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| MEETING: | Overview and Scrutiny Committee - Healthy Barnsley Workstream |
| DATE: | Tuesday 19 July 2022 |
| TIME: | 2.00 pm |
| VENUE: | Council Chamber, Barnsley Town Hall |

AGENDA

Healthy Barnsley Workstream

Councillors Bowser, Cain, Ennis OBE, Green, Lowe-Flello, Mitchell, Peace, Risebury, Shirt, Wilson and Wray.

Administrative and Governance Issues for the Committee

1 **Apologies for Absence - Parent Governor Representatives**

To receive apologies for absence in accordance with Regulation 7 (6) of the Parent Governor Representatives (England) Regulations 2001.

2 **Declarations of Pecuniary and Non-Pecuniary Interest**

To invite Members of the Committee to make any declarations of pecuniary and non-pecuniary interest in connection with the items on this agenda.

3 **Minutes of the Previous Meeting** (*Pages 3 - 8*)

To note the minutes of the previous meeting of the Committee held on 28 June 2022 (Item 3 attached).

Overview and Scrutiny Issues for the Committee

4 **Better Lives Programme** (*Pages 9 - 16*)

5 **Exclusion of the Public and Press**

The public and press will be excluded from this meeting during consideration of the items so marked because of the likely disclosure of exempt information as defined by the specific paragraphs of Part I of Schedule 12A of the Local Government Act 1972 as amended, subject to the public interest test.

6 **Adult Social Care Performance Report March 2022 (Year-End) (Part-Exempt)** (*Pages 17 - 54*)

6a. Adult Social Care Performance Cover Report March 2022 (Year-End)

6b. Adult Social Care Performance Data Report March 2022 (Year-End)

Reason restricted:

Paragraph (2) Information which is likely to reveal the identity of an individual.

Enquiries to Jane Murphy, Scrutiny Officer

Email scrutiny@barnsley.gov.uk

To: Chair and Members of Overview and Scrutiny Committee:-

Councillors Ennis OBE (Chair), Bellamy, Bowler, Bowser, Cain, Clarke, Denton, Eastwood, Felton, P. Fielding, W. Fielding, Green, Hand-Davis, Hayward, Lodge, Lowe-Fiello, Makinson, Markham, McCarthy, Mitchell, Moyes, Newing, Osborne, Peace, Pickering, Richardson, Risebury, Shirt, Smith, Sumner, Webster, Wraith MBE and Wilson together with Statutory Co-opted Member Ms. G Carter (Parent Governor Representative)

Electronic Copies Circulated for Information

Sarah Norman, Chief Executive

Shokat Lal, Executive Director Core Services

Rob Winter, Head of Internal Audit and Risk Management

Michael Potter, Service Director, Business Improvement and Communications
Press

Witnesses

Item 4 (2pm)

Wendy Lowder, Executive Director Place Health & Adult Social Care, BMBC

Linda Middlewood, Head of Service Adult Social Care, Place Health & Adult Social Care, BMBC

Julie Chapman, Service Director Adult Social Care & Health, Place Health & Adult Social Care, BMBC

Kwai Mo, Head of Service Mental Health & Disability, Place Health & Adult Social Care, BMBC

Jacqui Atkinson, Service Manager Improvement, Programmes & Assurance, Place Health & Adult Social Care, BMBC

Cllr Jenny Platts, Cabinet Spokesperson Place Health & Adult Social Care, BMBC

Item 6 (3pm)

Wendy Lowder, Executive Director Place Health & Adult Social Care, BMBC

Julie Chapman, Service Director Adult Social Care & Health, Place Health & Adult Social Care, BMBC

Cllr Jenny Platts, Cabinet Spokesperson Place Health & Adult Social Care, BMBC

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|-----------------|---|
| MEETING: | Overview and Scrutiny Committee - Growing Barnsley Workstream |
| DATE: | Tuesday 28 June 2022 |
| TIME: | 2.00 pm |
| VENUE: | Council Chamber, Barnsley Town Hall |

MINUTES

Present Councillors Ennis OBE (Chair), Bellamy, Bowser, Cain, Clarke, Denton, Eastwood, Green, Hayward, Lodge, Lowe-Fleelo, McCarthy, Moyes, Osborne, Peace, Risebury, Webster and Wray together with co-opted member Ms. G Carter

In virtual attendance Ms. G Carter (Parent Governor Representative)

5 Apologies for Absence - Parent Governor Representatives

Ms. G Carter was in attendance and, therefore, no apologies for absence were received in accordance with Regulation 7(6) of the Parent Governor Representatives (England) Regulations 2001.

6 Declarations of Pecuniary and Non-Pecuniary Interest

Cllr Eastwood declared a non-pecuniary interest in minute number 4 as she is on the Lettings Policy Review Committee.

Cllr Eastwood declared a non-pecuniary interest in minute number 4 as she is Cabinet Support for Place, Health and Adult Social Care.

Cllr Cain declared a non-pecuniary interest in minute number 4 as she is Cabinet Support for Public Health and Communities.

Cllr Lodge declared a non-pecuniary interest in minute number 4 as he is Chair of the Central Area Early Help Delivery Group and an employee of an organisation that supports care leavers.

7 Minutes of the Previous Meeting

The minutes of the meeting held on 31 May 2022 were received.

8 Housing & Support Model to Prevent Homelessness

The following witnesses were welcomed to the meeting:

Michelle Kaye, Group Leader Housing & Welfare, Public Health & Communities Directorate, BMBC

Linda Middlewood, Head of Service Adult Social Care, Public Health & Communities Directorate, BMBC

Paul Brannan, Head of Safer Barnsley, Public Health & Communities Directorate, BMBC

Phillip Hollingsworth, Service Director Communities, Public Health & Communities Directorate, BMBC

Sophie Wales, Service Director Children's Social Care & Safeguarding & Interim

Cllr Trevor Cave, Cabinet Spokesperson Children's Services, BMBC

Cllr Caroline Makinson, Cabinet Spokesperson Public Health & Communities, BMBC

P Hollingsworth provided a report into homelessness in response to Covid and stated how proud he was of how Barnsley responded to the government's Everyone In initiative. During Covid, 14 flats were made available to the homeless and 141 people were supported into temporary accommodation. As part of the Covid recovery plan there are now 14 self-contained units which Members are invited to have a look at.

