



## Adults and Health Overview and Scrutiny Committee

**Title** **Adult Social Care Performance Report**

**Date of meeting** 24 January 2024

**Report of** Dawn Wakeling - Executive Director – Communities, Adults and Health

**Wards** All

**Status** Public

**Urgent** No

**Appendices** Our Plan for Adult Social Care 2024 – 2029

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### Summary

This report provides a summary of performance for 2023/24 to date, focussing on activities to deliver the council's priorities in the areas of adult social care.

### Recommendations

1. Adults and Health Overview and Scrutiny sub-committee is asked to review the progress, performance, and risk information in the report.
2. Adults and Health Overview and Scrutiny sub-committee is asked to scrutinise the draft plan for adult social care 2024 – 2029 in advance of its presentation to Cabinet.

#### 1. Reasons for the Recommendations

- 1.1 The Adults and Health Overview and Scrutiny Committee is responsible for scrutiny of health and adult social care, including the council's statutory health scrutiny functions. This report provides an overview of adult social care activity and performance for 2023/24 to date.
- 1.2 Our plan for Barnet 2023-26 sets out the vision that puts Caring for People, our Places and the Planet at the heart of everything the council does.  
  
Within the plan, the theme of living well sets out the council's mission for the delivery of high-quality adult social care:

“Focus on all residents having the best opportunities to live well and feel part of the community. This will mean increasing the inclusion of older and disabled residents and celebrating their contributions. We will recognise people’s goals and support them to build on their existing abilities and strengths. We will work with residents, communities and our partners to support residents to stay well and free from abuse.”

### **1.3 Our Plan for Adult Social Care 2024 – 2029**

We will work towards this ambition through the implementation of Our Plan for Adult Social Care 2024 – 2029 which will focus on 5 key priorities:

- We will support people to live well and be part of communities.
- We will be ambitious about what people can achieve and get the right support for each individual.
- We will work with people to shape and develop care and support.
- We will work towards more equal access and more inclusive services.
- We will be realistic in how we use resources, keeping up with changes and ways of working, and being creative in finding solutions.

The plan has been shaped through engagement with residents and staff. It is linked to our developing self-assessment, evidence and areas of focus as part of our preparation for the new Care Quality Commission (CQC) assurance framework. The plan will be presented to Cabinet for approval in February 2024 and the committee is asked to scrutinise the plan in advance of its presentation to Cabinet.

See appendix 1 for Our Plan for Adult Social Care 2024 – 2029

### **1.4 Care Quality Commission (CQC) assurance preparation**

The CQC inspection framework for local authorities has been finalised, as published here:

[Assessment framework for local authority assurance - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/assessments/assessing-local-authorities)

The 5 pilot inspections have now concluded in Birmingham, Lincolnshire County, North Lincolnshire, Nottingham City and Suffolk. The overall indicative ratings have now been published: [Local authority assessment reports - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/assessments/assessing-local-authorities). Colleagues attended Adult Social Care Assurance – the communications response on Tuesday 5 December 2023 (presentations available via this [link](#)). From this, we have started working with our corporate communications colleagues to progress our adult social care inspection communications plan. On Friday 8<sup>th</sup> December, following government approval, CQC published their [updated guidance](#) for assessing local authorities. On 14<sup>th</sup> December 2023, the first three local authorities to be inspected were announced. West Berkshire, Hounslow and Hertfordshire will be inspected early in the calendar year 2024. It is understood that all councils with social care duties will be inspected over the next two years.

As part of preparations for the assurance process, all councils are encouraged to conduct a self-assessment against the themes and statements of the CQC framework. Whilst there is not a nationally required template, many councils are using the LGA/ADASS self-assessment format. The service is conducting a self-assessment using this format.

## 1.5 Community Equipment

A specific question was raised at the last committee meeting in relation to recycling rates for community equipment. The table below shows the number and value of items that have been collected and cleaned ready to be reused. This process is improving as part of the new contract with NRS.

