

Report of:

Meeting of: Health and Care Scrutiny Committee	Date: 29 April 2021	Ward(s):
Delete as appropriate	Exempt	Non-exempt

SUBJECT: Quarter 3 Performance Report
1. Synopsis

- 1.1 The council has in place a suite of corporate performance indicators to help monitor progress in delivering the outcomes set out in the council’s Corporate Plan. Progress on key performance measures are reported through the council’s Scrutiny Committees on a quarterly basis to ensure accountability to residents and to enable challenge where necessary.
- 1.2 This report sets out Quarter 3 2020/21 progress against targets for those performance indicators that fall within the Adult Social Care outcome area, for which the Health and Care Scrutiny Committee has responsibility.
- 1.3 It is suggested that Scrutiny undertake a deep dive of one objective under the related corporate outcome over a 12-month period. This will enable more effective monitoring and challenge as required.

2. Recommendations

- 2.1 To note performance against targets in Quarter 3 2020/21 for measures relating to Health and Independence
- 2.2 To suggest one objective under related corporate outcome for a deep dive review, to take place over a 12-month period.

3. Background

- 3.1 A suite of corporate performance indicators has been agreed for 2018-22, which help track progress in delivering the seven priorities set out in the Council's Corporate Plan - *Building a Fairer Islington*. Targets are set on an annual basis and performance is monitored internally, through Departmental Management Teams, Corporate Management Board and Joint Board, and externally through the Scrutiny Committees.
- 3.2 The Health and Care Committee is responsible for monitoring and challenging performance for the following key outcome area: Adult Social Care.
- 3.3 Scrutiny Committees can suggest a deep dive against one objective under the related corporate outcome. This will enable a comprehensive oversight of suggested objective, using triangulation of data such as complaints, risk reports, resident surveys and financial data and, where able to, hearing from partners, staff and residents, getting out into the community and visiting services, to better understand the challenge and provide more solid recommendations.

4. Quarter 3 performance update – Adult Social Care

4.1 Key performance indicators relating to Adult Social Care.

PI No.	Indicator	2019/20 Actual	2020/21 Target	Q3 2020/21	On target?	Q3 last year	Better than Q3 last year?
HI8	4.2 Average number of social care beds delayed per day	7.2	5.0	NA	NA	NA	NA
HI9	4.3 Percentage of ASC service users receiving long term support who have received at least one review	43%	55%	44%	No	49%	No
HI10a	4.4 Average number of full care act assessments completed per month (18-64)	41	39	41	No	38	No
HI10b	4.5 Average number of full care act assessments completed per month (65+)	71	68	107	No	69	No
HI11	4.6 Percentage of ASC enquiries where a risk is identified and the risk is removed or reduced	96%	99%	96%	No	97%	No
HI12	4.7 New admissions to nursing or residential care homes (all ages)	159	142	115	No	125	Yes
HI13	4.8 Percentage of service users receiving services in the community through Direct Payments	23%	30.0%	27%	No	22%	Yes
HI14	4.9 The percentage of working age adults known to Adult Social Care feeling that they have adequate or better social contact.	75%	80%	NA	NA	NA	NA

4.2 *Average number of social care beds delayed per day (Delayed Transfers of Care)*

This indicator cannot be updated at this point because NHS Digital have paused the collection and publication of official Delayed Transfers of Care statistics due to COVID-19 and the need to release capacity across the NHS to support the response. There is not yet an indication of when publication of these statistics will resume.

4.3 *Percentage of ASC service users receiving long term support who have received at least one review*

This is a new indicator for 2020/21. As of Q3 2020/21, 44% of service users who have been receiving services since the beginning of the year have had a review in the last 12 months. This is below the target for 2020/21 of 55%, but higher than the end of year 2019/20 position (43%).

1. Why is this not on target?

Challenges in Quarter 1 and 2 of 2020/21 have continued to present challenges in Quarter 3, including COVID-19. In this case, challenges to the Community Placement and Review Team, North and South Integrated Community Social Work Teams and Occupational Therapy teams affecting reviews have been staffing levels, working with service users, and reviewing residents in care homes. Recruitment is ongoing to address gaps in staffing. It is also important to note that **we have overall done more reviews in 2020/21** than at this point in 2019/20, **despite the increased pressure on the service**. Because of the **necessary prioritisation of COVID reviews**, we have done these reviews on a different group of service users than the service users captured by this indicator.