During March 2022 the Homeless Regional Advisor visited the team to review data and interview staff. They provided positive feedback and stated that the team's commitment and enthusiasm was apparent, along with strong working relationships with partners and using good practice from the homelessness prevention toolkit. The website is user friendly, and this will be used as a reference to other local authorities as good practice.

The service have been working on identifying and engaging with rough sleepers and Members were invited to go along on early morning outreach to see this in practise. A key aspect of today's session was to highlight was that any young person presenting is a concern, when this happens the team do work with partners to address this. The team gave thanks to the Voluntary and community Sector who work alongside the housing officer team, as they are grateful for the work which is being carried out.

The ensuing discussions included: -

It was stated that when people, particularly families become homeless attempts are made to keep them in Barnsley to minimise disruption. If they are placed out of area, they are brought back to Barnsley as soon as possible. The problem in Barnsley is that hotels are becoming booked up quickly. There are currently 25 temporary accommodation units within Barnsley which are prioritised to families, and a request has been made to increase this to 30. Furthermore, if the pressures increase this may be reviewed again.

There are an additional 8 properties managed by Riverside Housing for families and the length of stay is increasing due to demand. There is a significant challenge to securing private rentals due to the cost and landlords selling properties, to ease their own financial burdens. Further options are being explored as the service does not want to put people in B&B's.

It was clarified that the 25 properties are council houses and are open cases within team, who will provide ongoing support to move people into permanent homes. The challenge is matching people to properties as there is limited family housing stock in the brough which is available and affordable. Other housing providers need to play their part, not just Berneslai Homes.

The service is trying to prepare for the cost-of-living crisis. Some temporary accommodation can be paid for with housing benefit, however issues arise when individuals are working and are not entitled to housing benefit. A Financial Resilience Officer has been appointed to provide support to people with budgeting, money management etc.– their work was commended, and Members were encouraged to visit the team to see what good work is being done.

From the 141 temporary housing placements it was acknowledged that around 30-40 individuals revolved around the service during Covid, being placed several times due to complexities. Many of these are now settled but still receiving support.

Of the 179 16–24-year-olds who were owed a homeless duty between April 21 and May 22, most of them were already known to Children’s Social Care prior to presenting as homeless. When young people present a present at 16, a joint assessment is carried out to support them Cllr Lodge referred to item 3.6 of the report noting that it encourages young people to stay at home but stated that this may cause more trauma, so it is not always possible. To combat this work is carried out with other organisations such as Centrepoint and options including the supported housing pathway and holding tenancies in trust are explored. The care system is also an option.

Cllr Ennis questioned how much of a problem is it that a tenancy cannot be given to 16- or 17-year-olds. It was stated that this can be done as long as the council or social services hold it in trust so that it can be transferred over to the tenant at 18. However, this is not currently in place at, because it is not always the best option as it could lead to compromising or setting the young person up to fail for future tenancies.

B&B usage is a last resort as this can cause trauma, impacting on social and emotional health; exacerbating problems further down the line. Furthermore, it is massive challenge for cooking, even with communal areas due to the cost. The way in which the work is being carried out is being reset to stop families coming through initially. This will avoid the pressures on local communities when identifying new properties.

The recent visit from the government advisor identified that the work which the homelessness teams are doing is the best in South Yorkshire. Barnsley has the lowest numbers of people in temporary accommodation and B&B across the sub region. The goal in Barnsley is to have less people in temporary accommodation and focus more on the prevention of homelessness.

The private sector rental market is the biggest opportunity and risk with rents going up affecting affordability. Furthermore, it’s difficult to convince landlords to work with the council due to the negative perceptions they can have around homeless tenants. However, most tenants are people who have fallen on hard times, there is now a worker in place to link in with the private sector to resolve issues between the landlord and tenant which promotes good relationships. Furthermore, there will shortly be a new landlord incentive scheme in place.

Cllr Denton stated that we need to model other countries who are investing time and resources into long term systemic support and address economic discriminatory

legislation. It was acknowledged that the team have gone through crisis management during Covid but are now exploring data to see where resources should be targeted. There has been a lot of investment lately to manage, along with supporting those with complex needs to prevent revolving homelessness.

In regard to St Mary's flats there has been some vandalism and the council is making sure that people are visible and present to combat this. There has been some interest from housing organisations who have suggested it could be used as general needs accommodation. There is a conversation coming up shortly which will explore this, with attention on building strong relationships to minimise impact and deliver what the community requires.

Cllr Ennis noted that given the high profile of the flats, the problem needs to be resolved as quickly as possible. Cllr Hayward stated that it would be useful if the council tried to purchase the flats, to remove the issues experienced in the past with landlords. An options appraisal was carried out to see if they could be purchased and brought into use, but it was cost prohibitive, and the value could not be met. The ownership has since changed from an offshore party, with the new owners being more mainstream providers so this might prove positive.

Cllr Green has noticed over the last 6/7 months that more people are sleeping rough in the town centre during the weekend. He wanted to know what Members could do to help as he is aware that they can go to the Civic, but they are sleeping rough again the next week. The team stated that many of these people are beggars and not rough sleepers. There is a new programme coming into place which will address rough sleepers and the team are keen to target the 'new to the streets' individuals so that it does not become entrenched.

The issue of violence against partners, predominantly women was raised, and it was acknowledged that this is one of the top reasons for homelessness. Obviously if there are children this then becomes a total package, and the new Domestic Abuse Act puts a requirement on the council to have a strategy to address this. Work has been carried out with commissioners to identify better options as the local refuge is always full.