Table 1 – Community equipment

Recycling rates	August		September		October		November		YTD	
	Qty	Value	Qty	Value	Qty	Value	Qty	Value	Qty	Value
Collected	435	£43,586.97	722	£60,954.57	1,032	£98,585.23	1,202	£104,787.59	3,391	£307,914.36

## 1.6 Borough-wide Dementia Strategy

The Dementia Strategy was published last year, having been co-produced with 140 people living with dementia and their carers. The strategy's action plan has now been developed with partners as part of the Ageing Well workstream of the Barnet Borough Partnership. Some elements of the plan have been completed including improved information and advice via leaflets and updates to the Council and GP websites. We continue to work closely with Central London Community Healthcare Trust to ensure that community healthcare is working well for people with dementia and their carers. Training is being delivered to practice staff, GPs and to acute staff.

The strategy outlines five key elements:

1. Preventing well.
2. Diagnosing well.
3. Supporting well.
4. Living well.
5. Dying well.

## 1.7 Carers Strategy Action Plan

Barnet Carers and Young Carers Strategy (2023-28) was published in July 2023. The strategy was co-produced with over 300 carers and young carers. To put the strategy into practice, we have co-produced an action plan and established a Carers Partnership Board. The Board is chaired by Mike Rich, CEO of Barnet Carers Centre, and includes a wide range of people and organisations, including carers with lived experience.

The four priorities of the strategy and action plan are:

1. Proactive identification of carers and young carers.
2. Individualised support so that carers and young carers can get the support they need and are entitled to.
3. Involving carers to shape future services and support offer.
4. Raising the profile of carers and young carers.

Work has started on a number of actions including identifying and reaching out to under-represented groups, building on relationships with GPs and other health professionals, and continuing to improve training and support offers for carers and young carers.

## 1.8 Performance - Adult Social Care Outcomes Framework

The Adult Social Care Outcomes Framework (ASCOF), measures how well care and support services achieve the outcomes that matter most to people. The ASCOF is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability. More information and definitions can be found using the link below to the NHS Digital website.

[Measures from the Adult Social Care Outcomes Framework - NHS Digital](#)

The ASCOF indicator measures in table 2 are collected from local data submitted as part of our annual Short and Long Term (SALT) and user survey statutory returns in 2022/23 as well as data from health systems outside of the council's control. Comparisons to our outcomes in 2021/22 has been included to show changes in performance over the past 12 months. 2022/23 data was published by NHS digital in November 2023 and our performance can be compared with other local authorities as well as national and regional benchmarks and quartile performances.

### Annual performance 2022/23:

There were 21 ASCOF indicators reported in 2022-23, of which 11 measures are extracted from the SALT return, 2 came from Health (1F, 1H), and 8 from the Adult Social Care Survey conducted in January 2023. The health measures are yet to be published so performance is still provisional.

Our overall performance improved from last year with two thirds (63.2%) of the indicators in the top two quartiles nationally in 2022/23 compared to 40% in 2021/22. 8 Indicators improved, 5 stayed the same, 6 declined by less than 10% and 2 declined by more than 10%. Reasons for this are given below. -

- 2A Part 2 (65+ Admissions) – This is a measure of the number of permanent admissions to residential and nursing homes. An improvement from 316 new permanent placements in 2021/22 to 215 in 2022/23 resulted in there being 101 fewer permanent residential/ nursing home admissions made. Barnet ranked 32nd when compared to 152 Local Authorities in the country.
- 2D (Short term services/ no ongoing service) an increase in performance from 54.5% in 2021-22 up to 76.4% in 2022-23 highlights an increase in the effectiveness of short-term services such as support for residents enabling them to remain at home and preventing the need for further ongoing longer-term services. The London average was 73.8% and England average was 74.2% for this measure.
- 2B part 1 (residents who received a reablement service who were still at home 91 days later). An improvement from 77.4% in 2021-22 up to 88.3% in 2022-23 indicates that more individuals were still living independently in their own homes 91 days after being discharged from hospital. Access to the shared health and care record, HIE, has also helped with data collection for this indicator.
- 1C Part 1A Proportion of people using social care who receive self-directed support. Barnet achieved 100% and was one of the joint top performing authorities for this indicator in England and joint 1st best performing authority for this indicator within our Peer group Comparators.
- 2B Part 2 - Proportion of all older people (65+) who were offered reablement services following discharge from hospital. Our performance was previously in the 3rd quartile for 2020-21 and has increased to top quartile performance in 2022/23. This indicator uses information on the number of older people (aged 65 and over) discharged from hospitals in England between 1 October 2022

and 31 December 2022. This includes all specialities and zero-length stays. Data for geographical areas is based on usual residence of patient and went up significantly this year compared to 2021-22 when there were 7,290 discharges between 1st Oct 2021 and 31st Dec 2021 but went up to 7,800 discharges in 2022-23. This was an increase of 7%.

