



## Adults and Health Overview and Scrutiny Committee

<b>Title</b>	<b>Adult Social Care Quarter 4 (Q4) 2022/23 Performance Report</b>
<b>Date of meeting</b>	28 June 2023
<b>Report of</b>	Dawn Wakeling - Executive Director – Communities, Adults and Health
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Appendices</b>	None
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### Summary

This report provides a summary of performance for 2022/23, focussing on activities to deliver the council's priorities in the areas of adult social care.

### Recommendations

1. Adults and Health Overview and Scrutiny is asked to review the progress, performance, finance and risk information for 2022/23.

#### 1. Reasons for the Recommendations

Adults and Health Overview and Scrutiny 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 2022/23. This report sets out progress against the following adult social care 2022/23 priorities:

- To work with our NHS, the community and voluntary sectors
- Support local social care providers and the social care workforce, working with education providers & addressing recruitment & retention
- Introduce a charter for social care and develop a new engagement strategy with people who draw on care and support
- Maximise the use of technology and implement innovative technology to support independence
- Prioritise independent living, putting people at the centre of their care
- Being a dementia friendly borough

- Introduce a Barnet Charter for Mental Health

### **To work with our NHS, the community and voluntary sectors**

The council's social care service works with the NHS in integrated care teams and through the Barnet Borough Partnership (BBP). The BBP is a partnership between the NHS (North Central London integrated care board and NHS providers), the council and the VCS, within the NCL integrated care system. The BBP has a number of programmes of work including: health inequalities, mental health, ageing well - frailty, and co-production. Some of the BBP achievements during 22-23 include:

**The Healthy Hearts programme.** This project, commissioned by public health and the borough partnership is peer-led and aims to empower residents from South Asian, African, or Caribbean heritage to identify and better manage their own cardiovascular disease risk through the provision of systematic peer support, outreach and culturally competent resources in order to reduce health inequalities in CVD disease outcomes. Since mobilising in October 2022, the project delivered its full education programme to 92 people (to April 2023) and had shorter interactions with 222 people.

Impacts reported from the project to date:

- Increased awareness about blood pressure support and other support such as foodbanks, pharmacies and Healthwatch Barnet has gone up.
- Increased awareness about accessing the GP through online services, especially with the help of community leaders. People feel more empowered to take care of their own health.
- Awareness of Healthwatch and how they can provide support.
- More awareness about healthy lifestyles: physical exercise that can be done at home and access to local gyms through Fit and Active Barnet (FAB).
- Increased home monitoring

**The Barnet Community Innovation Fund (CIF)** is the flagship community investment fund of the BBP, funded by the council, the Royal Free NHS Trust, Central London Community Health NHS Trust (CLCH) and the NCL ICB, supporting community and voluntary care sector initiatives. The fund is administered by Barnet Council on behalf of the Barnet Borough Partnership. To date 3 rounds of funding totalling £820k have been provided, supporting 47 different community projects and reaching circa 15 thousand residents.

The two top self-reported participant impacts to date include:

1. Improved Mental Health and Wellbeing.
2. Reduction in Social Isolation

A further evaluation of round 3 is expected in June 2023 and further pooled funding is currently being worked up to support a fourth round of funding.

### **Ageing Well – frailty multi-disciplinary team (MDT)**

Over the course of 22-23, the BBP rolled out the Ageing Well MDT across Barnet. The aim is to provide anticipatory care for residents 65yrs+ living in the Borough of Barnet at risk of becoming frail, losing their independence, living with dementia or requiring support to remain well in their own home. CLCH manage and administer the service. The dedicated ageing well community based team includes staff from CLCH and other organisations: therapists, AGE UK advisors, dietician, frailty nurses, dementia nurses, frailty consultant, mental health consultant, GP.

Since the service commenced over 49 MDTs have taken place with a total of 352 patients (164 new referrals and 151 reviews) collaboratively discussed. The team currently have 108 patients on the frailty caseload with an average waiting time of 2-3 weeks for an initial assessment. Referral and caseload numbers are rising month on month with broadening reach of PCN footprints and healthcare professionals.

An early project of the BBP was the creation and implementation of the in-reach clinical support team for care homes, **the One Care Home Team**. The team is made up of community matrons, geriatricians, psychiatrists, occupational therapist, rehabilitation workers, physiotherapist and supporting by pharmacists. The team provides support to residents in care homes by providing proactive assessment and review and ensuring full treatment plans are in place.