It was noted that if feasible and safe, women and children should not have to leave the family home. IDAS and MARAC are in place to support woman and children. The lack of housing options for people feeling violence has been explored, and it is envisaged that some new housing will be available shortly. It can be problematic getting women into a refuge, just due to the number of spaces available and the fact that women are staying longer due to limited move on options. The team do look to national support from Woman's Aid, to secure a refugee place anywhere in the country. The new strategy will hopefully explore this with the possibility of a crash pad being put in place.

With regard to projects supporting women in the communities, often run by individuals. The council can link these individuals up with IDAS because they are commissioned to look for gaps in provision. The team will liaise with Cllr Hayward following the meeting to ensure that any know community groups are identified and supported.

In response to a query about women fleeing from domestic violence and having to return to the perpetrator due to services not being able to accommodate her, the team stated that if something like this comes to their attention, the individual would be put in a B&B or the service would work with other borough's if there is a lack of options locally.

There are powers to remove perpetrators from the home but as a council, these options are not always been used. Furthermore, as the perpetrator would then be homeless, they would also need support. Additionally, as the perpetrator knows where the women is, they would return to the property so this would need to be monitored. There is help for men if they are the victim including temporary accommodation or access to the few specialist refuges in the country. As a council, we need to consider what support there is available for men as male victims are on the rise – and teenage boys in families fleeing from domestic violence are not allowed in existing refuges.

With domestic violence being on the national agenda there will be more properties for abuse victims, and the service will link up with partners on this.

Cllr Osborne wanted to discuss two points regarding rent arrears and if there is any link with the change from housing benefits being paid directly to the landlord to being paid directly to the individual as part of Universal Credit payments, particularly for those with chaotic lifestyles. Furthermore, is there any value in working with the Department for Work & Pensions (DWP) to identify and support those at risk as they will know the “hidden homeless”.

It was again stated that we need to refocus on prevention. If there are any vulnerable individuals involved with the team, then an application can be made to the DWP to have the rent paid direct to the landlord. They are trying to work with social landlords and commissioned and non-commissioned providers to determine if someone is getting close to eviction, so that they can they work in partnership to prevent this. They do work closely with the DWP. A number of organisations have a legal duty to refer at risk of homeless people to the team for support and the DWP are one of the top referrers. Prior to covid there was a housing officer based within the Jobcentre and as the team is moving to Wellington House, they will have the opportunity to link up with them again.

It was questioned whether it may be useful to get in contact with the prison service to find out when people are being released and where to, officers explained that funds have been secured for a specialist housing worker to link up with the prison service. Furthermore, the team have developed a housing pathway with Doncaster prisons. They do work with Shelter and Nacro, along with other agencies but this work needs to be done early and not the day before release day.

The team will be managing their own supported housing for rough sleepers and those with complex needs. it was explained that it will be a smaller there will be a smaller accommodation unit with lower caseloads, 1 caseworker to 6 individuals. The scheme will work in a physiologically informed way, trying to address previous trauma.

Cllr Clarke noted that there are a lot of houses being left empty and was there a strategy in place to address this. It was clarified that there has been a successful empty homes scheme running for the past couple of years. This has helped with moving people on from temporary accommodation and giving support to those who need further help. The empty homes programme now sits within the same service as the homeless team, which will help reduce the number of empty homes. However, as the houses are left for a long time, costs need to be explored when looking to bring them back into use. Cllr Hayward asked for clarification on how long is temporary. It was clarified that the average stay is up to 6 months.

RESOLVED that:

- (i) Witnesses be thanked for their attendance and contribution; and
- (ii) Members note the report
- (iii) Witnesses to provide figures for the proportion of children and young people presenting as homeless who were already known to children's social care for the 2021-22 data collection period
- (iv) Witnesses to consider holding tenancies in trust for 16/17 year-olds where suitable
- (v) Witnesses to consider providing a 'crash pad' facility to support those fleeing from domestic abuse
- (vi) Witnesses to liaise with members to identify and support individuals in the community who are providing support to those fleeing from domestic abuse
- (vii) Witnesses to consider a return to providing housing officers at the job centre to support prevention and early help for individuals

Chair

**Report of the Executive Director Core Services
and the Executive Director Place Health and Adult Social Care,
to the Overview and Scrutiny Committee (OSC)
on 19th July 2022**

Better Lives Programme

1.0 Introduction

- 1.1 The purpose of this report is to provide the Overview & Scrutiny Committee (OSC) with an overview of the Better Lives programme. The programme has a focus on wellbeing, independence and community resilience, supporting people to live independently in their own home for as long as possible and ensuring those in need of our support have more say over the care they receive. The programme contributes to Barnsley 2030 in a range of ways.
- 1.2 This report also includes the council's response to the recent government funding reform announcements, requirements to implement an assurance framework and our move to more integration with health through the Integrated Care System.

2.0 Background

- 2.1 Adult Social Care (ASC) has a significant role in ensuring that the people of Barnsley with additional support needs can lead full and active lives in their community for as long as possible. The challenges faced by ASC are well documented, and along with the requirements of the Care Act 2014, we have an aging population, increasing demands, reduced resources/funding, and a volatile care market challenged with sustainability.
- 2.2 The Covid-19 pandemic has significantly raised the visibility of ASC to the public but there remains a lack of understanding of what ASC does and delivers, and the stigma around the service can result in people contacting the council only when they reach crisis, thus reducing the opportunity for early support and prevention.
- 2.3 Increasingly people refer to a 'right to a life not a service' with an expectation of proactive, connected and digitally enabled services. People do not understand the complexities of health and care services and do not need to, it is the service's responsibility to ensure they can experience the right support, at the right time, in the right place. This is the council's aim for all adults but also for young people with additional needs and their families who want to experience positive transitions into adulthood that support them to be the best they can be.
- 2.4 The service must therefore continue to focus efforts to ensure Care Act compliance and more importantly support citizens in a way that builds on their family and community support and maximises independence rather than creating and maintaining dependencies on service. The Better Lives programme has focussed on this and will continue to be with key priorities:
- **Integrated Front Door** (contact centre, channels for self-help, signposting and peer support, linking with key partners)
 - **Prevention and Early Intervention** (development of coherent early help offer)
 - **Strength-based practice** (to improve citizens choice and control, promote wellbeing, independence, quality of life and personal and community resilience)
 - **Pathways into Adulthood** (support and reassurance for young people moving to adulthood taking regard for the needs of the individual)
 - **Voice & Influence** (developing co-production alongside those that draw on ASC, carers and organisations)
 - **Preparation for assurance** (developing a quality assurance framework)
 - **Delivering on charging reforms** (updating key case management systems, processes and policies to respond to the governments financial reform announcements)