2. What action are you taking to get it back on track?

Although COVID-19 presents ongoing challenges, there have been steps taken to improve the waiting list. The Community Placement and Review Team are in a much better place, with a robust allocation system that is reducing their list. We have established two COVID-19 specific review trays that hold cases for the North and South Integrated Community Social Work Teams, and three social workers have started in phases from June onwards and they are working through reviews. COVID-19 packages have changed in duration and are only for six weeks and when a case is allocated to a social worker, they will take the review.

3. When do you expect it to be back on track?

We hope to see improvement in our figures for Q4 2020/21 and ultimately when the pandemic stabilises.

Average number of full care act assessments completed per month (18-64)

4.4 This is a new indicator for 2020/21 that monitors the level of demand flowing through the adult social care service. At the end of the year in 2019/20, the average number of full care act assessments completed per month among adult social care service users aged 18-64 was 41. We have set a target to reduce this figure by 5% this year, so a target of 39 assessments per month. As at the end of Q3 2020/21, this indicator is slightly above target, with an

average of 41 full care act assessments completed per month among adult social care service users aged 18-64.

We have also introduced an indicator to provide additional context for this figure, the percent of full care act assessments resulting in a new service. We have not set a target for this indicator, as it is just to provide additional context and for monitoring. As at the end of Q3 2020/21, 72% of full care act assessments in this age group had resulted in a new service, higher than the end of year figure for 2019/20 of 71%.

4.5 *Average number of full care act assessments completed per month (65+)*

This is a new indicator for 2020/21 that monitors the level of demand flowing through the adult social care service. At the end of the year in 2019/20, the average number of full care act assessments completed per month among adult social care service users aged 65+ was 71. We have set a target to reduce this figure by 5% this year, so a target of 68 assessments per month. As at the end of Q3 2020/21, this indicator is off target, with an average of 107 full care act assessments completed per month among adult social care service users aged 65+.

We have also introduced an indicator to provide additional context for this figure, the percent of full care act assessments resulting in a new service. We have not set a target for this indicator, as it is just to provide additional context and for monitoring. As at the end of Q3 2020/21, 78% of full care act assessments in this age group had resulted in a new service, higher than the end of year figure for 2019/20 of 75%.

1. Why is this not on target?

In 2020/21, the number of full Care Act assessments for both age groups and the percentage of these resulting in a new service **increased as a direct result of the COVID-19 pandemic. This was due to increases in demands for support, welfare calls and safeguarding alerts that came through the Adult Social Care front door** (Access & Urgent Response service) as well as **increased activity to support hospitals** during COVID and requests for support in locality social work teams from existing caseloads. In addition, the **reablement service has been paused** during this period, and staff refocussed to support the huge volume of hospital discharges. This has also likely to have contributed to this issue as people who would have had reablement care plan/service are now receiving care act assessments and support through external care agencies.

2. What action are you taking to get it back on track?

Additional social work staffing resources were provided to the Urgent Response Service and the We are Islington teams in order to address this increased demand. Adult Social Care and Customer Services are also currently reviewing processes and systems at the first point of contact to improve the customer experience as well as looking to resolve issues swiftly and therefore reduce the demand on Care Act assessments in the future.

3. When do you expect it to be back on track?

Reductions in demand for support from adult social care will not realistically reduce until the current COVID-19 pandemic is resolved. The prioritisation of this group for vaccination will contribute to this and we would expect to see additional improvements in this area once the reablement offer is back in place.

Percentage of ASC enquiries where a risk is identified and the risk is removed or reduced

- 4.6 This is a new indicator for 2020/21 and it helps the service monitor safeguarding. The percentage of ASC enquiries where a risk is identified and the risk is removed or reduced in Q3 of 2020/21 (96%) was similar to the year end 2019/20 figure (96%) and the figure for Q3 is slightly less than the 2020/21 target (99%).

The safeguarding adult's duties are enshrined in the Care Act 2014. The Care Act formerly introduced the requirement for local authorities to safeguard people using a personalised approach. This approach is Making Safeguarding Personal (MSP). MSP places the service user at the centre of safeguarding conversations, decisions and actions. A key element of this approach involves working with the person who has experienced harm/abuse to identify any risks and desired outcomes required to keep them safe.

A key indicator to measure the success of any safeguarding adults intervention is the removal or reduction of risks being experienced or faced by the person who has experienced harm/abuse. There will be a small number of cases where we are for a variety of reasons unable to reduce or remove a risk in a safeguarding concern. We maintain an oversight of professional decision making via case file audits, regular practitioner workshops and the mandatory inclusion of Safeguarding cases in supervision sessions. If we were to discover significant numbers of safeguarding cases where risks has not been reduced or removed we would carry out further assurance exercises to understand the trend, any reasons for it and develop mitigations if required.

