

Adult Social Care  
222 Upper Street, N1 1XR

Report of: Executive Member for Health and Social Care

Meeting of: Executive

Date: 23 May 2024

Ward(s): All

## Subject: Response to Health and Care Scrutiny Committee - Review of Transformation in Adult Social Care (ASC)

### 1. Synopsis

- 1.1. Between October 2022 and May 2023, the Health and Care Scrutiny Committee undertook a review of transformation in ASC. This review proposed a number of recommendations, and this report sets out the Executive Member for Health and Social Care's response to each of these areas to be considered by the Executive.
- 1.2. This report also provides an update on progress following the review and further plans for delivering continuous improvement within ASC and across the health and social care system.

### 2. Recommendations

- 2.1. To welcome the findings of the Health and Care Scrutiny Committee Review of Transformation in Adult Social Care.
- 2.2. To agree the Executive responses to the recommendation of the Health and Care Scrutiny Committee as set out in section 4 of this report.
- 2.3. To agree that officers report back on progress to the Health and Care Scrutiny Committee at a time agreed with the Scrutiny Committee.

## 3. Background

- 3.1. The review was held between October 2022 and May 2023. The overall aim was to consider the transformation of ASC services in the context of the Health and Social Care Act 2022, including challenges and opportunities associated with this, new developments in services, and the greater focus on preventative measures. The Committee agreed to the following objectives:
- To investigate the impacts of the Health and Social Care Act 2022 and the wider legislative framework, and how our response to this will impact on services and people who draw on them.
  - To review the vision for ASC in Islington, and to assess if the council's current and emerging plans for future development and reform are adequate, with a particular focus on improved outcomes for residents.
  - To review access to ASC services in Islington, demographic pressures, and the most effective operating models to meet those requirements.
  - Focus in on how we are designing our services in a way that will prevent increased need and enable residents to live their lives as independently as possible.
- 3.2. In undertaking the review, the Committee met with council officers from ASC staff, representatives of Whittington Health, reablement service users and staff, and representatives of voluntary sector groups including Age UK, Help on Your Doorstep, and Manor Gardens Welfare Trust. The Committee also considered evidence from Kent County Council, to consider comparative information on best practice in their services.
- 3.3. The Committee heard evidence from officers on the challenges facing ASC and opportunities for further development. Focusing on the reablement service as a case study, the Committee heard how new developments such as adopting a 7-day recovery model may offer more comprehensive support to those needing additional support following discharge from hospital. The Committee heard positive feedback from service users of the reablement service and considered how this work could be developed further through use of technology.
- 3.4. The Health and Social Care Scrutiny Committee made 11 recommendations within their report, and we have responded to each one of these below.

## 4. Response to recommendations

### Modernisation of Practice

- 4.1. **Recommendation 1:** To modernise the work of the reablement service, the Committee would support increased use of technology, for example carers being issued with tablets to record information during their visits. Reablement carers have tended to be digitally excluded, so would require appropriate technology and skills training.
- 4.2. The Executive recognise the work that the reablement service are doing to modernise their approach for the benefit of residents and staff. ASC have been working with the reablement service to modernise practice, improve efficiency, and maximise use of enablers time through the use of technology. All enablers are issued with a smart phone to access the CM2000 rostering system. This enables them to access the roster, view medication records, view the care plan and provide feedback to the office. The contract with CM2000 expires in April 2025 and the scoping for a new system and associated devices will factor in opportunities for wider integration with the council's care records and information held across the health and care sector within the London Care Record.
- 4.3. Further opportunities to improve reablement practice through the use of technology are being explored including through the pilot for Intelligent Lilli for which the council has received funding from the North Central London Integrated Care Board. Intelligent Lilli uses discrete sensors in people's home to observe the patterns and trend of everyday life and identify areas of risk and potential mitigations. This will enable staff to better understand an individual's needs and tailoring the support required to increase and maintain people's independence.
- 4.4. The Executive will ask ASC to continue to explore ways to modernise the work of the reablement service and update the committee on their progress.
- 4.5. **Recommendation 2:** To ensure that the voices of residents are heard and their views are considered in the developing our ASC services, the council should consider improving feedback mechanisms, both directly and via third parties.
- 4.6. The Executive welcomes this recommendation and notes that ASC's approach to consultation, engagement and co-production and centring the voice of people accessing services was identified within the recent LGA Peer Challenge as a significant area of strength. Areas of good practice were identified across departments with a particular focus on the development and commissioning of services. This is done both directly in the commissioning department as well as via community-based partners such as the Experts By Experience service, facilitated by Elfrida.

