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

Prevention was embedded across the council and in relationships with partners and local communities. Partners told us the local authority had a positive focus on prevention and on strengthening local communities. Reflecting the 'One Council' vision, the different departments, such as Adult Social Care, Public Health and Housing worked well together to drive the prevention agenda. Housing had a focus on tenancy sustainment and prevention work, with leaders seeing this as an important element to preventing, reducing or delaying people's care and support needs. There had been targeted work to reduce the number of people living in temporary accommodation, and collaborative work with a national charity which supported people in crisis to access home furnishings. The local authority had a Preventing Reducing and Delaying Eligible Needs Policy (2024) which detailed their aim to prevent, reduce and delay eligible needs. It outlined interventions intended to reduce the likelihood a person would need hospital admission or permanent residential care. It was aimed at people with or without current care needs and focused on enabling people to remain at home. Leaders outlined how people with lived experience were being increasingly involved in the direction of the local authority. Themes from people's views were reflected in the prevention strategy with plans for a fully co-produced strategy in the future. The local authority's Prevention and Wellbeing Strategy (April 2024) stated the importance of universal services in supporting people and communities to build resilience. There were multiple examples showing the prevention offer was for all people to access, not just those with eligible care needs. Staff confidently talked about signposting people to services in their local community such as the hot meal service, befriending options, care coordinators in GP surgeries, and social prescribers. They also referred people to a healthy living program with health coaches with classes discussing nutrition, food, and the impact of a healthy lifestyle. Central to the prevention agenda was the adult social care Prevention and Wellbeing team which was set up to support people to find solutions in their own communities, reducing the need for formal care services. This team of 17 staff knew local communities extremely well and worked with people who did not meet the eligibility criteria for adult social care to promote their independence and wellbeing. The staff team were passionate about their role and told us of multiple examples where people had achieved positive outcomes. For example, they had introduced an isolated person to a 'men in sheds' group and supported another

person to gain confidence in using transport to regain links with friends and family. Partners gave us positive feedback about the Prevention and Wellbeing team and told us there was a grass roots approach with a strong presence in local communities, working flexibly depending on need. They described how in one area, staff had worked with partners to introduce a bus to run to a local supermarket, impacting directly on wellbeing and outcomes for the local community. The local authority used the team to monitor and test the benefit of its prevention strategy and the outcomes for individuals and the community. The team fed back knowledge about the needs of local communities into governance structures, which allowed leaders to have oversight of the effectiveness of the prevention work. There was clear evidence of output from the preventative work, but further work was needed to articulate the outcomes. At the time of assessment, the local authority was carrying out a review of their Prevention and Wellbeing team for this purpose. Measures were in place to support people most at risk in relation to a decline in independence and wellbeing. For example, the local authority had employment and specialist transport support services for adults with special educational needs and disabilities, including autistic people. There were examples of early interventions and prevention with people with sensory needs including partnership working with the fire service to fit specialist fire alarms in people's homes and direct support provided by rehabilitation workers to help people to develop independent living skills. These initiatives supported people to maximise their independence in their own homes and the focus on home and community was in line with the vision which had been co-produced with people with lived experience. Some partners told us more needed to be done to ensure people with mental health needs had access to effective prevention services. The local authority had recognised this and partners told us they had commissioned a project involving people with a disability, autism or mental health conditions. The vision was co-created by people with lived experience and council staff and was wide ranging, including reviewing initiatives in the prevention agenda. The local authority was committed to ensuring unpaid carers who were not in contact with the local authority would be empowered to access support when needed and helped to prevent a decline in their independence and wellbeing. They had improved their focus on unpaid carers across the local authority and this had increased visibility and recognition of the role. Unpaid carers

told us they now felt someone was listening to them.