- **Market development** (developing, stimulating and supporting a market which can provide safe, effective, high quality and value for money care and support for the citizens of Barnsley)

2.5 In addition to redesigning how the council delivers care and support the service must respond to changes in government legislation. People at the Heart of Care was published in December 2021. This is a ten-year vision for ASC with three key objectives:

- People have choice, control and support to live independent lives
- People can access outstanding quality and tailored care and support
- People find ASC fair and accessible.

This is further complemented by the Health and Care Bill which received Royal Assent in 2022.

On 7 September 2021, the government set out a new plan for ASC reform in England. This included a lifetime cap on the amount a person in England will need to spend on their personal care, alongside a more generous means-test for local authority financial support. These changes are to be implemented by October 2023.

2.6 In addition the government has also introduced the intention to create a national assurance approach to ASC – this is being led by the Care Quality Commission in partnership with the Association of Directors of Adult Social Services / Local Government Association (ADASS) / (LGA) and other key stakeholders. This new framework is to be implemented in April 2023.

3.0 Better Lives Programme Priorities

3.1 The council knows that people want to remain at home surrounded by the things and people they love, in neighbourhoods that they are familiar with, and with people that care about them for as long as possible. To support this, the service knows that it needs to think differently about ASC. The service also knows that there are increased needs because of the pandemic, that people are living longer and that this will bring additional pressures on the service. To respond to this, changes need to be made in a number of areas. This report provides an update of the service's work so far.

ASC Integrated Front Door

3.2 The ASC front door, a service which is managed by the corporate Customer Access Team (CAT), was not supporting effective triage and signposting of calls, mainly due to the lack of specialist ASC knowledge. As a result, the demand going into the social work teams was reported to be increasing. In response to these concerns, in November 2020, a high-level review of the information coming through to ASC duty teams was undertaken to understand the flow of information being passed through from CAT and how citizens were being supported.

3.3 The findings of the review identified that high volumes of calls were being passed through to the duty teams where there may have been opportunities to provide advice and signposting at the initial point of contact. This review highlighted that without ASC specialists working within the front door, it was difficult for CAT to effectively triage and signpost due to the wide range of issues for which people may be seeking support, and therefore duty teams were receiving high volumes of referrals/contacts and citizens were experiencing delays in gaining support.

3.4 As a result of this analysis a pilot for an ASC triage team was undertaken. This pilot integrated experienced social work staff alongside CAT, allowing more effective and efficient triage of contacts, with an aim of reducing unnecessary referrals through to the duty teams and improving opportunities for early signposting or other prevention options and a better experience for citizens.

3.5 In the period from September 2021– January 2022, nearly 1,000 electronic contacts were triaged. The team were able to complete and close approximately 60% of queries at the Front Door, therefore reducing the need to pass the customer onto another team.

3.6 As part of the pilot, a 'sprint' was undertaken by the social work triage team to triage all new requests for assessment received via telephone. In this four-week sprint period 60 new requests for assessment were

received, with the triage team able to successfully triage 60% of these calls through signposting and other prevention options. The aim is that the social work teams can focus on those individuals with more complex needs and for those new to adult social care to have more time co-producing assessments of needs and support plans.

- 3.7 In conclusion, the pilot had proved that integrating social workers within the front door has had a positive impact on demand within duty teams. Combined with the implementation of the Reablement Community Pathway, the service is looking to reduce the proportion of new requests for assessment that go on to receive a package of care. Through better strength-based conversations, which enable more effective triage, and consideration of alternative support options ASC should benefit from a reduction in demand going to social work teams and the need for long term support, and citizens have better choice and control.
- 3.8 Following the pilot, the new front door triage hub was implemented on 9th May 2022 using a rota of staff from duty teams to ensure it builds a service (hub) using the right skills mix. Any demand reaching teams should now mainly be where allocation to a social worker is required for further follow-up or assessment.
- 3.9 Future developments within the ASC Front Door will include:
- Recruiting staff permanently within the hub
 - Identifying a new building which is easily accessible and welcoming for citizens
 - Partner integration within the hub – co-location with partners including housing, police, health, voluntary sector, monitoring centre is currently being discussed and scoped. This will ensure early opportunities for a joint response, multi-disciplinary involvement and remove duplications
 - Provision of a 'Talking Point' offer, providing face to face appointments, this will be particularly beneficial for individuals who may need support from more than one service
 - Introduction of a rapid response model to support in urgent circumstances
 - Development of a self-help portal that will be available on the website for self-help and self-referral (linking into the wider systems work), this will ensure that resources can be aligned to the people who need it most.
- 3.10 The ASC website has been updated. This has resulted in improved information signposting, utilising the existing Live Well Barnsley directory and a more suitable narrative. This will be an area of continuous improvement to ensure the pages reflect developments within ASC and link with wider directorates such as Children Social Care (CSC) and Public Health.