In adult mental health, the BBP has overseen a programme of work to replace the Care Programme Approach with Dialog+ in all NHS community mental health teams. Dialog+ is more holistic approach to assessment and care planning, focussed on the goals of the individual and recognising the significant impact of social determinants on a person's mental health. We also mobilised a single point of access for mental health social care and piloted a specialist mental health support team for people living in care homes with complex MH and behavioural needs. The aim of the initiative is to improve people's quality of life and prevent placement breakdown. The pilot has worked with 25 people to date, receiving positive feedback from care homes, residents and families.

### **Support for Care Providers**

Adult social care represents approximately 16.5% of the Barnet economy with over 11,500 people employed in the sector. There are one hundred and eighty CQC registered establishments including care homes and approximately seventy registered home care agencies, along with supported living schemes, day services and other services, such as personal assistants.

The Council's care quality function manages our operational and strategic relationship with our local care providers in Barnet and provided a significant amount of support in 2023/24. The care quality support model essentially involves all of our commissioned local providers having a named 'care quality advisor' which holds the twin role of both monitoring services and assuring the Council that they are provided to a high standard, and also in providing a single point of contact for providers when it comes to support. Examples of the core support provided by care quality in 2023/24 include:

- Providing information and advice on national and local policy expectations
- Holding regular contract meetings and care quality assurance visits with all commissioned providers in borough in 2022/23, with frequency relative to the size of our commissioning relationship and any concerns.
- Facilitating peer support between providers via quarterly registered manager forums
- Arranging 15+ 'in-reach' workshops with providers on areas of practice development (e.g., around care planning training / strengths-based practice, learning from individual provider concerns, mental capacity act awareness etc.)
- Supporting quality improvement where necessary and overseeing our provider concerns process.

In addition, funding of £400k has been allocated locally over a two-year period (2023/4 – 2024/5) to support local SME providers especially with recruitment, retention and training of front-line staff and to improve quality of care for residents and the sustainability of services. This has been administered by care quality. This is in addition to £570k which care quality also administered directly to care providers in 2023/24 to support with recruitment and retention costs incurred over winter, which was shared amongst our CQC registered care providers proportional to the size of their workforce.

Of the £400k made available locally, in 2023/24, £100k has been spent to date largely on parking permits for homecare staff. This was a measure which homecare providers have emphasised repeatedly would be hugely beneficial to reducing travel time and travel costs for care workers and improve their ability to retain and recruit care workers who drive. We have supplied permits to care providers since November 2022 and carried out an evaluation in March 2023.

In total between November 2022 and March 2023 20,000 parking permits were issued and 14 providers submitted feedback as part of the evaluation. Providers were unsurprisingly very happy with the offer, but also confirmed that it improved retention rates of staff (90% of respondents said this) and increased capacity to support new packages and support timely discharge in 'harder to reach' parts of the borough (35% of respondents said this).

The remainder of the £400k funding spend in 2022/23 was on recruitment activities to support providers in filling vacancies across their services in Barnet. The care quality service, alongside Boost, ran a range of job fairs and activities to support job seekers into roles within Barnet. In total 50+ providers were engaged in various activities, with 300+ job seekers. Providers have told us that these activities have successfully help them recruit new staff.

For 2023/24, the plan is to continue with our parking permit offer, but also bring in additional capacity within care quality to work alongside our regional partners in North Central London (NCL) on increasing our direct support with recruitment and retention for the whole of our provider market. The care quality service has just appointed a 'workforce lead for social care' to manage this work. They will be working closely with the NCL Health and Care Academy, which has been recently established via a successful funding bid from the GLA with a view to engaging 165 providers with recruitment support, provide 1650 residents with training and education and support 880 residents into work in the health and care sector.

The service successfully set up and ran recruitment events in early 2023 to support providers to find and recruit new care workers. The events were well attended with more than 20 care employers and over 200 jobseekers in attendance. We also have plans to create additional capacity through the recruitment of additional workforce and care quality advisor roles in the service. These roles will support providers with recruitment and retention, working closely alongside a soon to be established NCL Health and Care Academy to support entrants into ASC jobs, as well as enhancing our support and training offer to care providers, particularly SMEs.

The council's integrated care quality team held two large-scale provider events to focus on the legacy of Covid-19 on the care market, as well as a further series of local peer-led forums for different groups of providers.

The council alongside other NCL boroughs were successful in securing and administering a number of small grants via the NHS Discharge Fund announced as part of the Autumn Statement to support providers with expenses linked to recruitment and retention. This will be roughly equivalent to £100 per member of staff, and we expect the funding will be used to cover provider costs associated with retention incentives.

### **Engagement and Co-production**

22/23 was a very busy year in regard to engagement and co-production in adult social care. Overall, we engaged with 740 people through engagement projects, working groups and other involvement. We grew the team, including recruiting new team members with lived experience.