Provision and impact of intermediate care and reablement services

The local authority had set up Wiltshire Support at Home (WSAH) in May 2020 to provide people with person-centred support to prevent unnecessary hospital admissions and safe discharge from hospital. The Rapid Response team was part of WSAH. Integrated with community health partners, the team provided an urgent crisis response, aiming to provide stability and maintain people at home while assessments were completed into future care needs. The local authority reported positive outcomes after support by the rapid response team. Out of 137 accepted referrals from April 2024- August 2024, 87% of people were supported to remain at home, with their unpaid carer having been provided with more support to continue in their caring role. The local authority spoke with people who had used the Rapid Response offer and they gave positive feedback as to the benefit of the service. The local authority also had an in-house, therapy-led reablement team which worked with people to help them regain their independence and continue living at home. According to local authority data between April 2024- September 2024 76% of referrals into this team were for people in the local community opposed to people accessing hospital discharge pathways. The local authority had a strong community offer, and we were told by staff that reablement was always considered as a first option when people presented with care and support needs. Staff gave us examples of people who had achieved good outcomes after reablement support and avoided hospital and care home admissions as a result. On average people received four weeks of reablement and 69% were fully independent leaving the service. However, national data showed 0.55% of people aged over 65 years received reablement or rehabilitation services after discharge from hospital, this was a significant negative variation than the England average of 2.91% (NHS Digital, Adult Social Care Outcomes Framework 2022-23). Senior leaders, staff and partners told us this was a reporting difference. The figures only reflected the reablement services fully funded and managed by Wiltshire Council, and did not include joint funded arrangements with the NHS where they provided post-discharge rehabilitation and reablement. The local authority was working with strategic partners within the NHS to improve this area. They outlined plans to develop a different model to promote consistent therapy-led discharge from hospital and establish robust and reliable data collection processes. In addition to the reablement team, the local authority had specialist enablement service that worked with people with learning disabilities and/or autism, and

some who may have additional mental health needs. This service was flexible, offering the options of outreach and intensive support, depending on people's individual circumstances. There was evidence this helped people develop person-centred goals, examples included preventing hospital admission at a time of crisis, developing independent skills, maintaining tenancies and accessing universal services. Frontline staff across the reablement and enablement services gave positive examples of working operationally with partners to flexibly meet people's needs. For example, referring people for debt support or for food parcels. There was also a proactive holistic approach when working across different internal services, such as referring to the Prevention and Wellbeing team, who had the skills and networks in the local community to support good outcomes for people.

Access to equipment and home adaptations

The occupational therapy service was embedded in teams across the local authority from the advice and contact team through to specialist provision like the optimising care team. Data provided by the local authority showed between April 2023 and March 2024 there had been a reduction in the overall wait for assessment, achieved by service improvement and the use of short-term agency staff. At the time of our assessment, the local authority told us they only had 4 people waiting for an occupational therapy assessment. Commitment to the improvements in occupational therapy services were shown by the creation of a dedicated Principal Occupational Therapist role. Staff described examples of best practice such as the occupational therapist risk prioritisation tool to support with the management of waiting lists. There was a joint contract across the Integrated Care Board area for the provision of community equipment, which was managed by the local authority under a Section 75 agreement with the NHS. A section 75 agreement is used to pool resources and delegate functions between partners. Data provided by the local authority showed between October 2023 and March 2024 the contract exceeded its 95% performance target on deliveries, targets were regularly updated based on the individual risk to the person and in line with set practice standards. The only wait was for adaptations made through Disabled Facilities Grants (DFG), for example, it could take 4 to 6 months for a bathroom adaptation. There were specialist housing occupational therapists to support people with the grant process and to allow faster processing of applications. The occupational therapy service had a clear process for managing risk while people were waiting for assessment and reviews. Manual handling reviews were reviewed at 6 months or a year depending on risk, and these were completed within target timescales. The occupational therapy service had been involved in projects, for example the 'optimising care' project which boosted care providers' knowledge and reduced over-provision of care. The local authority described an example where occupational therapy staff had worked with a partner to promote equity of access, providing adaptations to minimise the risk of falls for a person living in a caravan. The Technology Enabled Care (TEC) Strategy (2023-2028) was co-produced and stated an ambition to use technology to empower people with care and support needs. There was a technology-enabled care team funded by the disabled facilities grant to support this aim. Staff in the team described how they accessed technological solutions which made a

practical difference to people's lives. For example, through introducing people to equipment such as voice sensor kettles and lights. There were clear examples of focused commissioning projects to test out the effectiveness of standard and more bespoke technology. Digital assistance was used for environmental control, phone applications to support people to learn independent living skills and robotic pets to provide meaningful activity for people with dementia. In addition, the team championed a technology-first approach in assessment but also with housing colleagues, promoting an understanding of the importance of Wi-Fi access when considering new property developments. Technology-first approach refers to the strategy in which technology is at the forefront of decision-making processes and is used to drive the growth and development around the offer around technology enabled care. Work was ongoing to develop the use of technology to support independence and to evaluate the benefits.

