



Adults and Health Overview and Scrutiny Committee

Title	Adult Social Care Quarter 1 (Q1) 2023/24 Performance Report
Date of meeting	26 October 2023
Report of	Dawn Wakeling - Executive Director – Communities, Adults and Health
Wards	All
Status	Public
Urgent	No
Appendices	None
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Summary

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

Recommendations

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

1. Reasons for the Recommendations

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.

The new 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.”

- We will work towards this ambition through the implementation of a new Adult Social Care Strategy which will focus on 5 key priorities:
- We will be ambitious about what people can achieve and get the right support for each individual.
- We will support people to live well and be part of communities.
- 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 strategy is being shaped through engagement with staff and residents and brings together priorities from a number of existing strategies including engagement and co-production, dementia and carers and will include prevention and workforce. It will draw on our developing self-assessment, evidence and areas of focus as part of our preparation for the new Care Quality Commission (CQC) inspection framework. This strategy will be brought to a future meeting for discussion when finalised. Updates on activities that will likely be included in the strategy as well as performance metrics used to understand its effectiveness have been included below.

Engagement and Co-production:

In Q1 we continued to progress with the priorities from the Engagement and Co-Production Strategy.

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

- We have implemented a new feedback survey to more frequently and more quickly capture people’s experiences of adult social care. The survey was co-produced with residents and staff. In our first 50 surveys received we found that:
 - o People were overwhelmingly positive about their social care practitioner (this could be a social worker, occupational therapist or assessment and enablement officer). 96% agreed that ‘the social care practitioner treated me with respect and as an individual’.
 - o 96% of people felt involved and included – they agreed with the statement ‘I was part of planning my care (and) /support in a way that makes sense to me’.
 - o 91% of people agreed that ‘I feel safe and am supported to understand and manage any risks’.
 - o We found that people often had multiple professionals from different agencies visiting them, and lots of information at what can be a stressful time. This led to slightly lower scores on ‘I know who to contact if I have any worries about my care/support, or things are going wrong’ (78%). We

have followed this up through communication back to staff members so they can ensure messages to people are clearer in the future.

- o The feedback forms are reviewed as they come in – we pass on any positive or constructive feedback immediately to the practitioner and / or their manager. We review the cumulative scores weekly, and report to the adult social care management team on any themes and to agree actions.

In this quarter we also received and inputted 350 statutory surveys (the DHSC annual survey of people who draw on care and support), which will give us a further picture of people's experiences who are long term users of adult social care. The benchmarked results will be available later in the year.

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

- We continued to promote and engage with our People's Voice members, now numbering 220 people. We send out a weekly email promoting engagement opportunities in adult social care, health, and more widely, as well as a co-produced newsletter. This quarter we engaged with around 50 residents directly on projects and groups (not including the feedback surveys mentioned in priority 1).
- Our Involvement Board continue to give valuable input at a strategic level, on both health and social care topics including social prescribing, prevention and wellbeing, and out of hours GP services. All comments and feedback are recorded and the impact is tracked so we know where residents' input has made a change.
- Our main project this quarter was the Right Homes strategy which aims to target individuals with housing and support needs that also have care and support needs. We engaged with people through online and in person focus groups and surveys, and identified key priorities for people with care and support needs when it comes to housing and accommodation. Some of the themes that came up were accessibility, damp and mould, ensuring support across all types of housing tenure for vulnerable adults. These findings will become part of the Right Homes strategy and action plan.
- We involved residents with lived experience in our social work recruitment days – this gained really positive feedback from the residents, existing staff as well as the candidates. We will continue to do this as standard.
- We involved residents with lived experience as part of our 'business as usual' work, including presenting at the Council's management conference, and at an event for care providers. At this event our two autism representatives from the Involvement Board shared their experiences and guidance with around 70 managers and staff from care homes, homecare providers, supported living providers and others across Barnet, which will have a positive influence in the support for autistic residents.