- 4.7. The Executive supports this recommendation, and notes that the wider Islington Borough Partnership (IBP) are committed to this approach and are working to embed this good practice consistently across all areas of the business. This should be supported by targeted communications, so residents understand the work that is being done in this space, and the benefits and opportunities for them to contribute.
- 4.8. **Recommendation 3:** The Committee welcomes the pilot of the new 'seven day recovery' model being used to support the reablement service. The council should aspire to delivering this service in-house, to enable greater integration with the reablement service.
- 4.9. The Executive understands that the pilot of the seven-day recovery model, now known as "Take Home and Settle" has been running successfully for 10 months having been implemented from April 2023. It continues to support a significant number of Islington Residents (up to 100 per month) to be discharged from local acute hospitals. This has supported the Home First approach, reduced reliance on care home provision, and improved the council's ability to negotiate seasonal pressures on the health and care system.
- 4.10. The Executive notes that the pilot is due to end in May 2024 and officers are preparing an options appraisal for the ASC Senior Leadership Team. This appraisal will include the development of a second phase of the pilot aligned to implementation of the new home care contract and locality-based delivery model. Analysis is being undertaken to understand whether the in-house reablement resources have the scale and speed to respond in the same way as the current Take Home and Settle model, and offer value for money, whilst maintaining the reablement service's current focus on maximising people's independence.

### **Collaboration and Cultural Change**

- 4.11. **Recommendation 4:** Islington Council and local partners should work to develop a shared ethos across integrated health and social care services. This would need to be agreed across partner agencies and would focus on developing a shared Early Intervention / Prevention approach and building upon Strength Based Practice approaches. This would involve developing a shared vision, consistent training and clear development plans for all staff.
- 4.12. The Executive is aware that the IBP is the strategic board responsible for developing a shared ethos across the health and care system in Islington. The partnership vision is for a community where residents experience improved health, happiness, and independence. This includes accessible mental health care, support for independent living, and quality care when needed. To achieve this, integrated

programs have been established, guided by a shared vision and outcomes and aligned with the council's commitment to Early Intervention and Prevention.

- 4.13. High quality training and clear development plans for all staff are priorities for all partner organisations within the IBP. This shared ethos is led by the Health and Care Academy (H&CA) and the Islington Training Hub (ITH) whose role it is to support the shared Borough Partnership priority of Retention, Recruitment and Workforce. One example of this work was a project to support the recruitment of GP receptionist roles which helped to upskill local people to deliver and perform this essential work. The project combined the expertise of the HCA, ITH and the council's iWork team to recruit and train a cohort of staff to meet a local need and increase the social care workforce in entry level roles. The learning from this was analysed to identify wider applications across the health and care sector.
- 4.14. The Executive recognise that whilst there are strong examples of practice taking place in this area, the challenge is to implement this consistently across all member organisations. This consistency is strategic priority for the next financial year.
- 4.15. **Recommendation 5:** To fill vacancies in the local health and care system, Islington Council and partner organisations should consider working together on recruitment campaigns that prioritise the employment of local people and champion good quality jobs and career pathways in the health and care sector. This could also involve considering how health and care jobs are advertised and promoted locally.
- 4.16. The Executive are aware of a number of ways that the council and partners are working to address this recommendation. The H&CA referenced above are a dedicated service set up to highlight the opportunities within the health and care section across the integrated care system. This acts as a strategic group for coordinating partners, a platform for advertising opportunities and to create stronger local recruitment pathways, increase diversity and support retention in the local market. This is coordinated with the pan London scheme Proud to Care. The partners that form the Academy have been helping local care providers in sourcing local talent by modifying recruitment procedures and creating training programmes to bolster workforce development.
- 4.17. ASC are piloting new forms of recruitment to grow the health and care workforce such as the Values Based Recruitment pilot within Provider Services. Values-based recruitment is about attracting and recruiting people based on their values and fit for the role, rather than just based on their previous experience, qualifications and skills. This work will help to broaden the local pool of talent recruited into the health and care sector and the approach will be used to support the mobilisation of the new home care contract that is due to start in April. This work forms part of the wider targeted commissioning work with providers that supports market sustainability.