Community Pathway for Reablement

- 3.11 Within a recent "Use of Resources" publication it was highlighted that Barnsley has one of the lowest spend per head of population on short-term prevention and support and one of the highest spend for long term residential care, therefore demonstrating potential opportunities to support people earlier in their journey into ASC and potential to help them remain at home for as long as possible.
- 3.12 Analysis was completed working on data from the ASC case management system over a two-year period to understand the demand of new contacts where the citizen did not have any existing ASC involvement but, following assessment required ongoing care and support. This analysis showed an average of 750 new referrals resulted in service provision per year across ASC.
- 3.13 Historically reablement has only been offered to individuals following hospital discharge as opposed to being accessible to those living in the community.
- 3.14 This led to a review of the reablement community pathway within the existing reablement service, linking to the priority for prevention and early intervention. The intention of this is to support citizens to re-learn life skills, regain independence and enable them to stay at home or within their community and not become dependent on longer term services and support.
- 3.15 The reablement community pathway aligns to the service's front door, welcoming citizens not already known to ASC into reablement to proactively support people to regain or retain independence for as long as possible.

- 3.16 An initial pilot of the community reablement pathway was implemented within Central and Penistone (C&P), to test assumptions around anticipated demand and any additional resources that would be needed to expand to all areas within Barnsley. It was anticipated that C&P would receive an average of 300 new contacts per year and 50% of these would convert to long-term service provisions (anticipating average of three new contacts into that team per week). Since the implementation of the Reablement Community Pathway on 27th September 2021, there have been 206 referrals (as at 14.6.22), meaning these were predominantly aligned to C&P; and 42% of these referrals commenced with a reablement episode. Review of data shows that the 42% (86 people) who received input from the Reablement community service, left with the following outcomes:
- 20% requiring long term support
 - 43% requiring no long-term support
 - 27% short term support
 - 5% needs identified but declined or self-funder
 - 4% ongoing low-level support
- 3.17 As a result of the successful pilot, it was agreed to extend the model to all other areas and this expanded service provision went live on 9th May 2022 at the same time as the ASC Integrated Front Door interim model. This means that citizens from all areas within Barnsley are now able to benefit from this offer and have more opportunities to stay at home, independent for longer.
- 3.18 The service is now exploring how we can expand the Reablement pathway to support people with Learning Disabilities, Mental Health and young people transitioning from CSC to ensure we have a fully inclusive offer to all people within Barnsley. One of the challenges to expanding the service will be successful recruitment and specialist training.
- 3.19 In addition to supporting people to regain their independence at home the service is looking at how it can support people back into their communities, this may be setting goals around confidence building to enable individuals to go shopping with the aim of taking them out to the local shop, or other community reablement opportunities and linking people together.
- 3.20 The service will also explore technology and digital solutions to help people at home but also more innovative solutions which will support the citizen.

Pathway for Preparing for Adulthood

- 3.21 ASC have a responsibility to support young adults as they move from CSC to ASC and this is known as 'Transitions'.
- 3.22 The Care Act says that if a child, young carer or an adult caring for a child is likely to have needs when they, or the child they care for, turns 18, the local authority must assess them if it considers there is 'significant benefit' to the individual in doing so.
- 3.23 Transition to adults' services can be a difficult time for young people. They need support and reassurance to help them move on to a more independent life. Planning and preparing early will help make it a more positive experience and build confidence and independence for transition to adults' services.
- 3.24 A review of the existing transitions model was undertaken by the Quality Assurance Team and as a result of this review, it has been agreed to look at a new model to support transitions which will be developed jointly between ASC and CSC. Initial meetings have started to take place between both services with a view to the establishment of a dedicated transitions team.

Voice and Influence

- 3.25 As part of the 'Better Lives' programme, the service is committed to building and developing the customer voice and to support this the council is working with Think Local Act Personal (TLAP) to hold workshops to understand what experience exists across Barnsley's system of trying to move to more co-productive working. Through working with TLAP the service wants to renew and refresh efforts to engage with its citizens with a view to sustaining and embedding this way of working to support the Barnsley Better Lives programme.

- 3.26 Plans are in place to work with the local Community and Voluntary Sector (CVS) colleagues. As part of the response to the ASC white paper; 'People at the heart of care' there are some local discussions around 'joining up care for people, places and populations' and thinking about how the Social Care Future movements vision below, and TLAP's Making It Real framework <https://www.thinklocalactpersonal.org.uk/makingitreal/> can help to inform their response.



- 3.27 Initially the plan is to deliver four workshops to develop the vision, identify priorities and ensure a co-productive approach to engagement with our citizens through exploring:

- What does Adult Social Care look and feel like in Barnsley?
- What is working well in Adult Social Care in Barnsley and what is working less well?
- How can people get more involved in shaping Adult Social Care in Barnsley?
- What is most important to us for Adult Social Care in Barnsley?
- How would the service capture and measure success and progress?

- 3.28 Some of the key outcomes and learning from these workshops will help develop:

- A clear picture of Adult Social Care in Barnsley from a range of perspectives
- A new framework for shaping Adult Social Care in a more co-productive way
- Key aspects of a vision and priorities for Adult Social Care
- What the council wants to measure as signs of progress and success

- 3.29 The approach will enable people and workers to come together and to build a co-productive way of working that will be lasting and build trust and confidence for all. The plan is to offer a range of online or face to face sessions provided it is safe to do so and ensure accessibility for all.

- 3.30 To facilitate this key engagement a new ASC engagement post has been created to focus on the engagement aspects of the programme specifically with staff, service users and the wider population who may be future users of ASC and can shape the service moving forward. The TLAP work will help to focus the efforts moving forward for this role and further embed the maintenance and continuation of listening to the customer voice.

Case Management System Improvements to Support Funding Reform

- 3.31 From October 2023, the government plans to introduce a new £86,000 cap on the amount anyone in England will have to spend on their personal care over their lifetime. The cap will not apply retrospectively, however the reform sets a legal duty on councils to share care statements with service users and generate calculations which allow individuals to track their progress towards the care cap. These changes are statutory and mandated to be in place by October 2023, with initial functionality available from April 2023 to support assessments and planning for individuals including self-funders.

