

Report of: Director of Adult Social Care

Meeting of: Health and Care Scrutiny Committee	Date: 7 July 2022	Ward(s): All
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SUBJECT: Quarter 4 (January – March 2022) Performance Report – Adult Social Care**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 4 2021/22 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 4 2021/22 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 4 performance update – Adult Social Care

4.1 Key performance indicators relating to Adult Social Care.

PI No.	Indicator	2020/21 Actual	Target 2021/22	Q4 2021/22	On target?	Q4 last year	Better than Q4 last year?
ASC1	Percentage of ASC service users receiving long term support who have received at least one review	39%	52%	44%	No	44%	Better
ASC2	New admissions to nursing or residential care homes (all ages)	186	159 (40 per quarter)	199	No	125	No
ASC3	Percentage of service users who have been supported with safeguarding and who are able to comment, report that their desired outcomes were fully achieved (making safeguarding personal)	67%	70%	58%	No	71%	No
ASC4	The proportion of adults with a learning disability in paid employment	7.8%	8.2%	9.3%	Yes	7.8%	Better
ASC5	Percentage of service users receiving services in the community through Direct Payments	27%	30%	29%	Similar	27%	Better

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

As of Q4 2021/22, 44% of service users who have been receiving services since the beginning of the year have had a review in the last 12 months. Although performance is off target (52%), we have seen an improvement in the performance this year compared to last year (39%). It is important to note that this indicator only captures reviews completed with residents who have had support from Adult Social Care for more than a 12-month period. However, the actual number of reviews completed with all residents receiving support has been higher than last year. Reviews relating to the Health provided Covid funding streams, which initially provided 6 week, now reduced to 4 week funding to support discharges from hospitals have understandably had to be prioritised.

The prioritisation of these Covid related reviews has enabled Adult Social Care to review all these cases in a timely manner enabling the department to ensure that the best possible outcomes are achieved for residents.

Why is this not on target?

- Health funding has been provided to aid the safe and timely discharge of residents from hospital. Funding was initially for a 6-week period and subsequently is now provided for a 4-week period. There is a requirement for Adult Social Care to review all residents receiving this funding within these timescales with a focus on strengths and the best possible outcomes for the individual. These reviews have understandably had to be prioritised. This prioritisation has enabled Adult Social Care to ensure that the best possible outcomes are achieved for residents.
- There was also the need to complete a large number of joint Continuing Health Care (CHC) reviews with Health colleagues. This was due to a backlog from NCL and not an Adult Social Care delay, These reviews would not count against this indicator.
- Over the past year, staff members have been off sick with COVID, with long term COVID and increased annual leave which has impacted activity in teams.
- Service users receiving review through a Care Programme Approach. These reviews are not on LAS due issues with recording on a dual system with The Trust.

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

- A service improvement action plan has been set to review practice, monitor performance and update policy.
- Service improvement targets have been set for teams and the trajectory will be monitored by the senior leadership team.
- Daily safeguarding check in meetings with Team Managers, seniors and Heads of Service to discuss reviews
- Monthly review board to monitor progress and agree actions to improve performance.
- The Community Placement Review team has designed a revised review framework to manage higher volume of reviews more effectively and this has enabled the team to complete an increased number of reviews and this should improve the indicator performance
- Islington Learning Disability Partnership (ILDP) working through reviews based on complex care packages and out of borough placements
- The Head of Mental Health Social Work meets with The Trust fortnightly to work through overdue reviews and improve reviews data quality. Identified 3 teams to work with to implement any changes and improve performance. A Trusted assessors pilot is underway working with Camden and Islington Mental Health Trust on reviews.

When do you expect it to be back on track?

We expect to see improvements in reviews in the next quarter.

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

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 support more people to remain independent and within the community for longer, therefore keeping admissions to a minimum. At the end of Quarter 4 2021/22, we have had 199 new admissions, above the target of 159 and more than last year (189).

In the past year, Adult Social Care has seen an increase in hospital discharges, safeguarding concerns and complex cases. The change in demand due to the pandemic has affected the overall number of new admissions to care homes. This is a trend that has been seen across all our NCL partnership boroughs. Listed below are some reasons why we have a high number of admissions this quarter.

Why is this not on target?

- There has been an increased complexity of need associated with the pandemic and this has seen more people requiring long-term support in a care setting following discharge from hospital.
- It is likely that during the pandemic, residents were reluctant to enter the care system and received care at home instead. This delay in care home admission could have contributed to the high number of new admissions this year.
- Hospital activity and discharges have remained high in 2021/22.

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

- Daily Integrated multi-disciplinary Quality Assurance Meeting (IQAM) and daily hospital meeting to sign off any packages of care or requests for placements. Chaired by member of the Senior Leadership Team at Assistant Director level or above. The purpose of the meeting is to be assured that a strength based approach is being taken when assessing or reviewing residents and that the least restrictive options are explored with innovative solutions being used to meet need and to achieve the best outcomes for residents.
- Management actions in place to provide assurance that all support packages are recorded in a timely manner on the electronic care records system (LAS) to enable accurate performance recording in this area.
- Weekly COVID-19 check in meeting to discuss cases which are moving from COVID funding to LBI.