- 4.18. ASC are working with the LGA to revitalise the ASC People Plan through a programme of workshops identifying current and emerging demands within for the ASC workforce in Islington. The outcomes of this work include an updated People Plan, and a targeted communications campaign to highlight the benefits of working within the health and care sector in Islington.
- 4.19. The Executive welcome the approach outlined and expect ASC to update the Health and Social Care Scrutiny committee on the outcome of this coordinated effort.
- 4.20. **Recommendation 6:** The Committee considered the importance of health and care services being joined up, to enable the most comprehensive service to residents. ASC should work to identify where further collaborative working might add value for residents using our health and care services. This may include work with Mental Health services, Housing, and the Voluntary/Community sector.
- 4.21. The Executive welcomes this recommendation and the commitment to joined up systems that provide the most comprehensive services to residents. To support more effective integration of services within the North London Mental Health Partnership, Islington Council and Whittington Community Health have created a joint-funded role to champion more integrated ways of working across health and care. There are three initial priority areas for this role: Developing an integrated front door, a Rapid Access Service, and developing integrated locality teams.
- 4.22. The integrated front door for health and social care launched in October 2023 and is one of the key operational drivers for this work. This acts as a single point of access for all ASC and community health referrals, from residents, clinicians and other professionals. Residents contacting the service are given advice and sign-posted to support which will help them maximise their independence. Health and care 'screeners' have been co-located at 222 Upper Street since September 2023 and there has been positive feedback from staff in relation to the benefits of co-location. The signposting and referral pathways have been developed and agreed by health and social care partners. HR/IT/Data sharing agreements are now in place. The service has also started piloting an integrated referral form with 2 GP practices and 2 care homes, which has received positive feedback. As part of this work the telephone systems been upgraded, which allows calls to the service to be reviewed to support continuous improvement. Mystery shopping exercises have also been carried out and the learning from these will be embedded.
- 4.23. The Executive notes that the next phase of the work, the Rapid Access service is due to go live in April and localities will be piloted later in the year.
- 4.24. **Recommendation 7:** As this joined-up work develops, the council should work to collate information across agencies around inequality and use of services by communities we struggle to reach. This will involve support from Voluntary &

Community Sector and community-based groups. This could also involve developing a shared 'insight' function to make best use of intelligence.

- 4.25. The Executive endorses the shared values that place challenging inequality as a priority for all members of the IBP. Tackling Health Inequalities is what is known as an enabler programme within the IBP's delivery plan and includes targeted projects between statutory, voluntary and community groups to engage with communities that statutory providers have struggled to reach. Public Health were commissioned to carry out analysis into inequalities for the Safeguarding Adult's Unit to review the how adults with different protected characteristics can access to ASC services, and how we safeguard them from harm. The findings from this analysis are being used to develop targeted communication and engagement activities for under supported groups. There will be engagement through the voluntary and community sector and community-based groups.
- 4.26. The outcomes and approach of work being done to tackle inequalities is shared through the IBP, but this is not systematic. There are a number of changes to computer systems planned that will better support the sharing of information consistently and be used to evidence the outcomes and the impact of the borough partnerships programme of work. Until the wider changes can be made, the most comprehensive way of doing this at the moment is proposed to be through the wellbeing index and shared outcomes framework.
- 4.27. The wellbeing index/shared outcomes framework will provide the council and its partners a common understanding of need in the borough across several wellbeing domains. The wellbeing index also provides outcomes, where available broken down by equalities characteristics which will enable us to quantify the impact of programme delivery.
- 4.28. **Recommendation 8:** Islington Council should work to strengthen collaborative working between ASC, key voluntary sector organisations and others to further develop our prevention offer, including use of 'Provider Summits' to encourage partnership working.
- 4.29. The Executive values the wealth of resources available to Islington's residents through the community and voluntary sectors. The Bright Lives Wellbeing Alliance has been established by Community Engagement and Wellbeing (CE&W) department as part of the Fairer Together strategy to bring health, VCS and council partners together, to ensure that residents can easily access the right support, at the right time through improving systems for integrated delivery. System change leads to better integration across services and organisations (while protecting specialised services) with the aspiration for easily accessible "front door(s)" combining online & in person touchpoints. The Access Islington Hubs will be an enabler for delivery of joined up services. The Bright Lives Practitioner Network has

