

Adult Social Care
222 Upper Street N1 1XR

Report of: Corporate Director of Adult Social Care

Meeting of: Health and Care Scrutiny

Date: 15 November

SUBJECT: Quarter 1 (April– June 2022) 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 1 2022/23 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 1 2022/23 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 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 1 performance update – Adult Social Care

4.1 Key performance indicators relating to Adult Social Care.

PI No.	Indicator	2021/22 Actual	Q1 Target 2022/23	Q1 2022/23	On target?	Q1 last year	Better than Q1 last year?
ASC1	Percentage of ASC service users receiving long term support who have received at least one review	48%	15.6%(52% year-end)	12.2%	No	14.1%	No
ASC2	New admissions to nursing or residential care homes (all ages)	225	50 (200 year end)	40	Yes	37	Similar
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)	58%	70%	65%	No	62%	Better
ASC4	The proportion of adults with a learning disability in paid employment	9.3%	9.3%	8.9%	Yes	8.0%	Better
ASC5	Percentage of service users receiving services in the community through Direct Payments	29%	31%	29%	Similar	29%	Similar

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

As of Q1 2022/21, 12% of the service users who have been receiving services since the beginning of the year have had received a support plan review. This is a cumulative measure with targets set for each quarter with the aim of reviewing 52% of the eligible population by the year end. Performance for Q1 is off target (15.5%), however it is important to note that this indicator only captures the 266 annual reviews. When we look at all review activity, teams have completed 550 reviews including both annual and 6-week reviews.

Why is this not on target?

- Last year health funding was provided to aid the safe and timely discharge of residents from hospital. There was a requirement for Adult Social Care to review all residents receiving this funding within specific timescales. These residents received a covid review, different to the annual review but still focused on the best support for the resident. The health funded reviews were prioritised during the pandemic. The completion of these reviews has added to pressure in the teams and has meant that the level of routine 12 month reviews was reduced. There has been a big push to get the COVID reviews done and these are now almost completed. Another factor has been the service changes required to implement the new service model, which has impacted on productivity, but it is anticipated that future performance will improve as a result of these changes.

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
- Fortnightly review board to monitor progress and agree actions to improve performance.
- Monthly review board to monitor progress and agree actions to improve performance.
- The 4-week covid reviews have come to an end meaning that the Community Placement Review Team has more time to dedicate to annual reviews
- Islington Learning Disability Partnership (ILDLP) are 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.
- This revised model of working came into place in September and we are beginning to see improvement in the reviews undertaken

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. Last year, Adult Social Care saw an increase in hospital discharges and complex cases. This change in demand due to the pandemic affected the overall number of new admissions to care homes last year. This is a trend that has been seen across all our NCL partnership boroughs.

In quarter one this year there has been 40 new admissions to care homes. Performance is slightly higher than this point last year (37 new admissions) but still on target to have no more than 50 new admissions per quarter.

What action has been taken:

- 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.

What action are you taking to keep it on track?

- Management actions are 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.

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 monitoring this as a corporate indicator 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 8.9% (53 people) of individuals with a primary support reason of learning disability in paid employment. This is above the 2021/22 performance of 8.0% in Q1.

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.
- An additional 4 people due to start paid in employment by iSET with a further one in the pipeline who is due to start soon.

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.

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 Q1 2022/23, 65% of service users reported that their desired outcomes were fully achieved. Performance is still below the target of 70% and but improved compared to Q4 last year (58%).

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.

When do you expect it to be back on track?

We expect to see continued improvement next quarter.

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

Providing support by direct payment aims to give the individual in need of support greater choice and control over their life. In Q1 2022/23 29% of Islington service users receiving services in the community are supported via a Direct Payment. Performance for this indicator is similar to last year (29%) and within 5% of the target 31%. 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.

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

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