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 appropriate level.

4.4 **The proportion of adults with a learning disability in paid employment**

This national Adult Social Care Outcomes Framework (ASCOF) measure intends to improve employment outcomes for individuals with a learning disability. The reason for including this as a new corporate indicator this year is threefold. Firstly, we know that COVID-19 has affected employment nationwide, with the unemployment rate in the UK higher than what it was pre-pandemic. Secondly, we know there is a strong link between employment and quality of life. Being in paid employment benefits an individual's health, wellbeing, finances and the economy. Finally, we know that adults with learning disabilities experience inequalities when seeking to enter the job market.

Local performance is on target, with 9.3% of individuals with a primary support reason of learning disability in paid employment. This is above the target of 8.2% and above the 2020/21 performance for England (5.1%) and London (6.1%).

What action has been taken

- Islington's iSet service launched in October 2021, the re-branded employment service supporting residents with learning disabilities (previously known as the Community Access Project).
- The learning disability and autism subgroup meet every quarter. This group brings together council (iSet) and employment support providers to review data, discuss any challenges and share networking opportunities across the system.

What action are you taking to keep it on track?

- Guidance to be revised on the recording of employment information to ensure the department is capturing all people with a learning disability in paid employment.
- There are plans being rolled out that will increase the number of reviews completed with people with learning disabilities. This will support the identification of more residents who can access paid employment.

4.5 **Making Safeguarding Personal (An individualised approach to safeguarding that focusses particularly on what the resident would like the outcome of the safeguarding to be)**

This indicator measures the percentage of service users who have been supported with safeguarding, and who are able to comment, report that their desired outcomes were fully achieved.

This is a new indicator for 2021/22 and it helps the service monitor safeguarding. The safeguarding adult's duties are enshrined in the Care Act 2014. The Care Act formally 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.

One of the assurance mechanisms to track that the Making Safeguarding Personal principles are being followed is achieved is by asking service users if their desired outcomes were fully met from the safeguarding investigation.

In Q4, 58% of service users reported that their desired outcomes were fully achieved. Performance is still below the target of 70% and Q4 last year (67%). End of year safeguarding validations may change the performance for this figure.

Why is this not on target?

- It should be noted that the data sources for this indicator are not just from Adult Social Care, for example the Mental Health Trust also feed into this indicator, and this has lowered the indicator performance. There are measures in place to ensure the Trust improve performance in this area, led by the Head of Mental Health social work.
- Capturing this outcome accurately on the system has not been consistent. There are robust management actions to remedy this.
- The restrictions on contact with service users and carers and the reduced access to alternative means of support due to closures in services linked to COVID has directly impacted on the ability to fully meet the desired outcomes of service users.
- It should also be noted that Adult Social Care are working with some adults who may disagree with the protection measures that are proposed, especially when the safeguarding involves a family member or friend. For these reasons they may not feel their outcomes have been met.

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

- Working with Islington Digital Services to review the safeguarding module of our electronic case records system to ensure that this, and other key questions, are mandatory to answer for staff completing
- Safeguarding audits and reviews at the point the case is closed, led by the Safeguarding Team leads, will focus on improving this indicator
- A weekly safeguarding closure panel is now in place to oversee the outcomes of safeguarding enquiries and to support the embedding of best practice in this area.
- There has been an issue of different recording processes in Mental Health as a result of the use of a different management information system in that service. Considerable work has been undertaken in that area which should result in an improvement in 2022/23.

When do you expect it to be back on track?

We expect to see an improvement next quarter.

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

In Q4 2021/22 29% of Islington service users receiving services in the community are supported via a Direct Payment. Performance for this indicator improved throughout the year and is higher than last year (27%). Islington performance is above the 2020/21 performance for London (24.4%) and similar to England (26.6%). Updated benchmarking figures will be made available in summer 2022.

What action has been taken

- Direct payments support people to have greater choice, independence and control over their lives. This quarter teams have worked with a number of people who have a support reason of learning disability to enable them to start receiving support via a direct payment.

What action are you taking to keep it on track?

- There are a number of Direct Payments User and carers forums and working groups that have been commenced that are focussing on improvements to processes that will simplify the Direct Payment process.
- Other work within the department includes the review and refresh of Direct Payments (DPs) policies and procedures
- Direct Payments are being discussed in the daily quality assurance meetings with the aim to identify residents who would benefit from having a direct payments to more flexibly manage their support.

When do you expect it to be back on track?

Improvements should be seen next quarter with the additional 96 individuals transferred to direct payments.

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:

Director of Adult Social Care

Date: 22 June 2022

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