We worked with over 300 people who draw on care and support, alongside council colleagues, health and voluntary sector partners and other stakeholders to develop the new engagement and co-production strategy and charter. The strategy was agreed by the Adults and Safeguarding Committee in

November 2022 and has three priorities. These are listed below with a summary of achievements under each.

**Priority 1:** We will hear from more people about their experiences, and use this information to make positive change

- In 22/23 we focused on bringing together all our sources of feedback and insight from residents, from formal surveys, compliments and complaints, to feedback given to care homes or anecdotally, to identify themes and focus for action.
- We launched a new feedback survey for social care practitioners, so that we can gather and act on people's feedback more regularly as part of 'business as usual.'

**Priority 2:** We will build our People's Voice community and provide more opportunities to be part of adult social care

- Our People's Voice community is a group of over 200 residents with experience of adult social care. This year, we stepped up communication with People's Voice, including launching a weekly update, a co-produced newsletter, regular calls and other ways to keep in touch. We have seen increased engagement and numbers of people participating.
- We have undertaken extensive community and partner engagement to raise the profile and recruit new participants, including with refugee communities, the d/Deaf community, people with learning disabilities and from a wide range of cultural and ethnically diverse backgrounds.
- Our Involvement Board continue to oversee the engagement work in adult social care, made up of 12 resident representatives from across different experiences. Board members also support us with other work, for example being part of other boards, recruitment panels, or representing residents at staff events.
- We involved over 740 residents across a wide range of projects and working groups. We used a wide range of methods from 1:1 interviews, focus groups, events and surveys. Some of the topics include:
  - Carers Strategy
  - Dementia Strategy
  - The language of social care
  - Reablement
  - Mystery shopping (first point of contact for adult social care)
  - Wheelchair services
  - Advocacy services
  - Mental health charter
  - Engagement and Co-Production Strategy
  - Employment

We have also included 3 more detailed examples of these projects.

Example 1: The language of social care

What did we do?

- Held an event for around 30 people, including 16 residents, staff and care providers.
- Together we reviewed the language used in assessments, the new assessment form and a new feedback form.

What did people say?

- People said didn't like medicalised, disempowering or potentially judgemental terms like 'self-neglect, strip wash,' and prefer for language to be specific and personal to them.

- The words people use to refer to themselves are valid, if someone is more comfortable with e.g., 'nappies' this can be recorded on their notes.
- People also reviewed the two forms and gave specific feedback.

How did we act on people's feedback?

- We shared the findings with all adult social care staff
- The team in adult social care who run training have used these findings to build into training and guidance for social care staff
- We have incorporated people's comments / suggestions into the new assessment form (and guidance) and feedback form

#### Example 2: Mystery shopping

What did we do?

- We recruited 5 residents to be our 'mystery shoppers' and make calls to Social Care Direct. Overall, they made 17 calls to see responses to 6 different scenarios

What did people say?

- People had a good experience in terms of how they were treated by staff (88%) and how easy it was to understand the staff member (94%)
- The majority of people felt informed after the call to be able to deal with the situation (71%)
- A significant minority of people (41%) had to wait more than 5 minutes for their call to be answered.

How did we act on people's feedback?

- This was a really useful exercise to understand people's experience of the 'front door'.
- Feedback was shared with the Head of Service and team manager and taken back to the team. The findings were also used as part of a project to support strength-based practice at the front door.

#### Example 3: Dementia Strategy

What did we do?

- We engaged with over 140 people to develop this strategy, through attending community groups, running workshops and more.

What did people say?

- People talked about the impact of Covid and feeling a lack of support, both for people with dementia and carers.
- They would like to see more community services, including culturally sensitive ones.
- Carers of people with dementia talked about wanting more respite opportunities and activities, as well as better information.
- Some people said that improvements were needed both in primary care and in hospitals.

How did we act on people's feedback?

- This feedback was incorporated into the dementia strategy, which is the medium-term plan for improving the lives of people with dementia in Barnet
- There is a group made up of lots of different organisations who are making sure the strategy is put into action

**Priority 3:** We will move beyond feedback to participation in adult social care and ensure that people have a voice across a wider range of services.

