



## Adults and Health Overview and Scrutiny Committee

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

**Date of meeting** 6 March 2024

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

**Wards** All

**Status** Public

**Urgent** No

**Appendices** Age Friendly Barnet Action Plan

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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. The report also includes the draft Age Friendly Barnet action plan for Committee's comment.

### 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 age friendly Barnet action plan and consider how Barnet and its partners can champion being an age friendly borough.

#### 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."

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 is being presented to Cabinet for approval in March 2024 following a review at Adults and Health Overview and Scrutiny. The remainder of this report will provide updates on key topics and activities from the plan as well as regular updates on performance and risk. Updates on resident engagement and co-production have not been included as they have been included in the annual co-production and engagement report also on the agenda for the same meeting.

### **1.3 Community Equipment**

The integrated community equipment contract is a joint service which provides equipment for both the council and the NHS. It provides on average 1,570 deliveries to individuals each month (each delivery may include 1 or more items). The spend against the joint community equipment contract from April 23 to Jan 24 was £3,627,922.44. This value includes service credits which are received against the value of recycled and reused equipment which were £1,332,558.92 for this period. Table 1 below shows the numbers and rates of recycled items that are able to be reused. This information is only currently available from April to July 23 from performance under the old contract, reporting arrangements under the new contract that started in August 2023 are still being finalised.

The types of equipment that are provided under the contract include:

- Hand Rails
- Toilet frames
- Adjustable chairs and stools
- Commodes
- Walking sticks

- Key safes

The Community equipment contract does not include the provision of wheelchairs which are provided separately by the NHS.

Table 1 – Community equipment recycling rate from April 23 to July 23

Collections	Items Collected	Items Returned to Shelf	Items Scrapped	% Recycled
Apr-23	1140	896	244	78.6%
May-23	1383	1057	326	76.4%
Jun-23	1238	979	259	79.1%
Jul-23	929	667	262	71.8%

#### 1.4 Borough-wide Dementia Strategy

The Dementia Strategy for Barnet was published in 2023 is a collaboration between a wide range of partners across residents, adult social care, health services and the community. 140 people living with dementia and their carers were part of the co-design process to develop the strategy.

The dementia strategy is now published on the Council website:

<https://www.barnet.gov.uk/sites/default/files/2023-08/Dementia%20Strategy%202023-2028.pdf>

The Dementia Strategy action plan has been codesigned with partners and residents, with progress already being made and reported to the Aging Well workstream of the Barnet Borough Partnership. This action plan sits alongside the dementia-friendly and age-friendly Barnet work programmes.

Some recent achievements have included:

- Improved communication, information and advice on dementia – including 4000 ‘Living well with dementia’ leaflets distributed.
- 20 venues have signed up to the Dementia Friendly Venues scheme.
- 1350 people have received ‘understanding dementia’ training.
- Rollout of training for professionals run by Admiral nurses.

#### 1.5 Barnet Carers and Young Carers Strategy

The Barnet Carers and Young Peoples Strategy published on the Council website:

[Carers and Young Carers 2023-2028.pdf \(barnet.gov.uk\)](#)

The newly established multi-agency Carers and Young Carers Partnership Board, chaired by the Chief Executive of Barnet Carers Centre and including carers, has commenced work on the implementation of the Carers Strategy Action Plan. Progress so far includes:

- Meeting with Barnet GPs and other health professionals to discuss the support available via Barnet Carers Centre and improvements around the referral process. We are exploring both the opportunities for direct referrals and for self-referrals with support from GP practices / social prescribers via a QR code / leaflet.
- Submitted a bid for additional funding to develop a support tool for carers around hospital discharges. This will be across the whole of North Central London and led by Barnet Carers Centre.
- Developed a proposal around a new Think Carer campaign to promote support for carers, particularly within underrepresented communities in Barnet.
- Met with Barnet organisations working with carers supporting people with mental health needs to review existing offer and new developments especially around suicide prevention and peer support. Organisations included Mind in Barnet, JAMI, Barnet Enfield and Haringey Mental Health Trust and Public Health, who lead on the suicide prevention partnership. The group agreed to share tools and signposting material for carers in Barnet struggling with mental health.

The board is meeting again on 21 February to focus on the second priority which is *Individualised support so that carers and young carers can get the support they need and are entitled to.*

## **1.6 Age Friendly Barnet Action Plan**

Last year, Council agreed a motion to become an Age Friendly borough. The council then joined the Centre for ageing better and created a partnership with Age UK Barnet to develop our approach.

The first stage of the process has been to conduct engagement and research into what matters to people about being an Age Friendly place. A public survey took place and 1037 people responded and many more were engaged through a series of focus groups and engagement events. An Age Friendly steering group involving Age UK, the council, other VCS groups, residents and partner organisations has been meeting to develop an action plan, which is being launched on 6<sup>th</sup> March as a 'call to action'. The plan will continue to iterate and we expect that further actions will be added as the work develops.

To create this action plan, we have used the World Health Organisation's eight domains of an Age-friendly environment to form our Age-friendly Barnet Baseline Assessment. This document forms the foundation of our action plan and is referred to throughout to ensure that the voices of older adults are kept at the heart of everything we do as Age-friendly Barnet.

We want Age-friendly Barnet to become a movement; to create a social impact, and change the way people feel, think and act about ageing in Barnet. This action plan belongs to everyone in the borough and is a living document, one that can be adapted to meet the developing aspirations and needs of our older population.

This plan should be read in conjunction with both Public Health's forthcoming Ageing Well Health Needs Assessment (2024) as well as the Dementia-friendly Barnet Action Plan (2024).

## **1.7 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 have been no changes to the annual performance since the last report provided to Committee in January 2024. 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, 5 have remained the same and 4 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 Q3 performance	2021-22 score	2022-23 score	% Change from 21-22 to 22-23
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%	<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)	100.0%	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)	27.2%	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)	100.0%	100%	<b>100%</b>	0.0%
1E	Proportion of adults with a learning disability in paid employment	8.2%	8.9%	<b>8.2%</b>	-7.7%
1F	Proportion of adults in contact with secondary mental health services in paid employment*	5.0%	5.0%	<b>5.1%</b>	2.0%
1G	Proportion of adults with a learning disability who live in their own home or with their family	85.8%	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*	11.1%	19.0%	<b>16.2%</b>	-14.9%
2A(1)	Permanent admissions to residential and nursing care homes (18-64) per 100,000 population	12.1	11.0	<b>11.5</b>	5.1%

2A(2)	Permanent admissions to residential and nursing care homes (65+) per 100,000 population	316	543.2	<b>380.2</b>	-30%
2D	Outcome of short-term services: sequel to service	76.4%	54.5%	<b>76.4%</b>	40.3%

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

## 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
<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	<b>Mitigations:</b> The council's budget management process (MTFS) forecasts demographic growth and pressures over a multi-year period. Budget and

<p>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>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> <p>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:</p> <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> <p>Contractor/council contract officer review OOS list 2x weekly; council officer challenge and encourage provider securer products asap:</p> <ul style="list-style-type: none"> <li>- Close Technical Equivalentents (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> <p>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.</p>



	<p>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.</p> <p><b>Q3 Update:</b> 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.</p>
<p><b>AD027 Triage and allocation:</b> 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. <b>Risk Rating 16</b></p>	<p><b>Mitigations:</b> 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.</p> <p><b>Q3 Update:</b> 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.</p>

### 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**

None