The two indicators that declined by more than 10% were as follows:

- Proportion of adults in contact with secondary mental health services living independently, with or without support. This indicator is a health indicator and not within the control of the local authority and relates to all people who use NHS mental health trust service, a much larger group than those supported by the council.
- Proportion of older people (65+) offered reablement services following discharge from hospital. the council's performance in this indicator is still a quartile 1 performance and higher than local, regional and national averages when compared to 21/22 benchmarks. The decline in the proportion of people performance is due to significant increase in the total number of people leaving hospital, which increased by 7% in 2022/23. Regular checks of this data in line with our performance framework will continue to be undertaken to track performance.

### 2023/24 in year performance

11 of the indicators can be tracked for performance within year, the remaining indicators are only collected annually either via results of surveys or by combining data with other sources such as health data. Of the 11 collected in year 2 are expected to improve in performance, 4 have remained the same and 5 decreased in performance. It should be noted that performance may change over the year and these are only predictions.

Table 2 – ASCOF provisional indicators for 22/23

Measure	Measure Description	2023/24 Forecast based on Q2 performance	2021-22 score	2022-23 score	% Change from 21-22 to 22-23	RAG
1C(1A)	Proportion of people using social care who receive self-directed support: (Adults, older people receiving self-directed support in the year)	100.0%	100.0%	100%	0.0%	→
1C(1B)	Proportion of people using social care who receive self-directed support: (carers receiving self-directed support in the year)	100.0%	100%	100%	0.0%	→
1C(2A)	Proportion of people using social care who receive direct payments as part of self-directed support (Adults receiving direct payments)	27.2%	29.6%	28.3%	-4.3%	↓
1C(2B)	Proportion of people using social care who receive direct payments as part of self-directed support (Carers)	100.0%	100%	100%	0.0%	→
1E	Proportion of adults with a learning disability in paid employment	8.2%	8.9%	8.2%	-7.7%	↓
1F	Proportion of adults in contact with secondary mental health services in paid employment*	5.0%	5.0%	5.1%	2.0%	↑
1G	Proportion of adults with a learning disability who live in their own home or with their family	85.8%	82.4%	84.9%	3.0%	↑
1H	Proportion of adults in contact with secondary mental health services living independently, with or without support*	11.1%	19.0%	16.2%	-14.9%	↓

2A(1)	Permanent admissions to residential and nursing care homes (18-64) per 100,000 population	15.6	11.0	<b>11.5</b>	5.1%	↑
2A(2)	Permanent admissions to residential and nursing care homes (65+) per 100,000 population	310.3	543.2	<b>380.2</b>	-30%	↓
2B(1)	Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	NA**	77.4%	<b>88.3%</b>	14.1%	↑
2B(2)	Proportion of older people (65+) offered reablement services following discharge from hospital	NA**	6.0%	<b>4.6%</b>	-23.6%	↓
2D	Outcome of short-term services: sequel to service	62.7%	54.5%	<b>76.4%</b>	40.3%	↑
1A	Social care reported quality of life	NA**	18.2	<b>18.1</b>	-0.5%	→
1B	Proportion of people who use services who have control over their daily life	NA**	72.1%	<b>69.6%</b>	-3.5%	↓
1I(1)	Proportion of people who use services and carers, who reported that they had as much social contact as they would like - Users	NA**	36.7%	<b>35.6%</b>	-3.0%	↓
1J	Adjusted Social care-related quality of life – impact of Adult Social Care services	NA**	0.400	<b>0.423</b>	5.7%	↑
3A	Overall satisfaction of people who use services with their care and support (of those extremely or very satisfied)	NA**	56.5%	<b>60.4%</b>	6.9%	↑
3D(1)	Proportion of people who use services and carers who find it easy to find information about services (Users)	NA**	62.9%	<b>62.8%</b>	-0.2%	→
4A	Proportion of people who use services who feel safe and secure	NA**	65.2%	<b>60.3%</b>	-7.5%	↓
4B	Proportion of people who use services who say that those services have made them feel safe and secure	NA**	87.8%	<b>88.2%</b>	0.5%	→