- 3.32 To ensure compliance with the requirements of the reform and prepare for future developments, the service has identified and agreed the minimum viable product (MVP) required for launching Charging Reform by October 2023 aligned to the case management system. These developments will include implementation of the Charging Module within the case management system to ensure the system has the information needed to run care cap calculations. A Client Finance Portal will facilitate sharing of annual care statements and enable citizens to check their progress towards the care cap at any time.

- 3.33 Further system developments will align with the wider opportunities within the Better Lives programme including improved assessments, care plans and online customer options.

Readiness for the CQC Assurance Framework

- 3.34 The Government have given the Care Quality Commission a new duty to independently review and assess how councils are delivering their Care Act functions. It is currently expected that from April 2023 they will go live with a new single inspection framework which will cover local authorities and independent providers of care and support. The CQC have been working with local areas to inform the new framework.
- 3.35 The Quality Assurance Team have started to review its own Quality Assurance Framework to ensure it is aligned as closely as possible to the national framework.

Market Shaping

- 3.36 The Market Position Statement published in December 2021 set out the focus for market shaping within ASC. Key areas highlighted include how the Commissioning Service will support the various key areas:

- **Home Care** – this is a key part of the community support offer made by ASC. Over the past two years, at the same time as workforce capacity being significantly impacted by the pandemic and the gap between pay, terms and conditions widening compared to other roles, the demand for home care support has increased. Additional capacity was brought into Barnsley through increased use of non-contract activity to support this increased demand. This year the council will commission a new framework contract for Home Care to bring more of the provision under contracted activity.
- **Residential Care** - Barnsley has a surplus of capacity for residential care, but a continued need for good quality nursing and dementia support. The service has introduced a new residential framework contract and will look to develop an enhanced offer around residential dementia support.
- **Carers Support** -the pandemic has seen Carers take on an increased caring burden. The council is currently reviewing the support offered to carers and recommissioning the carers support service to better align to their needs
- **Day Care** – during the pandemic people were unable to access the full range of community support, including day care. Day Care remains a key part of the daily routine for people. However, in line with the community asset and strength-based approaches ASC wants to adopt day care support will be recommissioned to make full use of existing and new community assets.
- **Community Equipment and Assistive Technology** – there are an increasing number of aids, adaptations, and digital support tools available to support people to live independently. Access and knowledge of these options can be improved, and the commissioning service will be looking at current support pathways and recommissioning community equipment to support the approach across the Better Lives programme.

- 3.37 A number of White Papers have been produced since the Market Position Statement was published focusing on funding reforms and integration with health. A major output from this will be a market sustainability statement around the provision of ASC.

- 3.38 A Fair Cost of Care exercise is currently being undertaken across home care and residential care to establish what the real cost of delivering support is. The objective of this is to settle on the cost of care that can form the basis for individual care accounts that will record people's progress to the Cap on Care costs, set at £86,000. This work aligns to the work with case management systems to support response to the government reform requirements.

- 3.39 Additionally, the white papers promote greater integration between health and social care and supports more activity to support the workforce. Fundamentally, there remains an issue around pay, terms and conditions across the independent sector. The council is looking at the development of an Academy to support recruitment, training and support to the social care workforce as well as continuing to demonstrate its commitment to pay through the requirement to pay staff above the national living wage within the home care and residential care contracts.

4.0 Future Plans & Challenges

4.1 The service plans to continue to deliver the ambitions of the Better Lives programme to ensure this programme synchronises with the emergent corporate transformation programme alongside the development of integrated approaches with the NHS as part of the Health and Care Plan.

The challenges remain consistent:-

- Continue to support recovery from Covid-19 and monitor wellbeing
- Recruitment and retention
- Capacity to deliver on the substantive reform agenda
- Resources to deliver

5.0 Invited Witnesses

5.1 The following witnesses have been invited to answer questions from the Committee:-

- Wendy Lowder, Executive Director Place Health & Adult Social Care, BMBC
- Linda Middlewood, Head of Service Adult Social Care, Place Health & Adult Social Care, BMBC
- Julie Chapman, Service Director Adult Social Care & Health, Place Health & Adult Social Care, BMBC
- Kwai Mo, Head of Service Mental Health & Disability, Place Health & Adult Social Care, BMBC
- Jacqui Atkinson, Service Manager Improvement, Programmes & Assurance, Place Health & Adult Social Care, BMBC
- Cllr Jenny Platts, Cabinet Spokesperson Place Health & Adult Social Care, BMBC

6.0 Possible Areas for Investigation

6.1 Members may wish to ask questions around the following areas:

- How successful has the new front door triage hub been since its launch in May? How do you know?
- How does the front door process allow citizens to have better choice about their care?
- How confident are you that you will successfully achieve the deadlines set by the government for the introduction of charging reform and the quality assurance framework? What are the barriers?
- What are the key risks associated with the programme?
- How will the service self-assess to determine how it compares to the expectations of the CQC and how will this be governed?
- How will you measure the progress of the Better Lives Programme?
- How does the service intend to increase early intervention work?
- How will self-help information and annual care statements be communicated to those who are digitally excluded?
- Does the organisation have the digital capacity to support the service's ambitions? Where are the gaps?
- Do you have both the resources and capacity to implement improvements?
- What do you expect the transition from CSC to ASC to look like in the future? Can you give an example of tangible support that will be offered to minimise the disruption to a young person's life?
- What more can be done to support carers?

- To what extent has the Better Lives Programme been developed in partnership with people who use services?
- Can you give examples of how the service works effectively with the Community and Voluntary sector?
- Can you give examples of how best practice has been used to inform decision making and service delivery?
- What can members do to support the work of the Better Lives Programme?

