staff spoke very positively about the Early Intervention vehicle which was a county wide initiative to support people who have had a fall with the aim of preventing unnecessary hospital admissions. Another initiative in place to prevent hospital admissions was the implementation of the Prevent of Admissions service which was piloted in the East of the county in 2022 and rolled out across the whole county in 2023. The evaluation of the pilot highlighted positive outcomes for individual people, enabling them to remain at home as well as to avoid the use of emergency resources or admission to hospital.

Provision and impact of intermediate care and reablement services

The local authority worked with partner organisations, including health, to deliver intermediate care and reablement services that supported people to regain and maintain independence. National data shows that 2.68% of people aged 65 years plus received reablement or rehabilitation services after discharge from hospital. This is in line with the England average (ASCOF).

The integrated hospital discharge team told us about the arrangements available for people who required intermediate care or reablement services following a stay in hospital. They said that the commissioned services provided sufficient availability. Frontline staff who spoke with us felt that people had positive outcomes following reablement or rehabilitation. National data supports this with 83.65% of people aged 65 years plus remaining at home 91 days after being discharged from hospital into a reablement or rehabilitation service. This is above the England average of 82.18% (ASCOF).

Access to equipment and home adaptations

Frontline staff teams told us about the partnership work with organisations to ensure that minor adaptations and equipment were provided for people to enable them to continue to live in their own homes.

However, there were waiting lists for people waiting for minor adaptations, these often related to the availability of external contractors, particularly in relation to the fitting of grab rails. The average waiting time was 12 days although some people had waited considerably longer. Staff told us that the waiting lists were regularly reviewed so that any urgent requests were prioritised.

The local authority had plans in place which were starting to address the waiting lists for occupational therapy assessments for more complex situations in relation to the provision of equipment and adaptations to people's homes which had been identified as a risk. One of the actions to address this was to have provided training for other staff to be Trusted Assessors to enable additional assessments to be carried out.

Provision of accessible information and advice

The local authority's website provided clear information for people to access information and advice on their rights under the Care Act as well as ways to meet their care and support needs. This included information for carers and those who fund or arrange their own care and support. The website had the option of being able to provide translations and easy read versions of information as well as a live BSL interpreting service. There was also information about how to contact the local authority if a person preferred to talk to someone directly. There were links to the websites of partner organisations for additional information.

The partner organisations, include HertsHelp provide the option for people to receive advice and guidance by telephone and were able to send out printed information to people if they required it.

There was a recognition that not everyone had access to the website and information about services were available in other locations in the community, such as GP surgeries and libraries. Frontline staff spoke about their responsibility to ensure that information in appropriate formats was available to all groups of people within the communities in which they worked. They said that they were able to easily obtain written information and advice for people in a range of different languages if required.

National data shows that 70.9% of people who use services found it easy to find information about support. This is slightly above the England average of 66.26% (ASCS). The number of carers who found it easy to access information and advice was 62.81% which is above the England average of 57.83% (SACE)

We received mixed views from people about how easy they found it to access information. Some found it easy to find the information they needed. However, some carers told us that they had found it confusing to understand the information that they had been provided as there was so much available. They also found it difficult to understand the link between the local authority and the partner organisations who provided support and services to carers.

Direct payments

The local authority had provided training to frontline staff teams recently about direct payments to ensure all staff were able to confidently speak to people and support them to make informed decisions about whether to choose to use direct payments. Staff told us that as part of the preventative offer, they were able to swiftly access a direct payment for people to pay for a one-off service or piece of equipment that would support them. There was a maximum amount which could be accessed and staff were able to do this more autonomously than the process for ongoing direct payments.

A year ago, the local authority put in place a new team to support people with the management of direct payments and individual service budgets. The redesign and commissioning of this service was done in co-production with people who used direct payments. The implementation of the new support service had reduced waiting times for direct payments.

We heard positive outcomes for people using direct payments. For example, a one-off direct payment had enabled a carer to have a break, and another person was able to use the direct payment to facilitate having culturally appropriate food whilst in hospital. These were really positive outcomes for those individuals.

The number of people who no longer use direct payments had reduced for carers over the last year and remained fairly stable in terms of people who received a service. The main reasons given for this was that the service was no longer appropriate or that the person had changed their mind about the use of direct payments. The local authority had a process in place to continually monitor the use of direct payments and reasons when these were stopped so that they could ensure that any issues could be identified and actioned.

National data showed that 76.81% of carers received direct payments which is in line with the England average. There was an overall total of 30.09% of people using services who received direct payments which is slightly above the national average of 26.22% There was a greater number of working age adults who accessed direct payments than those aged 65 years plus although both were above the England average (ASCOF).