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 continued to work closely with the corporate Consultation and Engagement team, and external company Habitus on an ethnographic research project exploring the experiences of disabled residents in Barnet. We supported with connecting participants, validating findings and recommendations. The report provided useful insights for the council to consider and positive feedback about our staff including that of the seven residents with visual impairments who took part in the research, five made explicit references to a Rehabilitation Officer within adult social care when talking about the support they received with regard to their person-centred approaches, to build trust, acknowledge lived experience and focus on solutions to barriers.

- 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.

Enablement and hospital discharge

The aim of enablement is to provide a short intense service to support residents in their homes, promote independence and prevent a full assessment and further support being required. We are reviewing our hospital discharge services to maximise person-centred effectiveness and increase our skills at meeting the needs of people with complex conditions being discharged from hospital. We have piloted and are expanding occupational therapy (OT) -led enablement services which will more effectively support people to recover at home after hospital.

In August 2023, in order to build on the success of the OT led enablement model, the Council awarded contracts to two approved providers (Thames Care and Exceptional Care) to provide additional enablement capacity for a twelve-month period. These two new providers will offer additional care alongside our two existing providers, Your Choice Barnet and Bliss Care. The Council's Care Quality Team and the occupational therapy lead will work closely with all four core enablement providers to ensure that they continue to deliver high quality services, this will include regular service reviews as part of proactive performance management.

Officers are currently developing the longer-term commissioning approach for enablement which will be going out to tender in Autumn 2023. The new service will commence in August 2024. A market event was held on 21st June with enablement and homecare providers to help inform the approach.

Becoming a dementia friendly borough

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 in October 2022. Since then, 15 organisations and some faith groups have achieved Dementia Friendly Status through the Mayor of London's Dementia Friendly Venues Charter. Working with key partners, a comprehensive communications plan is being delivered. The Council Website's dementia pages have now been updated to include detailed information on local resources as well as updated messaging around risk reduction and treatment. In collaboration with key partners, we have produced an information leaflet on dementia featuring local support services. Dementia Friendly Barnet has been featured in numerous community newsletters, including Memory Matters, Together Barnet and a full page in Barnet First. To mark Dementia Action Week 2023, the council created six videos and shared a communications toolkit. The number of Dementia Friends in Barnet has increased from 12,326 in June 2021 to 15,453 in February 2023. "Understanding Dementia" training has been commissioned by Public Health and to date over 500 people from different sectors including businesses have received the training. Training provides the individuals with CPD qualification.

Provision of extra care

Extra care support provides independence to residents while also ensuring an extra level of care that may not be available in a home setting.

The construction of Atholl House Extra Care Scheme in Burnt Oak is due to complete at the end of August 2023. The keys to the building are due to be handed over to the Barnet Group on 24th August.

Barnet Homes will be the landlord and Your Choice Barnet (YCB) will be the care and support provider for the scheme.

YCB have recruited the staff team for the service and the registered manager is already in post to review referrals, carry out assessments and liaise with social workers, ahead of the scheme opening. The Atholl Mobilisation Group, comprised of Your Choice Barnet and council commissioning, contracts and operational staff, meets fortnightly. This group will continue to oversee referrals into the scheme and the phased move-in of tenants. The scheme will be ready for the first residents to move-in from mid-September 2023.

Community Equipment

The Integrated Community Equipment service transferred from Millbrook Healthcare to NRS Healthcare via the London Consortium framework on 1st August 2023. LBB commissioners and contract leads have met daily with NRS and consortium partners throughout August to resolve transition issues and ongoing oversight and contract monitoring is in place locally, at NCL ICB level and as part of the 23 London borough consortium. Despite significant challenges experienced across the consortium with a transfer of service at this scale, the local service has mobilised well, though work remains underway to address outstanding issues.

NRS are experiencing a number of problems with stock levels and delivery speeds across the contract, with the most significant issues arising at the Tottenham depot where other NCL partners are based, while the Barnet service is run from the Greenford depot. NRS have implemented an improvement plan and a redesigned escalation process which went live on 29th August 2023 to address these issues. Council commissioners continue to monitor progress daily and work closely with the consortium to oversee progress.