7.0 Background Papers and Useful Links

- Adult Social Care in Barnsley
<https://www.barnsley.gov.uk/services/adult-social-care/>
- Adult Social Care Market Position Statement 2021-24
<https://www.barnsley.gov.uk/services/our-council/our-strategies/adult-social-care-market-position-statement/>
- Care Act 2014
<https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>
- Health & Care Act 2022
<https://bills.parliament.uk/bills/3022>
- People at the Heart of Care: adult social care reform
<https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper/people-at-the-heart-of-care-adult-social-care-reform>
- Adult Social Care Charging Reform: Further Details
<https://www.gov.uk/government/publications/build-back-better-our-plan-for-health-and-social-care/adult-social-care-charging-reform-further-details>

8.0 Glossary

| | |
|-------|---|
| ASC | Adult Social Care |
| ADASS | Association of Directors of Adult Social Services |
| CAT | Customer Access Team |
| CSC | Children's' Social Care |
| CVS | Community and Voluntary Sector |
| C&P | Central & Penistone |
| ICS | Integrated Care System |
| LGA | Local Government Association |
| MVP | Minimum Viable Product |
| TLAP | Think Local Act Personal |

9.0 Officer Contact

Jane Murphy, Scrutiny Officer, Scrutiny@barnsley.gov.uk
11 July 2022



| | |
|-------------------------|--|
| Meeting: | Private Member Briefing |
| Date of meeting: | 19 th July 2022 |
| Report Title: | Adult Social Care Annual Performance Report – July 2022 |
| Author: | Dominic Armstrong, Service Manager Quality Assurance and Service Improvement |

1. Background

The Communities Directorate has a monthly report, which contains an overview of the performance indicators for adult social care, joint commissioning and some elements relating to provider services. The March 2022 edition of the monthly report (with year end data) has been produced by the Business Improvement & Intelligence Team and is attached. It includes a contents summary and scorecard key which explains the RAG rating and direction of travel. Barnsley's performance for the previous year (Barnsley 20/21) is also included where this is available.¹ Some areas also contain a comments section to provide further explanation about the measure.

This report has a summary analysis of performance across key selected areas. These areas have been selected because they represent key milestones and elements of many people's journey through adult social care. These are a mixture of national measures from the Adult Social Care Outcomes Framework (ASCOF) and areas considered to be important locally. A comprehensive list of all measures being monitored is contained within the monthly report. In addition to the above pages 10 and 11 of this report also has data from the Short and Long Term (SALT) support and Survey of Adult Carers (SACE) returns which may be of interest. Pages 12 onwards contain graphs and tables which visually show how some of the measures being tracked have changed over the past 12 months. In addition to this we have also included analysis of indicators which are critical to our success (Critical Success Factor indicators).

The year 2020/21 was an extraordinary year. People across the borough lost friends and family prematurely to covid 19 and many were left with disabilities or illnesses. National restrictions and coverage of the pandemic also impacted demand for support for many areas of adult social care. This means that year on year comparisons need to be handled sensitively.

This year has seen the emergence of the cost-of-living crisis. Locally and nationally, we have also witnessed workforce challenges. In Barnsley we have seen this both internally (with challenges recruiting social workers and care and support staff) and within the independent sector. The Government have also announced a series of policy changes which provide opportunities and challenges for adult social care in Barnsley in 2022/23. Barnsley has strong, passionate communities and staff. These have and will continue to provide a solid foundation for grasping these opportunities and meeting challenges. They have helped us to maintain and improve performance in many areas in 2021/22.

¹ Sections of the report are updated and revised on a monthly basis and represent a snapshot at the time reports were run. This means that figures can differ from other sources (like ASCOF available via NHS Digital) which represent a snapshot at a different point in time.



2. Summary

Critical Success Factors

These are areas of performance which have been deemed to be critical to our success.

| Indicator or | CSF - Indicator Description | Baseline 2020/21 | Target 2021/22 | Year to Date | RAG DoT |
|--------------|---|------------------|----------------|--------------|---------|
| HB02 | No of Safeguarding Concerns Received by (Friend/Neighbour/Relative and Unpaid | 64 | 70 | 74 | ↑ |
| HB09 | Number of Individuals Accessing Reablement Services (ACTIVE) | 682 | 1000 | 1161 | ↑ |
| HB10 | Care Home (Residential/Nursing) % of Care Home providers, rated good or | 67% | 70% | 64 | ↓ |
| HB11 | Home Care % of Home Care providers, are rated good or outstanding by CQC. | 78% | 85% | 81 | ← |

Critical Success Factors (CSF) relating to safeguarding concerns and reablement have both achieved the target set.

Our CSF's relating to Care Quality Commission (CQC) ratings have not achieved the target. The Council has no control over when provider inspections take place however we do know that a risk-based approach is to be adopted by CQC and our contracts / quality team have adapted their work programme accordingly.

Overview of Performance

Most other performance areas are rated 'Green' / 'Amber'. Only one area, permanent admissions to residential care for older people, is rated red. New Service Managers are working with staff in this area and more information is within the report which follows.

| Targets | | |
|---------|------------|----------|
| RAG | Q3 2021/22 | Year End |
| Red | 1 | 1 |
| Amber | 4 | 3 |
| Green | 7 | 8 |
| | 12 | 12 |

| Description KPI Summary | |
|-------------------------|--|
| RED | Permanent Admissions to Residential and Nursing Care - People Aged 65+ |
| Amber | Assessment within 28 Days, 12 Month Reviews, Reablement NO Long-Term Needs |
| Green | KPI's in very strong positions are :- CSF- Reablement, Carers and Safeguarding |

Demand for adult social care continues to grow.

- The number of new contacts continues to increase, with more of these requiring further action.
- The number of homecare hours continues to increase,
- The number of permanent admissions to residential care for older people has increased.

Below is a summary of key performance issues highlighted in the report.



New Contacts

New Contacts are one indicator of additional demand for adult social care. New contacts relate to people who are not in receipt of long-term services at the time of contact.