1. Why is this not on target?

We are unable to completely remove or reduce a risk to a person experiencing harm or abuse if the person themselves chooses to remain in an abusive relationship or they decline the support identified by the practitioner that is considered appropriate to remove or reduce the harm from occurring/reoccurring. We use a person centred approach to safeguarding which can occasionally result in a lower success rate than we would like.

In some safeguarding cases, **practitioners were unable to carry out face-to-face visits due to COVID restrictions and a reluctance from adults at risk to allow**

practitioners to visit them in person. Remote communication methods place additional difficulties upon building rapport and trust between practitioners and adults at risk. This can make it harder for people to engage fully in the safeguarding process and agree to propose safeguarding protection plans.

We have seen an **increase in the number of safeguarding cases** overall. Around 2,000 more concerns logged* in 2020/21 compared to 2019/20, with increases specifically in domestic abuse and self-neglect cases during the COVID pandemic. The lower level of cases where the risk has been removed or reduced may be due to the **decrease in available community-based services** where people would ordinarily receive support. A number of **voluntary organisations and other services accessible by the public have remained closed since the first lockdown.**

**It is important to note that not all safeguarding concerns progress to safeguarding enquiries.*

2. What action are you going to take to get it back on track?

We continue to support staff to ensure that they have access to training, support and supervision on all safeguarding cases. Management oversight of safeguarding cases provides an increased level of senior input and steer. This provides an invaluable quality check to ensure that all areas of the safeguarding enquiry have been addressed.

We are ensuring that staff follow a risk-based approach for face-to-face visits and it is hoped that with the increase in vaccination levels within our local community that people will be happier to accept face-to-face visits from practitioners.

We are working collaboratively with colleagues across the council who are able to provide additional support for DV cases and are participating in the Daily Safeguarding Meetings, which are providing rapid safety measures and positive outcomes for victims of domestic abuse.

We are supporting community-based organisations and voluntary groups to recognise and respond appropriately to safeguarding concerns.

3. When do you expect it to be back on track?

We have seen a significant increase in the numbers of safeguarding concerns being raised during the COVID pandemic and our current position remains with a higher than average level of concerns being reported. It is likely that the ability of practitioners to engage people fully with protection plans to remove risks may continue to be affected by the challenges of remote communications and reduced options for community-based support.

We expect to see an increase in the numbers of safeguarding enquiries where the risk has been removed or reduced in correlation with the increase of face-to-face visits and the re-opening of community-based services. They provide a key safety measure for many people who do not use statutory services but do require assistance with safeguarding.

New admissions to nursing or residential care homes (all ages)

- 4.7 This indicator has been amended in 2020/21 to reflect new admissions to nursing or residential care homes from all ages, whereas in previous year's only new admissions of service users aged 65+ were reported.

The Council provides residential and nursing care for those who are no longer able to live independently in their own homes. The aim is to keep the number of permanent placements as low as possible, supporting more people to remain in the community. To meet transformation targets, a target of 142 total placements in 2020/21 has been set (a reduction from 152 in 2019/20). At the end of Quarter 3 2020/21, we have had 115 new admissions, with an end of year projection of 153, above the 2020/21 target.

1. Why is this not on target?

Due to COVID-19 and the restrictions the pandemic placed on care homes, admissions to nursing and residential homes were very limited in Quarters 1 and 2 of 2020/21. This situation has improved now with the availability of COVID-19 testing prior to admission to care homes and the **increase in Quarter 3 may reflect suppressed demand during the first half of the year**. In addition, decreased admissions to care homes in 2020/21 has also been influenced by pathway 3 discharges from hospital being led by health, a process established to maintain flow during the pandemic. These patients are assessed through the NCL Continuing Health Care team, and this contributed to late loading of these cases on our system. **Despite these challenges and the increased pressure on our services due to COVID-19, our current projection for end of year total is currently in line with the end of year position in 2019/20.**

2. What action are you taking to get it back on track?

Admissions to Care Homes from hospital and in the community are scrutinised and approved by Heads of Service and Service Leads in Adult Social Care. A strengths based approach to support planning is taken and attempts are made to support people to remain in their own homes wherever possible with support from home care, telecare, and community equipment and informal/community support.

3. When do you expect it to be back on track?

When the pandemic has stabilised and the number of hospital admissions and discharges reduces to a more normal level.