We have worked in partnership with other areas to represent and advocate for those who draw on adult social care elsewhere in the council and other services. Some examples include:

- Supporting with the selection of the right organisation to carry out specialist research on the experience of disabled resident in Barnet, and supporting the successful implementation
- Supporting engagement on the council's new Equalities, Diversity and Inclusion Policy, in particular for people with learning disabilities
- We worked with the Resident Experience team to recruit residents to test out the updated Council website
- We have continued to build our relationship with health services and local partnerships, working closely with the Barnet Borough Partnership to support the co-production workstream of the partnership.
- We work with the Barnet Integrated Care Board to make sure we have the right representation at the Involvement Board, to hear and take back feedback on health services

### **Prioritise independent living, putting people at the centre of their care**

The council continues to promote independent living and a strengths-based approach to service delivery, in line with national legislation and policy. The Adults and Safeguarding Committee has previously agreed the expansion of the Prevention and Wellbeing Team to increase opportunities for people to stay independent.

During Q4, The Prevention Team completed individual work with 51 residents who achieved their goals to improve their wellbeing. They reported 103 goals achieved and 113 improvements in areas of wellbeing. 43 Drop-ins sessions were facilitated by the Prevention Team in 15 different wards across Barnet. The Drop-in sessions involve support for individuals through advice, signposting and community connections, as well as bringing different teams together to provide easy access to support for residents. As an example, in Friern Barnet, the Prevention Team runs a drop-in service in the library. A Barnet resident attended the drop-in feeling overwhelmed and unsure how to navigate adult social care as they were hoping for support with their adult son who has a diagnosis of autism. With the support of the Prevention Team, the Barnet resident was signposted to the Carers Centre for support with their informal caring role, was supported in recognising what is a social care need and what a Care Act Assessment entails. As well as what community groups and activities may benefit both the informal carer and their son. The Barnet resident returned a week later to thank the Prevention Team for their support and enquired into whether they could get some assistance in creating their own support group for parents with adult children with autism. The Prevention Team supported the Barnet Resident to liaise with the libraries in utilising a space, connected them with Barnet Mencap, The Carers Centre and the Learning Disabilities Team for collaborative working and advertising. The group now runs every Wednesday morning at Friern Barnet Community Library.

The construction of Atholl House in Burnt Oak continued at pace and is scheduled for completion 2023. The mobilisation board set up in Q3, between Your Choice Barnet (the care and support provider) and the council is overseeing the development of the pipeline and supporting processes including the development of a communication and engagement plan which will support both practitioners and potential residents in understanding the service offer. It is anticipated that the first residents will move into the scheme from Q3 23/24 onwards.

The council operates with a Home First ethos. This can be seen in our work on discharging people needing care and support from hospital back to their own homes – where the majority of people return home with support (approx. 92%) and a very small proportion of residents need to move into residential or nursing care on leaving hospital (approx. 7%). The council supported 3278 (2344 in 21/22) individuals with a package of home based reablement in 22/23 with approximately 65% requiring no

further support after this service ends. This also applies in the community where social workers work hard to identify ways to keep someone in their own home, when it is in their best interests.

The development of an employment action plan for disabled people progressed during 2022/23 with funding for a specialist Disability Employment Advisor role within BOOST agreed with recruitment due to be completed early in 23/24. Once the role is in post ASC and BOOST will continue to work closely to ensure outcomes are being achieved to support residents into sustained employment.

There was continued implementation of the Council's Autism Action Plan, based on the six priorities set out in the National Autism Strategy. We are supporting colleagues in Health to plan and implement the Oliver McGowan training for Health & Social Care staff. It is named after Oliver McGowan, whose death shone a light on the need for health and social care staff to have better training. It has been co-produced, trialled, independently evaluated and is the government's preferred and recommended training for health and social care staff.

A single point of access service for all types of advocacy has been specified to strengthen and simplify the offer to residents. Barnet are leading the procurement process for a joint contract across Barnet, Enfield and Haringey. The contract has been awarded to a provider with extensive experience of delivering this model in other places. Mobilisation will take place through early 2023, ready for contract start in Q1 23/24.

It will always be vitally important for adult social care to support the safety of vulnerable adults. Throughout 2022/23 the social care team continued to lead multi-agency safeguarding work through the MASH team and the Barnet Safeguarding Adults Board (SAB) to ensure statutory agencies and VCS partners are working effectively together to improve outcomes and deliver in a personalised way. This work to promote excellent safeguarding practice has continued. The Adults Safeguarding Board has good representation from statutory and VCS partners, and many are involved in the work of the subgroups. The SAB has now introduced report templates to support the gathering and reporting of information from different works stream to demonstrate (from 2023) the SAB's compliance re quality assurance reporting. The safeguarding lunch and learns continue to run monthly and are well received by all staff and partners attending.

### **Being a dementia friendly borough**

The Dementia Friendly Barnet Partnership was established in 2019 by Public Health. The main purpose of the partnership is to collaboratively work towards becoming a dementia friendly borough where people living with dementia are understood, respected and supported.