\*Data from Health systems, and yet to be confirmed and published for 2022/23

\*\* Indicators marked as NA are only collected on an annual or Biennial basis so no forecast figure has been provided as its not possible to monitor in year

## 2. Alternative Options Considered and Not Recommended

2.1 None

## 3. Post Decision Implementation

3.1 None

## 4. Corporate Priorities, Performance and Other Considerations

### Corporate Plan

4.1 The priorities in this report align with the corporate plan theme of “living well”.

4.2 Relevant Council strategies and policies include the following:

- Our Plan for Barnet – caring for people, places and planet.
- Barnet Health and Wellbeing Strategy
- Medium Term Financial Strategy
- Performance and Risk Management Frameworks

### Corporate Performance / Outcome Measures

4.3 Key performance indicators relevant have been included above.

### Sustainability

4.4 There are no direct environmental implications from noting the recommendations.

## Corporate Parenting

- 4.5 In line with Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in decision-making across the council. There are no implications for Corporate Parenting in relation to the recommendations in this report.
- 4.6 Care experienced adults may go on to develop care and support needs and draw on council adult social care support. The services and initiatives described in this report are relevant and accessible to care experienced adults.

## Risk Management

- 4.7 The Council has an established approach to risk management, which is set out in the Risk Management Framework. Risks are reviewed quarterly (as a minimum) with risks rated 15+ reported to Adults and Health Overview and Scrutiny.

Table 3 – Risk position as at the end of Q3 2022/23

Risk description	Risk Mitigations Update
<p><b>AD001 Increased overspend to meet statutory duties:</b> Uncertainty about future demand for services, increasing complexity and cost of care packages, the availability of hospital discharge funding streams and support, and legislative changes could lead to a worsening budget overspend for the service resulting in insufficient resources to meet statutory obligations and a deterioration in the council's overall financial position. <b>Risk Rating: 20</b></p>	<p><b>Mitigations:</b> The council's budget management process (MTFS) forecasts demographic growth and pressures over a multi-year period. Budget and performance monitoring and management controls are used throughout the year.</p> <p>The MTFS to 2024 is set and adult social care will continue to undertake initiatives focused on reducing and managing future demand. The council is delivering an in year financial recovery plan overseen by a dedicated programme board. The council is developing it's MTFS to 2030 and through this is working on plans to reduce pressures in Adult Social Care.</p> <p><b>Q3 Update:</b> The service continues to do all it can to manage the budget whilst meeting statutory duties. There is an increasingly pressured health and social care system and social care market. The forecast is projecting greater pressures than were modelling for 2023/24. In-year financial recovery plans are being implemented and this alongside MTFS plans for 24/25 - 25/26 have identified just under £10m of savings. In-year recovery actions include benchmarking analysis on demand, spend and income, senior sign-off of all high-cost packages, quick reviews of people following discharge from hospital to ensure a proportionate level of care as people recover, the use of equipment and technology wherever suitable and maximising the benefits of enablement services and income opportunities.</p>
<p><b>AD017 Shortage of community equipment:</b> Stock and capacity challenges with our community equipment provider, which supplies equipment to multiple London Boroughs as part of a pan-London Consortium, could cause delays in discharging people from hospital or people receiving prescribed equipment resulting in negative impacts to their health and wellbeing and financial implications to the council. <b>Risk Rating 16</b></p>	<p><b>Mitigations:</b> The council is working very closely with the contractor to monitor and mitigate risk, including:</p> <ul style="list-style-type: none"> <li>- Increased focus on collections where appropriate to recycle/reuse equipment which is unused.</li> <li>- Prescribers are advised to inform contractor if they are aware of any unused items in the community.</li> <li>- Contractor is driving a collection campaign via social media posters and focus phone calls to existing customers.</li> <li>- Additional driver allocation to increase collections of Out of Stock (OOS) items.</li> <li>- Reviewing and triangulating data on number of people, length of time waiting and assessing risk.</li> </ul>

The OOS list is shared with prescribers to explore suitable alternatives and to encourage prescribers and authorizers to not place/ authorize orders for products that are out of stock:

- OOS list updated daily on Online ordering system.
- OOS list shared with prescribers via regular emails, prescriber meetings and newsletters.