Deep Clean

The current Deep Cleaning service is due to expire on 2nd December 2023. The Council plans to go out to tender for the new service in September 2023 with contract award in November 2023. The successful provider will be in place by 3rd December 2023.

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 provisional until it has been published by NHS digital in the Autumn and is subject to change 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.

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. 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.
- 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. Regular checks of this data in line with our performance framework will continue to be undertaken to monitor 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 combine data with other sources such as health data. Of the 11 collected in year 5 are expected to improve in performance, 3 remained the same and 3 decreased in performance. It should be noticed that this performance may change over the year and these predictions are based on only a single quarter of activity.

Table 2 – ASCOF provisional indicators for 22/23

Measure	Measure Description	Q1 2023/24 Forecast based on Q2 performance	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%	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)	27.1%	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	8.3%	8.9%	8.2%	-7.7%	↓

1F	Proportion of adults in contact with secondary mental health services in paid employment	5.0%	5.0%	5.5%	9.8%	↑
1G	Proportion of adults with a learning disability who live in their own home or with their family	85.7%	82.4%	84.9%	3.0%	↑
1H	Proportion of adults in contact with secondary mental health services living independently, with or without support	16.0%	19.0%	16.6%	-12.8%	↓
2A(1)	Permanent admissions to residential and nursing care homes (18-64) per 100,000 population	8.6	11.0	11.5	5.1%	↑
2A(2)	Permanent admissions to residential and nursing care homes (65+) per 100,000 population	244.0	543.2	382.0	-29.7%	↓
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%	88.3%	14.1%	↑
2B(2)	Proportion of older people (65+) offered reablement services following discharge from hospital	NA	6.0%	4.9%	-18.2%	↓
2D	Outcome of short-term services: sequel to service	77.5%	54.5%	76.4%	40.3%	↑
1A	Social care reported quality of life	NA	18.2	18.1	-0.5%	→
1B	Proportion of people who use services who have control over their daily life	NA	72.1%	69.6%	-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%	35.6%	-3.0%	↓
1J	Adjusted Social care-related quality of life – impact of Adult Social Care services	NA	0.400	0.423	5.7%	↑
3A	Overall satisfaction of people who use services with their care and support	NA	56.5%	60.4%	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%	62.8%	-0.2%	→
4A	Proportion of people who use services who feel safe and secure	NA	65.2%	60.3%	-7.5%	↓
4B	Proportion of people who use services who say that those services have made them feel safe and secure	NA	87.8%	88.2%	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 Q1 2022/23

Risk description	Risk Mitigations and Q1 Update
AD001 Finances: 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. Risk Rating: 20	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. Mitigations 1. The council's budget management process (MTFS) forecasts demographic growth and pressures over a multi-year period. 2. Budget and performance monitoring and management controls are used throughout the year. 3. The MTFS to 2024 is set and adult social care will continue to undertake initiatives focused on reducing and managing future demand.
AD017 Shortage of community equipment 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.	The provider has asked to exit our contract effective 31 July 2024. The Council is working with 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.

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. **Risk Rating: 16**

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

Mitigations

1. The council is working very closely with contractor to monitor and mitigate risk, including:
 - Prescribers are advised to inform contractor if they are aware of any unused items in the community.
 - Contractor is driving a collection campaign via social media posters and focus phone calls to existing customers.
 - Additional driver allocation to increase collections of Out of Stock (OOS) items.
 - Reviewing and triangulating data on number of people, length of time waiting and assessing risk.
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
 - OOS list updated daily on Online ordering system.
 - OOS list shared with prescribers via regular emails, prescriber meetings and newsletters.
3. Contractor/council contract officer review OOS list 2x weekly; council officer challenge and encourage provider secure 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.
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.
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.

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 None

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. 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
