

Report of: Director of Adult Social Care

Meeting of: Health and Care Scrutiny Committee	Date:	Ward(s):
	23 rd January 2023	
Delete as appropriate	Exempt	Non-exempt

SUBJECT: Quarter 2 (July – September 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 2 2023/24 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 2 2023/24 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 2023/24, which help track progress in delivering the seven priorities set out in the Council's Islington Together 2030 Plan. 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 2 performance update – Adult Social Care

- 4.1 Key performance indicators relating to Adult Social Care.

#	Indicator	2021/22 Actual	2022/23 Actual	Q2 Target 2023/24	Q2 2023/24	On target?	Q2 last year	Better than Q2 last year?
ASC 1	NEW: The percentage of people with an outcome of no support needed after a reablement	<i>Not Available</i>	81%	<i>Monitoring only</i>	71%	<i>New</i>	<i>New</i>	<i>New</i>
ASC 2	New admissions to nursing or residential care homes (all ages)	225	194	100 (200 end of year target)	74	Yes	80	Yes
ASC 3	Percentage of ASC service users receiving long term support who have received at least one review	48%	48%	26% (52% end of year target)	26%	Yes	24%	Yes
ASC 4	Percentage of service users receiving services in the community through Direct Payments	29%	29%	31%	29%	<i>Similar</i>	<i>29%</i>	<i>Similar</i>
Safeguarding								

ASC 5	Percentage of service users who have been supported with safeguarding and who are able to comment, report that their desired outcomes were fully or partially achieved	95%	95%	95%	92%	No	<i>*Not Available</i>	<i>*Not Available</i>
ASC 6	NEW - The proportion of section 42 safeguarding enquiries where a risk was identified and the reported outcome was that this risk was reduced or removed	91%	93%	96%	91%	No	<i>*Not Available</i>	<i>*Not Available</i>

**Comparisons to last year are not available due to a change in reporting systems at the Mental Health Trust.*

ASC
1

NEW: The percentage of people with an outcome of no support needed after a reablement

This new indicator is one of the statutory reablement indicators that monitors outcomes after a period of reablement. The service aims to reable people and promote their independence. A high percentage for this measure provides evidence of a good outcome in delaying dependency and supporting recovery. Of the residents who received reablement in quarter 2, 72% were reabled and did not require long term support from adult social care. No target has been set for this indicator as this is newly reported. Performance is below end of year performance last year, however the data this year is more robust as more people are receiving reablement compared to quarter 2 last year. Q2 performance is similar to the London 2022/23 performance (London 74%, England 78%).

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

ASC
2

The Council provides residential and nursing care support 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. In Q2, there were 74 new admissions to care homes. Performance is better than Q2 last year (80 new admissions) and met the target of having no more than 50 new admissions each quarter.

Recent benchmarking analysis from 2022/23 shows that as a rate, Islington has a similar or lower rate of new admissions to a care home per 100,000 of the population compared to London and England.

- For those aged 65+, in 2022/23 435 per 100,000 people were admitted to a care home in Islington. This is similar to London (433 per 100,000) and better than England (561 per 100,000).
- For those aged 18-64, in 2022/23 8 per 100,000 people were admitted to a care home in Islington. This is a lower rate than London (12 per 100,000) and better than England (15 per 100,000).

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.
- 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.

ASC 3 **Percentage of ASC service users receiving long term support who have received at least one review**

As of Q2 2023/24, 26% 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. Performance is better than this point last year (24%) and has met the target of 26%. It is important to note that this only reflects the 575 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 1,000 care act reviews including both annual and 6-week reviews.

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.

ASC 4 **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%. This decision was made to drive improvements in performance and align with performance in the upper London quartile for this indicator. In Q2 2023/24 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) 2022/23 shows Islington is performing better than, London (25%) and England (26%).

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.

- 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.

ASC
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 by asking service users if their desired outcomes were fully met at the end of the safeguarding investigation.

In Q2 2023/24, 92% of service users reported that their desired outcomes were fully or partially achieved. Quarter 2 performance is below the target (95%) and end of year performance last year (95%). It should be noted that the data source for this indicator comes from both Adult Social Care and the Mental Health Trust. Last quarter was the first time the Mental Health Trust used a new reporting form and system after a national cyber attack last year, so as this embeds the expectation is to see an improvement.

What action has been taken

- The Trust, the safeguarding hub and Islington Council are working closely together to ensure that safeguarding practice is accurately recorded on the new Electronic Patient Record system, RIO. These forms were newly introduced in quarter 1.
- 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 Safeguarding Adult Managers (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.

NEW - The proportion of section 42 safeguarding enquiries where a risk was identified and the reported outcome was that this risk was reduced or removed

This measure is included in the internal safeguarding performance monitoring and forms part of the annual Safeguarding Adults Collection statutory submission (SAC). From 2023/24, this indicator will be included in the national Adult Social Care Outcomes Framework (ASCOF). Based on this, it was decided to include the measure in the scrutiny report.

In Q2 2023/24, 91% of service users had a reported outcome of risk removed or reduced. Quarter 1 performance is below the target (96%) and end of year performance last year (93%). It should be noted that the data source for this indicator comes from both Adult Social Care and the Mental Health Trust. This was the first quarter that the Mental Health Trust used a new reporting form and system after a national cyber attack last year, so as this embeds the expectation is to see an improvement.

What action has been taken

- The Trust, the safeguarding hub and Islington Council are working closely together to ensure that safeguarding practice is accurately recorded on the new Electronic Patient Record system, RIO. These forms were newly introduced in quarter 1.
- Support has been provided to the Mental Health Trust to review any potential data quality challenges with reporting this figure

What action are you taking to keep it on track?

- As in ASC 5, the Trust continues to hold forums for officers and SAM's to explore safeguarding matters, seek advice and support when overseeing difficult cases.
- In partnership with ASC and the Trust, a system has been developed to collect and quality assure data within the Trust before passing over to Public Health to double check and combine with ASC.
- Since RIO went live in August 2022, new safeguarding S42.1+2 forms have been designed and built onto the system to ensure the necessary data is being captured.
- A new dashboard has been developed and is currently in its final stages with plans to go live at the end of the year. This dashboard will give better assurances of the data being collected as it will be established from RIO directly and reported via PowerBi which then managers can use to support their teams.
- Presently data is collected on a spreadsheet and cross checked by a business manager within C+I however we are aware this is open to human error due to the large data set. The spreadsheet is also difficult to read and manipulate by managers. A checking system has been put in place where the business manager and a senior officer within C+I meet weekly to validate the data and that all returns must be approved/signed off by the senior before submitting to Public Health.

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