Contractor/council contract officer review OOS list 2x weekly; council officer challenge and encourage provider securer products asap:

- Close Technical Equivalents (CTEs) are explored and authorised in the interim without delay.

- Contractor continue to explore alternative suppliers, explore stock availability in their other depots.

- Contractor/council officer in regular contact with neighbouring LA/health authorities to ascertain supply issues/explore opportunities for joint working to resolve stock issues e.g. NCL CCG/LAs.

The Occupational Therapy (OT) lead (Equipment) is working with prescribers to risk assess and consider any of the available standard stock products (as an alternative) as a temporary solution to safely meet people's needs. OT managers are advised to explore same approach in the interim when discussing cases with OT teams.

Increased communication to CAH team leads, SMT to brief OOS issues; to manage expectation on both prescriber/ end user; and to encourage joint working to use available equipment efficiently.

**Q3 Update:** Q3 has seen continued improvement to the community equipment service delivered by NRS with established weekly meetings between LBB and the Greenford depot management team ensuring oversight and completion of improvement actions. The backlog inherited during service transition continues to reduce on a week-by-week basis thanks in part to the recruitment of additional drivers and technicians, but there is more to be done to reduce this further, with a particular focus on closing cases that no longer require fulfilment. NRS are now sharing a weekly out-of-stock list that includes close technical equivalents to ensure prescribers can order items without delay. The depot team plan ahead to ensure Barnet's top 20 products are always in stock, chasing their suppliers and communicating when items are unavailable. Specials continue to be scrutinised by LBB's OT Lead to reduce the risk to the budget. Communication has been improved between NRS and LBB's contract manager/OT Lead. At our request, the depot team developed an information leaflet for Barnet residents that is provided upon delivery of each order. Overall service delivery has improved over the quarter and risks continue to be managed.

**AD027 Triage and allocation:** Demand exceeding capacity within social work and occupational teams could lead to increased time between initial triage (contact) and assessments, for reviews and Deprivation of Liberty Safeguards (DoLS) work resulting in poorer outcomes for residents and an increased need for urgent work. **Risk Rating 16**

**Mitigations:** Regular monitoring of new contacts and of service demand for assessment, Deprivation of Liberty Safeguards (DoLS) and reviews. Regular performance reports and management action. Allocations standard operating procedure. Management oversight. Contact with triaged residents at an agreed frequency.

**Q3 Update:** The service is monitoring numbers of triaged residents and developing new approaches to decrease time between triage and allocation. This includes a plan to bring in an external agency to provide a block of additional capacity.



## **Insight**

4.8 There are no insight implications in relation to the recommendations of this report.

## **Social Value**

4.9 The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. There are no social value implications in relation to the recommendations in this report.

## **5. Resource Implications (Finance and Value for Money, Procurement, Staffing, IT and Property)**

5.1 None

## **6. Legal Implications and Constitution References**

6.1 The terms of reference for Adults and Health Overview and Scrutiny Sub-Committee include that the Sub-Committee shall perform the overview and scrutiny role and function in relation to, inter alia, all matters as they relate to Adult Social Care, and also of policy proposals which may have an impact on health, public health, social care and wellbeing London Borough of Barnet.

## **7. Consultation**

7.1 There are no consultation and engagement implications in relation to the recommendations in this report.

## **8. Equalities and Diversity**

8.1 Section 149 of the Equality Act 2010 sets out the Public-Sector Equality Duty which requires a public authority (or those exercising public functions) to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not.
- Fostering of good relations between persons who share a relevant protected characteristic and persons who do not.

8.2 The broad purpose of this duty is to integrate considerations of equality into everyday business and keep them under review in decision making, the design of policies and the delivery of services. The protected characteristics are: age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex and sexual orientation.

8.3 In order to assist in meeting the duty the Council will:

- Try to understand the diversity of our customers to improve our services.
- Consider the impact of our decisions on different groups to ensure they are fair.
- Mainstream equalities into business and financial planning and integrating equalities into everything we do.
- Learn more about Barnet's diverse communities by engaging with them.

This is also what we expect of our partners.

8.4 This is set out in the Council’s Equalities Policy, which can be found on the website at:  
<https://www.barnet.gov.uk/your-Council/policies-plans-and-performance/equality-and-diversity>

## **9. Background Papers**

9.1 Our Plan for Adult Social Care 2024 – 2029