In September 2022, the Partnership has agreed three key action areas. They are:

- Recruit at least five local venues to the Mayor of London's Dementia-friendly Venues Charter to demonstrate the approach for the local venues.
- To develop a framework for dementia friendly faith settings and have at least five early adopters designated as dementia friendly to demonstrate the approach for the local community.
- Recruit at least five local high-street businesses to work towards becoming Dementia-friendly.

In addition, the partnership agreed to continue with ongoing engagement with people affected by dementia and carers to ensure our plans are reflected on their views. Commitment has been made to driving these actions, use every opportunity to raise awareness of dementia, key risk reduction messages and how to live well with dementia. Submission of a comprehensive action plan as well as the key achievements to the Alzheimer's Society resulted in gaining recognition as Barnet working to become a Dementia Friendly Community.

By visiting a diverse group of community venues and activities we have engaged with 200 people affected by dementia and their carers. This continuous community engagement has allowed us to



identify if what is being put in place is what they want, if they feel any difference and to identify the next big challenge that needs to be addressed in Barnet. Last year, we have not only increased the membership of the Partnership, also improved the diversity of membership to ensure input from ethnically minoritized groups.

Dementia Friendly Venues Working Group has been established to provide peer support to those arts, culture venues, leisure centres and libraries to apply and become accredited by the London Mayor's Dementia-friendly Venues Charter. The members of the group were also responsible to engage with residents with lived experience and incorporate their views on cultural spaces, i.e., inviting a carer to do a venue walk-through. The working group meetings are highly valued by the members, as a support system and check in points for progress.

The RAF Museum has been the first accredited venue in Barnet. They have been instrumental in supporting other venues, providing valuable advice for the application process during working group meetings.

Work was also undertaken in the following areas:

- Dementia Friendly Faith Communities
- Dementia Friendly High Streets
- Raising awareness of dementia and dementia support in Barnet
- Dementia Training

### **CQC Inspection Framework**

On 28 February 2023, the Care Quality Commission (CQC) published 'Interim guidance on our approach to local authority assessments' and on 21 March 2023 CQC published 'Assessment framework for local authority assurance - Care Quality Commission' ([cqc.org.uk](https://www.cqc.org.uk)). Together, these documents set out CQC's proposed approach to inspection from 1 April 2023.

- The framework has four thematic domains: Working with People, Providing Support, Ensuring Safety, and Leadership. Each domain has 2-3 sub-categories beneath it in the form of 'We' statements and 'I' Statements
- The guidance document sets out that there will be pilot inspections between April 2023- September 2023, with up to 5 volunteer councils
- There will then be at least 20 inspections undertaken between September 2023 – December 2023. Individual borough judgements will be published in batches in early 2024 and thereafter in batches in line with the inspection programme.
- After this point, CQC anticipate it will take 2 years to inspect all Local Authorities.

We have a comprehensive programme of preparation currently being delivered to prepare for assurance and are working in partnership with staff, partners, providers and residents who draw on care and support and their carers to inform our self-assessment and preparation, including:

1. Self-assessment using the LGA/ADASS framework
2. Collating key evidence
3. Inspection logistics preparation
4. Comms and people preparation

### **Peer review outcomes**

In order to prepare for the upcoming CQC inspection and assurance regime, we invited the Association of Directors of Adult Social Services (ADASS) to undertake a peer review of our services on 24-26 January 2023 against theme 1 (Working with people) and theme 4 (leadership) of the draft CQC assurance framework.

As part of the peer review, a particular focus was put on assessing needs, care planning and review, supporting people to live healthier lives, prevention, well-being, information and advice. Direct payments and unpaid carers were also considered through these topics.

Insights on good practice as reported by the peer review team:

- Assessment good practice and strengths-based practice. Case files audited provided a high degree of assurance of overall good practice.
- Preventative and wellbeing offer in supporting healthier lives.
- Prevention, information and advice offer is broad and knowledge of wider community resources was well demonstrated by staff spoken to.
- Supporting healthier lives: There is a vibrant community and voluntary sector to support wellbeing and a strong offer of support in relation to physical health and wellbeing.
- Accessing social care and safeguarding: The 'front door' calls heard by the team including safeguarding calls demonstrated good practice.
- Partnerships and integrated working: The peer review team found good examples of integrated working and good joint working with Public Health and positive feedback on joint working from health colleagues.
- The team observed a strong corporate commitment to equality, diversity and inclusion and observed that Barnet has a good understanding of the current picture and where further improvements are needed.
- The visibility demonstrated by leaders in Barnet was a common, positive theme in feedback and a culture of reflection and learning – including in quality assurance and peer-to-peer learning was evident.
- A commitment to co-production and engagement runs throughout the Barnet approach, reflected in meetings at all levels of the organisation attended by the team.
- The peer review team found a strong performance management offer and evidence of data being used to drive improvement and manage demand.
- The peer review team observed good governance in Barnet and examples of good practice.