Provision of accessible information and advice

The local authority told us most requests for information and advice came through their Advice and Contact Centre. The local authority told us this multidisciplinary team was skilled at providing information and their internal audits showed most people experienced a swift response to their requests for information, advice and signposting. Partners told us staff at Wiltshire were passionate about engaging with local communities to ensure they had equality of access to information and service. Initiatives were in place to tackle inequalities and prevent deterioration in independence. Staff told us it was important not just to give information out but to make sure people felt able and confident to understand what they had been told. A partner organisation had worked with the local authority to produce the Adult Care and Support Guide which provided wide ranging, comprehensive, clear advice and was available as a booklet and electronically. It included lists of care providers as well as internal information such as about telecare, benefits, direct payments and financial assessments. National data showed 69.69% of people in Wiltshire who used services found it easy to find information and support, this had no statistical difference compared to the national average of 66.26% (Adult Social Care Survey, 2022-2023). Additionally, 64.52% of carers in Wiltshire found it easy to access information and advice, which was tending towards a positive statistical difference from the England average of 59.06% (Survey of Adult Carers in England SACE, 2023-2024). One person told us the local authority had been very good at providing information. They had been overwhelmed by the number of leaflets they had received but they had appreciated the social worker giving them a direct line and telling them to ring at any time, and who to ring in their absence. There was evidence of the local authority supporting digital literacy, through schemes in the library and with the traveller community. The local authority funded a digital platform with information about local events, volunteering and groups and organisations in Wiltshire. Partners and people told us the local authority could improve its offer by providing information in more languages and formats, especially for communities who may not be familiar with local systems, or who would struggle to access information online. While information in alternative formats and alternative languages, including British Sign Language was offered, it was not an initial option provided on entering the local authority's website. The local authority had audited the website in line with Web Content Accessibility Standards and it was compliant

to these standards, which allowed people to navigate the website using standard computer accessibility features. A parent carer gave positive feedback about work that had been done on the SEND website, which was hosted by a different provider, this had been produced with the parent carers council and was regularly reviewed and helped to inform parents about transition.

Direct payments

The local authority was committed to the use of direct payments to improve people's choice and control about how their care and support needs were met. Rates for people who were receiving direct payments were lower than the national average at 19.16% compared to 26.22% for England (Adult Social Care Outcomes Framework ASCOF, 2023). The local authority had acknowledged this was an area for improvement and they aimed to increase direct payments to 26% by March 2026. They told us they had channelled investment into promoting self-directed support and this was a priority in their transformation programme. A carer told us that despite being overwhelmed by the amount of paperwork, they had still used direct payments as it meant they could use a small care provider in their village which was their preference. The local authority had recognised systems needed to improve to promote self-directed support. To understand the barriers, the local authority had carried out a detailed review into why people stopped using direct payments. One reason given was the system was too cumbersome. The local authority had clear plans, which were already underway, to address the issues raised around direct payments and make them a more attractive choice for people. These included trained direct payment champions in each team and service, producing training videos and working with people who used services to review the current policy and practice. Meetings had been held with direct payment champions as part of this improvement drive, and in one meeting the Principal Social Worker had offered staff specialist advice on a complex funding issue. The local authority was also promoting the use of independent service funds which provided a person with their own budget but with extra support given by the care provider. The local authority told us they retained oversight of these by using a 'virtual wallet'. The option of using the independent service fund provided a supportive alternative to direct payments which still promoted choice while the local authority was addressing the concerns people had with current processes. The local authority had detailed guidance for staff on direct payments. Staff showed an understanding of direct payments and told us this choice was offered and gave us multiple examples of flexible use of direct payments with positive outcomes achieved. For example, funding a robotic vacuum cleaner for someone who would have otherwise needed support to clean. The local authority funded an external organisation, to provide people with support with direct payments. Staff told us the organisation was very

approachable and had carried out information sessions in team meetings. Staff had fed back to the local authority a low uptake of direct payments for deaf/deafblind people because of a lack of specialist services. In response, the local authority described actions being taken to address the specific issues for people with sensory needs taking up direct payments. Not all unpaid carers and people we spoke with had been offered direct payments indicating improvements were still being embedded.
