

Report of: Director of Adult Social Care

Meeting of: Health and Care Scrutiny Committee	Date:	Ward(s):

Delete as appropriate	Exempt	Non-exempt
------------------------------	---------------	-------------------

SUBJECT: Quarter 4 (January – March 2023) 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 4 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 4 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 2022/23, 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 4 performance update – Adult Social Care

- 4.1 Key performance indicators relating to Adult Social Care.

PI No.	Indicator	2021/22 Actual	Q4 Target 2022/23	Q4 2022/23	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	48%	52%	48%	No	48%	Similar
ASC2	New admissions to nursing or residential care homes (all ages)	225	200	194	Yes	225	Yes
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%	70%	Yes	59%	Yes
ASC4	The proportion of adults with a learning disability in paid employment	9.3%	9.3%	8.7%	No	9.3%	No
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 Q4 2022/21, 48% of the service users who have been receiving services since the beginning of the year have 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. Year-end performance hasn't achieved the target and is the same as last year (48%). It is important to note that this only reflects the 1,300 reviews on long-term service users with us for 12 months+. The team also completes reviews on service users who have received care for less than 12 months. When we look at all review activity, teams have completed 2,300 care act 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 and continued till the start of this financial year. 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 in the first half of the year.

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 senior huddle meetings with Team Managers to allocate urgent reviews,
- Learning disabilities team meets three times a week to allocate and work through reviews
- Fortnightly review board to monitor progress and agree actions to improve performance.
- The 4-week covid reviews have come to an end meaning that the Interim Review Team has more time to dedicate to annual reviews
- The Assistant Director of Mental Health Social Work meets with The Trust fortnightly to work through overdue reviews and improve reviews data quality.

When do you expect it to be back on track?

We expect to see improvements in reviews next financial year.

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.

At year end, there were 194 new admissions to care homes. Performance is better than last year (225 new admission and met the target of having no more than 200 new admissions in the year.

What action has been taken:

- Daily Integrated 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.
- A new panel was introduced in October 2022 to maximise the use of extra care sheltered housing. This will encourage a quick and transparent approach to fill any voids and support residents appropriately.

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

In 2022/23 it was decided to increase the target for this indicator from 8.2% to 9.3%. Although performance (8.7%) is below the stretch target this quarter, benchmarking against the Adult Social Care Outcomes Framework (ASCOF) 2021/22 shows Islington is performing better than England (4.8%) and London (5.2%).

Why is this not on target?

- Employment rates have been impacted nationally by the pandemic and the cost-of-living crisis. Although performance for this indicator has not met the stretch target this quarter, performance is still better than England and London.
- The reason for the decrease this year was partially due to people aging. The methodology from the Adult Social Care Outcomes Framework excludes anyone aged 65+. A small number of people moved from employed to unemployed, these individuals have been followed up to understand why this may have happened.

What action has been taken

- The learning disability team is working in partnership with iSet to ensure all eligible residents starting employment are included in the adult social care data recording system
- 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.

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 Q4 2022/23, 70% of service users reported that their desired outcomes were fully achieved. Performance has reached the target of 70% and is higher than Q4 last year (59%). It should be noted that the data source for this indicator come from both Adult Social Care and the Mental Health Trust. The CareNotes data entry system that The Mental Health Trust uses was subject to the national cyber hack last year. Although data from The Trust has been unavailable End of year performance for this indicator now includes Mental Health Data at this point.

What action has been taken

- The Trust, the safeguarding hub and Islington Council are working closely together to ensure that safeguarding practice continues on the new Electronic Patient Record system, RIO. From April, new safeguarding forms have been built on RIO and a new dashboard is currently in development. A safeguarding handbook has been developed alongside internal training and forums ongoing to discuss expectations. Moving forward, data collection will be automatic but still requires managers to check constantly the quality and recording thereof.
- Ongoing forums for SAM's and drop in for frontline workers are continuing to discuss complex cases, obtain advice and ask about the safeguarding processes.

What action are you taking to keep it 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.

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 2022/23 it was decided to increase the target for this indicator from 30% to 31%. In Q4 2022/23 29% of Islington service users receiving services in the community were supported via a Direct Payment. Performance for this indicator is similar to last year (29%) and within 5% of the new target ambition of 31%. Benchmarking from the Adult Social Care Outcomes Framework (ASCOF) 2021/22 shows Islington is performing better than, England (26.7%) and London (25.0%).

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

Date:

Report Author: Evie Lodge
Tel: 7536
Email: Evie.lodge@islington.gov.uk