Insights on areas for further exploration as reported by the peer review team:

- Managing demand in future and communication with those on a waiting list.
- Continuing plans to develop services and priorities
- Looking into particular areas in terms of assurance, communication and/or pathways
- Looking at systems 'in the round'
- Carers assessments
- Autism support
- Recording to reflect cultural differences of people who receive care and support

### **Finance end of year report**

The final outturn for 2022/23 is reporting an overspend of £8.942m (7.3%). This includes application of £7.989m from various reserve allocations.

Throughout the year there has been considerable upward pressure on placements costs / activity, including hospital discharge demand plus the continued cost of agency staff, which have now been realised. A drawdown from the bad debt provision was made at £0.753m.

The final month 12 position shown in table 1.

<b>Table 1</b>							
<b>Adults and Health</b>	<b>2022-23 Budget</b>	<b>Final outturn 31/03/2023</b>	<b>Outturn Variance</b>	<b>Reserves applied</b>	<b>Outturn variance after reserves</b>		<b>In-Month change</b>
	£m	£m	£m	£m	£m	%	£m
Integrated Care - LD	29.967	35.512	5.545	-	5.545	18.5%	2.125
		-			-		
Integrated care - MH	9.366	10.817	1.451	- (0.212)	1.239	13.2%	0.040
Integrated Care - OA	43.123	46.217	3.094	- (4.600)	- (1.506)	-3.5%	- (0.325)
Integrated Care - PD	10.641	12.724	2.084	-	2.084	19.6%	- (0.072)
<b>Sub-total Integrated Care</b>	<b>93.097</b>	<b>105.270</b>	<b>12.173</b>	<b>- (4.812)</b>	<b>7.361</b>	<b>7.9%</b>	<b>1.767</b>
ASC Prevention Services	2.564	2.871	0.307	- (0.340)	- (0.033)	-1.3%	- (0.117)
ASC Workforce	19.154	22.002	2.848	- (2.397)	0.451	2.4%	- (0.159)
Adults transformation programme	0.180	0.394	0.214	- (0.441)	- (0.227)	-126.3%	- (0.048)
<b>Sub-total non-placements</b>	<b>21.898</b>	<b>25.267</b>	<b>3.369</b>	<b>- (3.178)</b>	<b>0.191</b>	<b>0.9%</b>	<b>- (0.324)</b>
18-25	6.736	8.126	1.390	-	1.390	20.6%	1.094
<b>Sub-total 18-25</b>	<b>6.736</b>	<b>8.126</b>	<b>1.390</b>	<b>-</b>	<b>1.390</b>	<b>20.6%</b>	<b>1.094</b>
<b>Total Adults and Health</b>	<b>121.732</b>	<b>138.663</b>	<b>16.931</b>	<b>- (7.989)</b>	<b>8.942</b>	<b>7.3%</b>	<b>2.537</b>

## Financial risk expected to present in financial year 2023/24

There are continuing financial risks going forward into the new financial year:

- Demand projections exceed current estimates
- Market inflation exceeding allocated funding
- YCB
- Continued workforce pressures
- Health funding for joint packages

## Conclusion

2022/23 has seen a challenging fiscal climate where the cost-of-living crisis, including the impact of an upward shift in utility costs, has led to a significant increase in costs, well above actual funded inflation levels. Coupled with evidence of packages becoming more complex, resulting in a significant overspend position.

There continues to be increased demand in the system, in particular homecare and reablement.

Most 'one-off' funding streams have been exhausted going into 23/24.

A refresh of activity and costs, since when the budget planning process over summer 22, has indicated a potential overspend of c£6m.

However, there are some mitigating opportunities;

- Further discharge income
- Additional income from Health for joint funded packages
- High-cost package review
- 18-25 review.
- Manifesto Investments – supporting invest to save opportunities.

## Performance information – Local ASCOF Measures

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 22/23 as well as data from health systems outside of the council's control. Comparisons to our performance in 2021/22 has been included to show changes in performance over the past 12 months. The data is considered provision until it has been published by NHS digital in the Autumn and is subject to increases or decreases in performance until considered final. When published it is possible to compare data with other local authorities as well as national and regional benchmarks and quartile performances.