been established through the work of the Bright Lives Alliance and brings together staff, volunteers and partners across Islington connect and network to familiarise with service offers; collaborate; learn and share and engage in professional development opportunities. Meetings are held monthly, and the membership list has now exceeded 180 local organisations.

- 4.30. The Islington's Voluntary, Community, Faith and Social Enterprise Conference was delivered by Voluntary Action Islington on 12 March with representation from all council departments and a wide range of VCS and Health partners. The focus was on working together more effectively through collaboration to tackle inequality and address our collective challenges, improving outcomes for residents through greater connectivity across all sectors by enabling integration and alignment. There was broad consensus that the 'Compact' agreement setting out our principles for ways of working together and becoming evidence led by utilising data and insight will be key enablers to this. All partners agreed partnership working and greater involvement across Islington's wide range of voluntary sector organisations (circa 2000) has significant untapped potential for further development. VAI will be setting out the next steps to take this forward in collaboration with VCS, Health and council leaders.
- 4.31. The ASC and Community Engagement and Wellbeing (CE&W) departments have been meeting since January to better coordinate the delivery of statutory and non-statutory services and the work of key voluntary sector organisations. A programme of work is currently being developed to better coordinate the strategic approach of the council in enabling collaboration and engagement within this space.
- 4.32. The Executive welcomes this more integrated approach and commitment to support our residents through coordinated cross sector working with a focus on integration and collaboration.
- 4.33. **Recommendation 9:** Islington Council should explore opportunities for greater collaboration between ASC and the Central Point of Access (CPOA) to facilitate more referrals into the service.
- 4.34. The Executive notes that The CPOA is a shared referral mechanism that was set up between ASC and Age UK, Help on Your Doorstep and Manor Gardens to support referrals in voluntary and community sector organisations in Islington and support people to remain independent and connected to the local community.
- 4.35. The Executive recognises ASC have been working with the CPOA organisations and implementing opportunities to support greater referrals into the Central Point of Access Service. This was supported by a targeted communication strategy and the opening of the pathway to health teams which resulted in referrals of more than 70



per month in October and November and a reduced number over the Christmas period.

- 4.36. The Executive welcomes that ASC have been working with CE&W to ensure that CPOA approach can be developed into a sustainable delivery model that meets the needs of residents and supports access to the wider voluntary and community sector. The Bright Lives Alliance team are implementing a rapid review of the service in collaboration with the three partners that deliver CPOA. The three outputs of this review will be an evaluation of the current model, benchmarking with national models of good practice, and an options appraisal for taking this forward. The review will conclude in April and the outcomes will be discussed among the wider Bright Lives Alliance Partnership starting in May. A final model will be developed, and the decision taken by the Bright Lives Alliance by autumn 2024.

## Smarter Travel

- 4.37. **Recommendation 10:** ASC should consider if reablement carers could make use of electric bikes and other active travel options; this may help carers to avoid traffic, have a positive environmental impact, and potentially reduce costs.
- 4.38. **Recommendation 11:** ASC should review the routing of reablement carers by ensuring that visits are grouped to take account of low traffic neighbourhoods. This will make journeys as efficient as possible, support carers arriving on time, and help to reduce the environmental impact of journeys.
- 4.39. The Executive commends the reablement service for prioritising active travel options with the majority of journeys taking place using public transport and/or travelling on foot. Intelligent rostering of enabler's activity seeks to group Islington residents within shorter commutable distances and maximise opportunities to walk between visits. Where personal vehicles are required, the senior enablers are now considering the impact of LTNs within the rostering activity to minimise the impact of the journeys.
- 4.40. The Executive notes the commitment of the reablement service to continue to maximise the opportunities for sustainable travel, to support organisational efficiency and align to the council's vision in the 2030 plan.