Percentage of service users receiving services in the community through Direct Payments

- 4.8 Although below the target of 30%, in Q3 2020/21 27% of all Islington community care and support is provided through Direct Payments, compared to 22% at this point last year. The total number of service users receiving services in the community through direct payments has decreased slightly, to 590 compared to 619 at this point last year

Personalisation is a key work stream of the Adult Social Care Transformation Plan. This work stream aims to improve processes and systems resulting in individuals in need of care and support having greater choice and control over their lives as well as increasing the number of people accessing direct payments. The key areas of work are; improving the training offer for direct payment users and personal assistants, updating the Personal Assistant Finder online tool, developing training for staff in adult social care around personalisation, reviewing the allocation of direct payments to ensure they are adequate to meet need and equitable, developing new policies and procedures and finalising a new commissioning framework for managed direct payment accounts.

A Direct Payments' Forum is in operation so that people using Direct Payments and their carers can discuss issues arising with Direct Payments processes and their experiences with council staff, and make suggestions for improvements. People using Direct Payments and their carers are also involved in a co-production working group to take forward actions from the forum and plan future events. These include setting up a peer support group for people using Direct Payments, and improving the training and support offer to people using Direct Payments and their Personal Assistants, and making it easier for people to find Personal Assistants. These are currently all taking place on line rather than in person to reduce the risk of infection.

The percentage of working age adults known to Adult Social Care feeling that they have adequate or better social contact.

- 4.9 Social isolation refers to a lack of contact with family or friends, community involvement or access to services. Results from the 2019/20 Social Care User Survey showed a decreased percentage of working age adults known to Adult Social Care feeling that they have adequate or better social contact (75%, compared to 78% in 2019/20). *This indicator is updated annually so was not updated for this report.*

During COVID 19 a significant amount of people were contacting the Council via We Are Islington for support with a range of essential services such as food packages, financial support and medicine delivery. It soon became apparent that a large number of people were also feeling socially isolated, some of these people were known to Adult Social Care (ASC) but others were not. As part of this identification of need three key things took place to support people feeling isolated at home:

1. Initially Adult Social Care and We Are Islington staff undertook welfare checks to all vulnerable people (known to ASC) and those on the governments shielding list – to ensure that essential services were in place and that people could access support including for social isolation.
2. Following the feedback from the welfare calls and calls to We Are Islington colleagues from Public health undertook a mapping of local befriending and other community connecting services in Islington and found 85 local services offering this support
 - This developed into a briefing, which was shared with a wide range of front-line staff and commissioners across the council, NHS and VCS organisations to raise the profile of the available support.

- Islington Council website was updated to help people seeking such support.
 - A resident leaflet has been developed, sign-posting residents to support and is being widely distributed.
 - Elected members and a range of VCS and statutory organisations, including Mutual Aid Groups and befriending services now come together regularly as the Social Connectedness Network. The Network has themed sessions to support organisations to understand the offer available and ensure residents get the appropriate support they need to keep connected.
 - Adult social care and public health worked with We Are Islington and Islington contact centre colleagues to develop an open questions 'script' to support strength based conversations and check on people's feels of isolation and loneliness
3. It became clear that professionals from ASC, WAI and the Mental Health Trust found it difficult to navigate the huge number of options available to residents from the VCS. Therefore
- ASC established a single point of access with a local VCS provider Manor Gardens where referrals could be go. Manor Gardens operated a triage service which established which organisations and interests were best suited to meet the individual's needs and help put them in touch
 - Work is underway to develop this access point in localities and with strong links to VCS so that people can find or be routed to VCS for support to connect with a wide range of befriending and community activities that are available – many of these are now operating remotely on the phone or on-line, others still do face to face support where safe to do so.
 - Work is underway to improve the navigation and search functions on Islington Council's website so residents and professionals will find it easier to use and find the support they need. There will always be a role for face-to-face contact but improving digital access too will support a greater number of residents.

5. Implications

Financial implications:

- 5.1 The cost of providing resources to monitor performance is met within each service's core budget.

Legal Implications:

- 5.2 There are no legal duties upon local authorities to set targets or monitor performance. However, these enable us to strive for continuous improvement.

Environmental Implications and contribution to achieving a net zero carbon Islington by 2030:

- 5.3 There are no environmental impact arising from monitoring performance.

Resident Impact Assessment:

- 5.4 The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010).
- 5.5 The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

6. Conclusion

- 6.1 The Council's Corporate Plan sets out a clear set of priorities, underpinned by a set of firm commitments and actions that we will take over the next four years to work towards our vision of a Fairer Islington. The corporate performance indicators are one of a number of tools that enable us to ensure that we are making progress in delivering key priorities whilst maintaining good quality services.

Signed by:



Corporate Director, People

Date: 14 April 2021

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