There were 21 ASCOF indicators reported in 2022-23, of which 11 measures are extracted from the SALT return, 2 came from Health, and 8 from the Adult Social Care Survey. 8 Indicators improved, 5 stayed the same, 6 declined by less than 10% and 2 declined by more than 10%.

There were some significant improvements from previous years seen with the following indicators:

- 2A Part 2 (65+ Admissions) – This is a measure of the number of permanent admissions to residential and nursing homes. An improvement from 316 placements in 2021/22 to 216 in 2022/23 resulted in there being 100 fewer permanent residential/ nursing home admissions made.
- 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.
- 2B part 1 (reablement 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.

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. It is collected by the NHS as part of the national mental health minimum data set and the group of people captured within the indicator is greater than those known to the council.
- Proportion of older people (65+) offered reablement services following discharge from hospital. Although we have seen a decrease in performance in this area, this performance is still likely to be a quartile 1 performance and is higher than local, regional and national averages when compared to 21/22 benchmarks.

Table 2 – ASCOF provisional indicators for 22/23

Measure	Measure Description	2021-22 score	2022-23 Provisional score	% Change	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%	<b>100%</b>	0.0%	→
1C(1B)	Proportion of people using social care who receive self-directed support: (carers receiving self directed support in the year)	100%	<b>100%</b>	0.0%	→

1C(2A)	Proportion of people using social care who receive direct payments as part of self directed support (Adults receiving direct payments)	29.6%	<b>28.3%</b>	-4.3%	↓
1C(2B)	Proportion of people using social care who receive direct payments as part of self directed support (Carers)	100%	<b>100%</b>	0.0%	→
1E	Proportion of adults with a learning disability in paid employment	8.9%	<b>8.2%</b>	-7.7%	↓
1F	Proportion of adults in contact with secondary mental health services in paid employment	5.0%	<b>5.5%</b>	9.8%	↑
1G	Proportion of adults with a learning disability who live in their own home or with their family	82.4%	<b>84.9%</b>	3.0%	↑
1H	Proportion of adults in contact with secondary mental health services living independently, with or without support	19.0%	<b>16.6%</b>	-12.8%	↓
2A(1)	Permanent admissions to residential and nursing care homes (18-64) per 100,000 population	11.0	<b>11.5</b>	5.1%	↑
2A(2)	Permanent admissions to residential and nursing care homes (65+) per 100,000 population	543.2	<b>382.0</b>	-29.7%	↓
2B(1)	Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	77.4%	<b>88.3%</b>	14.1%	↑
2B(2)	Proportion of older people (65+) offered reablement services following discharge from hospital	6.0%	<b>4.9%</b>	-18.2%	↓
2D	Outcome of short-term services: sequel to service	54.5%	<b>76.4%</b>	40.3%	↑
1A	Social care reported quality of life	18.2	<b>18.1</b>	-0.5%	→
1B	Proportion of people who use services who have control over their daily life	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	36.7%	<b>35.6%</b>	-3.0%	↓
1J	Adjusted Social care-related quality of life – impact of Adult Social Care services	0.400	<b>0.423</b>	5.7%	↑
3A	Overall satisfaction of people who use services with their care and support ( <i>extremely and very satisfied only</i> )	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)	62.9%	<b>62.8%</b>	-0.2%	→
4A	Proportion of people who use services who feel safe and secure	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	87.8%	<b>88.2%</b>	0.5%	→

## 2. Post Decision Implementation

2.1 None

### 3. Corporate Priorities, Performance and Other Considerations

#### Corporate Plan

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

3.2 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

#### Sustainability

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

#### Corporate Parenting

3.4 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.

3.5 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

3.6 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).

Table 3 – Risk position as at the end of Q4 2022/23

Risk description	Risk Mitigations and Q4 Update
<b>AD001 Finances:</b> Uncertainty about future demand for services, increasing complexity and cost of care packages, the availability of hospital discharge funding streams and support, 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>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. Actions include senior sign-off of all high-cost packages, the negotiation of rates (including block contracts), 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.</p> <p><b>Mitigations</b></p> <ol style="list-style-type: none"><li>1. The council's budget management process (MTFS) forecasts demographic growth and pressures over a multi-year period.</li><li>2. Budget and performance monitoring and management controls are used throughout the year.</li><li>3. The MTFS to 2024 is set and adult social care will continue to undertake initiatives focused on reducing and managing future demand.</li></ol>
<b>AD017 Shortage of community equipment</b>	The provider has asked to exit our contract effective 31 July 2024. The Council is working with