## 5. Implications

### 5.1. Financial Implications

- 5.1.1. This report provides an overview of a review conducted by the Health and Care Scrutiny Committee regarding the transformation of Adult Social Care (ASC) services in Islington. It outlines the Committee's recommendations and the

responses from the Executive Member of Health and Social Care. This report also includes updates on the progress made following the review and plans for continuous improvement within ASC and the broader health and social care system.

5.1.2. While this report does not outline specific financial implications, there are several areas where financial considerations may arise:

- Modernisation of Practises: increased use of technology implies potential costs associated with acquiring and implementing new technology.
- Collaboration and Cultural Change: strengthening collaborative working between ASC and other organisations, such as the voluntary sector may involve costs related to coordinating joint initiatives, training, and developing shared visions and approaches.
- Smarter Travel: use of electric bikes and optimising travel routes for reablement carers suggest potential investments in sustainable transportation options and adjustments to operational practices to reduce environmental impact. While these initiatives may lead to long term cost savings through efficiency gains, there could be initial investment costs.

5.1.3. The report highlights the ongoing efforts for continuous improvement within ASC and the broader health and social care system. Implementing recommendations related to service modernisation, collaboration, cultural change may require financial resources to support staff training, technology upgrades and service development.

5.1.4. Financial implications will need to be considered as proposals are drawn up and finalised.

5.1.5. The expectation is that any costs associated with implementation of the recommendations will be managed within existing departmental resources. However, if existing resources are inadequate to meet the financial needs, seeking additional funding may be required through a Corporate growth bid.

## 5.2. **Legal Implications**

5.2.1. The Health and Care act 2022 aims to make it easier for health and care organisations to deliver joined-up care for those who need multiple services. It builds on recommendations by NHS England and NHS Improvement. The legislation supports collaboration and partnership-working in order to integrate services.

### **5.3. Environmental Implications and contribution to achieving a net zero carbon Islington by 2030**

- 5.3.1. Overall, the work described within this report, its findings and proposals will have a minimal environmental implication to achieving a net zero carbon Islington by 2030.
- 5.3.2. Recommendations 1 sets out proposals to consider using new technology to aid the delivery of the service. We acknowledge that the purchasing of this equipment and its use (charging/data storage) will have an impact on carbon emissions. Officers will minimise the environmental impact of procuring this equipment through leasing rather than purchasing, in line with our Circular Economy Action Plan, the manufacturer / supplier's sustainability credentials and practices, the re-use/recycling of tech at the end of its life.
- 5.3.3. Recommendations 10 and 11 have particular relevance in regard to their environmental implications and demonstrate ASC's commitment to support achieving a net zero Islington by 2030 through prioritising the use of active travel and public transport wherever possible.
- 5.3.4. ASC recognise that the delivery of ASC more widely has significant environmental implications, and opportunities to minimise these impacts are considered in all areas of their work including the delivery, development and commissioning of services with appropriate Environmental Impact Assessments completed and scrutinised.
- 5.3.5. The environmental implications of service delivery will continue to be considered as part of any procurement and as proposals for new ways of working are implemented.

### **5.4. Equalities Impact Assessment**

- 5.4.1. 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). 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.
- 5.4.2. An Equalities Impact Assessment screening tool was completed on the 07/03/24 and it did not identify any that were negatively affected by the recommendations of this report. Based on this analysis, a full Equalities Impact Assessment is not required at this time.

- 5.4.3. Any changes, proposals or procurement that are delivered as part this work will be subject to their own Equalities Impact Assessments as and when required.

## 6. Conclusion and reasons for recommendations

- 6.1. This report details the collective response to recommendations from the Health and Care Scrutiny Committee and has highlights key areas for improvement that will demonstrate that these recommendations have been actioned.

### **Final report clearance:**

Authorised by: **Cllr Turan Executive Member for Health and Social Care** Date: 14/03/2023

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