

Adults and Health Overview and Scrutiny Sub-Committee

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Title	Adult Social Care Performance Report	
Date of meeting	15 May 2024	
Report of	Dawn Wakeling - Executive Director – Communities, Adults and Health	
Wards	All Public	
Status		
Urgent	t No	
Appendices	Appx A: CQC self assessment final.pdf	
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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 an update on CQC assurance.

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 review the ASC CQC self-assessment prepared in response to the notification.

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, underpinned by our four pillars of prevention, coproduction, equality and choice and control:

- 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 around 300 residents, providers and staff.

1.3 CQC Assessment

The Care Quality Commission (CQC) has begun assessing local authorities in England, to look at how well councils meet their duties under the Care Act (2014 – part 1 of the Act).

This is a new inspection regime set up by the CQC, who are the independent regulator of health and social care in England, and all 153 local authorities providing this function will be assessed over the next two years. All Local authorities will be assessed on nine quality statements, across four themes which are set out below.

1. Working with people:

- Assessing needs (including carers)
- Supporting people to live healthier lives
- Equity in experiences and outcomes

2. Proving support:

- Care Provision Integration and continuity
- Partnerships and communities

3. Ensuring safety:

- Safe systems
- Pathways and transitions
- Safeguarding

4. Leadership:

- Governance management and sustainability
- Learning, improvement and innovation

A link to the full framework can be found here.

On 18 March the CQC notified us that our assessment process is beginning. Barnet is one of the first 20 inspections nationally. The first phase is CQC undertaking a comprehensive data analysis of our performance, themes and trends, using nationally available data and an information return submitted by the council. This included some of our policies & procedures, performance information, and feedback from people who draw on care & support, and their carers. The pack of information included a self-assessment document that sets out the council's strengths, key issues and areas of focus in relation to the 4 themes and 9 quality statements. The self-assessment has been included as an appendix to this report.

Now the first phase is complete, the next phase involves CQC conducting an analysis and interviews of partner agencies, especially voluntary and community sector organisations. Following that, the CQC will undertake case tracking. This involves the CQC reviewing 6 social work 'cases', including speaking to the 6 people who draw on care and support, speaking to the case worker and reviewing a summary of case notes. The final stage will take place sometime over the next six months, where the CQC will visit Barnet for a three-day period. The site visit involves meeting front line staff. This is a fantastic opportunity to showcase our strengths, the great work our staff do, and reflect the areas where we want to improve.

1.4 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. 2022/23 data was published by NHS digital in November 2023.

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 1 is expected to improve in performance, 4 have remained the same and 6 decreased in performance. It should be noted that performance may change over the year and these are only predictions. Finalised full year figures and comparisons with other councils will be provided in future reports when available.

Table 2 - ASCOF provisional indicators for 23/24

Measure	Measure Description	2023/24 Forecast based on Q4 performance	2022-23 score	2022-23 Score Quartile
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%	Q1
1C(1B)	Proportion of people using social care who receive self-directed support: (carers receiving self-directed support in the year)	100.0%	100%	Q1
1C(2A)	Proportion of people using social care who receive direct payments as part of self-directed support (Adults receiving direct payments)	27.1%	28.3%	Q2
1C(2B)	Proportion of people using social care who receive direct payments as part of self-directed support (Carers)	100.0%	100%	Q1
1E	Proportion of adults with a learning disability in paid employment	8.2%	8.2%	Q1
1F	Proportion of adults in contact with secondary mental health services in paid employment*	5.0%	5.1%	NA
1G	Proportion of adults with a learning disability who live in their own home or with their family	85.8%	84.9%	Q2
1H	Proportion of adults in contact with secondary mental health services living independently, with or without support*	16.0%	16.2%	NA
2A(1)	Permanent admissions to residential and nursing care homes (18-64) per 100,000 population	14	11.5	Q2
2A(2)	Permanent admissions to residential and nursing care homes (65+) per 100,000 population	394	380.2	Q1
2D	Outcome of short-term services: sequel to service	63.3%	76.4%	Q3

^{*}Data from Health systems so not in control of the local authority, and yet to be confirmed and published for 2022/23. 1F and 1H will not be collected after 23/24 as are not included in the new ASCOF.

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 Q4 2022/23

Risk description

AD001 Increased overspend to meet statutory duties: Uncertainty about future demand for services, increasing complexity and cost of care packages, the availability of hospital discharge funding streams and support, and legislative changes could lead to a worsening budget overspend for the service resulting in insufficient resources to meet statutory obligations and a deterioration in the council's overall financial position. Risk Rating: 20

Risk Mitigations Update

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

Budget and performance monitoring and management controls are used throughout the year.

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.

Q4 Update: 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.

AD017 Shortage of community equipment:

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. Risk Rating 16

Mitigations: The council is working very closely with the contractor to monitor and mitigate risk, including:

- Increased focus on collections where appropriate to recycle/reuse equipment which is unused.
- 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.

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

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

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

- Close Technical Equivalents (CTEs) are explored and authorised in the interim without delay.
- Contractor continue to explore alternative suppliers, explore stock availability in their other depots.
- Contractor/council officer in regular contact with neighbouring LA/health authorities to ascertain supply issues/explore opportunities for joint working to resolve stock issues e.g. NCL CCG/LAs.
- The Occupational Therapy (OT) lead (Equipment) is working with prescribers to risk assess and consider any of the available standard stock products (as an alternative) as a temporary solution to safely meet people's needs. OT managers are advised to explore same approach in the interim when discussing cases with OT teams.
- Increased communication to CAH team leads, SMT to brief OOS issues; to manage expectation on both prescriber/ end user; and to encourage joint working to use available equipment efficiently.

Q3 Update: Q4 has seen continued improvement to the community equipment service delivered by NRS with established weekly meetings between LBB and the Greenford depot management team ensuring oversight and completion of improvement actions. The backlog inherited during service transition continues to reduce on a week-by-week basis thanks in part to the recruitment of additional drivers and technicians, but there is more to be done to reduce this further, with a particular focus on closing cases that no longer require fulfilment. NRS are now sharing a weekly out-of-stock list that includes close technical equivalents to ensure prescribers can order items without delay. The depot team plan ahead to ensure Barnet's top 20 products are always in stock, chasing their suppliers and communicating when items are unavailable. Specials continue to be scrutinised by LBB's OT Lead to reduce the risk to the budget. Communication has been improved between NRS and LBB's contract manager/OT Lead. At our request the depot team developed an information leaflet for Barnet residents that is provided upon delivery of each order. Overall service delivery has improved over the quarter and risks continue to be managed.

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

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

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

Insight

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

Social Value

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

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

5.1 None from this report. However, financial risks identified through the risk management strategy will be managed through the mitigations

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 in the London Borough of Barnet.
- 6.2 The Health and Care Act 2022 introduced the new duty on the CQC to assess local authorities' delivery of their adult social care duties under Part 1 of the Care Act 2014 with the duty coming into effect on 1 April 2023.

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

CQC self assessment final.pdf