<p>Nationwide delays in equipment supply could lead to shortages of frequently used items and 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.</p> <p>In addition to the risk of general supply shortages, the Council's existing community equipment provider is exiting its contract with the Council effective 31 July 2023. The Council is working with the provider to ensure service continuity and identify an alternative provider. Any contract exit of this scale carries risk as staff working for the provider may seek to leave before the contract ends. <b>Risk Rating: 16</b></p>	<p>the provider and Brent Council (who are also parties to our contract with the provider) on a transition plan. Assurances have been given by the provider around maintaining service continuity and this will be monitored closely. There remain operational performance concerns at the same level as last quarter.</p> <p>Alongside managing the existing service, the Council is also seeking to establish new long-term commissioning arrangements and also identify short-term contingency measures should contract exit not be orderly. These discussions are on-going.</p> <p><b>Mitigations</b></p> <ol style="list-style-type: none"> <li>1. The council is working very closely with contractor to monitor and mitigate risk, including: <ul style="list-style-type: none"> <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> </li> <li>2. Out of stock 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 <ul style="list-style-type: none"> <li>- OOS list updated daily on Online ordering system.</li> <li>- OOS list shared with prescribers via regular emails, prescriber meetings and newsletters.</li> </ul> </li> <li>3. Contractor/council contract officer review OOS list 2x weekly; council officer challenge and encourage provider securer products asap. <ul style="list-style-type: none"> <li>- Close Technical Equivalents (CTEs) are explored and authorised in the interim without delay.</li> <li>- Contractor continue to explore alternative suppliers, explore stock availability in their other depots.</li> <li>- 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.</li> </ul> </li> <li>4. Occupational Therapy (OT) lead (Equipment) 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.</li> </ol>	
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5. Increased communication to A&H 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.
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### Insight

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

### Social Value

3.8 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.

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

4.1 Final Outturn reports an overspend of £8.942m (7.3%). This includes application of £7.989m from various reserve allocations.

## 5. Legal Implications and Constitution References

5.1 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

6.3 The Council's Constitution (Part 2b and 2c) Terms of Reference and delegation of duties to Committees and Joint Arrangements states:

The Adults and Health Overview and Scrutiny Sub-Committee shall perform the overview and scrutiny role and function in relation to:

All matters as they relate to Adult Social Care;

Reviewing and scrutinising, matters relating to the planning, provision and operation of health services in Barnet including inviting the relevant Chief Executive(s) of NHS organisations to account for the work of their organisation (s) as set out and required by the Health and Social Care Act 2001 and related primary and secondary legislation

Referring contested major service reconfigurations to the Secretary of State in accordance with the Health and Social Care Act 2001

Receiving and commenting upon any external inspections and reviews

Chair, Vice-Chair, Members and substitutes to be appointed by Council

The Adults and Health Scrutiny Sub-Committee has the following powers and duties:

To be responsible in accordance with Regulation 28 of the Local Authority (Public Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 for scrutiny of the Council's health functions other than the power under Regulation 23(9) to make referrals to the Secretary of State.

To recommend to Council that a referral be made to the Secretary of State under Regulation 23(9) of the Local Authority (Public Health, Health and Wellbeing and Health Scrutiny) Regulations 2013.

To have specific responsibility for scrutiny of the following functions:



- Health and social care infrastructure and service
- NHS England, Clinical Commissioning Groups (CCGs) and the Health and Wellbeing Board
- Public Health
- Other policy proposals which may have an impact on health, public health, social care and wellbeing
- Collaborative working with health agencies
- Commissioning and contracting health services

To review the planning, provision and operation of Health services in Barnet and ensure compliance with Regulation 21(1) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 by inviting and taking account of information and reports from local health providers and other interested parties including the local HealthWatch.

Where a referral is made through the local HealthWatch arrangements, to comply with Regulation 21(3) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 by ensuring that the referral is acknowledged within 20 days and that the referrer is informed of any action taken.

Where appropriate, to consider and make recommendations for response to NHS consultations on proposed substantial developments/variations in health services that would affect the people of London Borough of Barnet.

Where appropriate, to consider and make recommendations for response to consultations from local health trusts, Department of Health and Social Care.

Care Quality Commission and any organisation which provides health services outside the local authority's area to inhabitants within it.

To discharge the functions conferred by Section 244 (2ZE) of the National Health Service Act 2006 as amended and Regulation 21 of the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny Regulations 2013) of reviewing and scrutinising, matters relating to the planning, provision and operation of health services in Barnet.

To respond to consultations from local health trusts, Department of Health and Social Care and any organisation which provides health services outside the local authority's area to inhabitants within it.

## **6. Consultation**

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

## **7. Equalities and Diversity**

- 7.1 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.
- 7.2 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.

7.3 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.

7.4 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>

## **8. Background Papers**

8.1 None