New contacts increased from 8737 (2020/21) to 12065 (increase of 3,328 / 38% or around 10 more new contacts every per day).

We know that recording changes were made to this measure which may have led to the increase appearing to be larger than it is. In particular, reablement contacts were not previously recorded in this measure. When these 1504 contacts are removed from the new contacts in 2021/22 measure, the increase is 1824 / 21% (around 5 more every day).

Assessments Completed within 28 days or less

This measure focuses on the timeliness of the assessment against the statutory requirement.

2085 assessments were completed within 28 days of the contact. This is 82% which is very close to the 83% target set. Although performance last year was higher at 85% (2020) a greater number of assessments have been completed within the required times demonstrating how staff have managed increased demand. This year has also seen staff conducting more assessments face to face as restrictions have been removed. These can lead to much more meaningful conversations with people and families but can also take more time to complete.

Care Packages Completed within 28 days

The number of people having a care package started within 28 days has increased from 955 last year (2020/21) to 1011 this year (2021/22). The increased demand for help may also have contributed to a slight reduction in overall performance from 84% last year (2020/21) to 80% this year (2021/22).

Permanent Admissions to Residential and Nursing Care – People Aged 18-64 (ASCOF)

This indicator includes people who are funded solely by BMBC, through S117 (this is aftercare relating to mental health for people who have been detained) and also people funding their own care. This year (2021/22) 23 younger adults have been permanently admitted to residential care which is within the target set (25). Our rate of admissions per 100K population is 14.2. This is lower than the average rate last year for both our statistical neighbours (21.2) and nationally (14.6).

Permanent Admissions to Residential and Nursing Care – People Aged 65+ (ASCOF)

This year (2021/22) 406 permanent admissions to residential and nursing care for older people were recorded. This year our rate per 100K population is 784.6. This is up from 666.5 in 2020/21. In 2019/20 the national average was 584. The average for our statistical neighbours was 562.2. This suggests that more people locally are being permanently admitted to residential care than other parts of the country. This year, the increase in admissions is likely to have been contributed to by difficulties sourcing domiciliary / homecare, the need to help the acute trust and community



health colleagues with patient flow / acutety of discharges and the suppression of demand duing the preceding year.

The Heads of Service (HoS) and Service Managers are looking closely at admissions. It has been agreed that going forward all new proposals for permanaent admission must be approved by a Service Manager. This will help to understand more about the factors driving demand, challenge performance and promote alternatives.

Clients with a Community Service (Total)

At the end of 2021/22 1702 people were recorded as receiving a community service. This is broadly the same as last year (2020/21) when 1701 people were recorded.

Home Care (Hours) inc. Spot Purchase / Other

Securing homecare hours to meet demand has been a challenge locally, regionally and nationally. Despite this, the number of weekly hours increased from 9647 (2020/21) to 11,346 at the end of 2021/22. This is approximately an increase of 18%.

Number of carers receiving services provided as an Outcome of an Assessment or review by the Council

Carers provide unpaid support to family and friends in our communities. At the end of this year (2021/22) the number of carers receiving services has increased by 213 people / 20% to 1263. In 2020/21 there were just 1,053 people receiving services.

Percentage of people with learning disabilities in stable accommodation ASCOF

The percentage of people with a learning disability in stable accommodation was 87% at the end of this year (2021/22). This is the same as performance in 2020/21 and the target set. In 2019/20 our statistical neighbours performance was 79% and the national average was 77%. This suggests that our perfomance in this area is better than other places.

Proportion of people completing a reablement episode with no long term needs ASCOF

Performance at the end of 2021/21 was 85% which is just below the target of 86%. Performance in 2020/21 was 86% and has therefore fallen slightly. It is worth noting that alongside this, the in house reablement service have exceeded their target (1000) around number of people accessing the service helping 1161 regain lost skills and independence.

Deprivation of Liberty Safeguards (DoLs) Applications

At the end of 2021/22 1033 applications had been made for a Deprivation of Liberty Safeguard (DoLS) an increase of 13% from 2020/21 where we received 897 applications in 2020/21. A PowerBi Report has been available to managers since September 2019 covering DoLs. The DoLs Team continue to have a number of cases stacked (waiting to be processed). A new Service Manager has been appointed to cover DoLs and Mental Health. The Service Manger will be helping the team to address operational challenges and ensure they are adequately prepared for the introduction of Liberty Protection Safeguards (LPS - which will replace DoLS). It was planned



| | |
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| | <p>for the LPS to be introduced from April 2022 but in December 2021 the Government announced that this would not be possible.</p> <p><u>Safeguarding Concerns (stages 1 &2) – Section 42 Enquiry Decisions within 72 hours</u></p> <p>In 2021/22 92% of Safeguarding Enquiry decisions were made within 72 hours of receipt of a safeguarding concern. Decisions on if the concern meets the three-stage test (laid down in the Care Act) are ordinarily made by Advanced Practitioners or Team Managers within Adult Social Care Teams. Performance this year has been broadly the same as last year (92.5%) and on target (92%).</p> |
| | <p>Recommendations</p> <p>The committee is asked to review the attached report in a private session and challenge performance. Any areas for investigation or improvement can be agreed for formal detailed discussion at a future meeting of the Overview and Scrutiny Committee.</p> |
| 4. | <p>Attachments/background papers</p> <ul style="list-style-type: none">• Adult Social Care Monthly Report – March 2022 |
| 5. | <p>Possible Areas for investigation</p> <ul style="list-style-type: none">• What are the priorities for adult social care over the coming months and what key impacts are these looking to achieve?• What do you consider to be the strengths and areas for development in adult social care at present?• What do you think the key challenges and opportunities are around national policy changes?• How do you know how well you are performing against indicators that do not have targets or comparator information? Should more performance areas have targets set?• What are the implications of not achieving the critical success factor targets around Care Quality Commission (CQC) ratings? What does this mean for the people of Barnsley?• How does the performance around CQC ratings compare to other local authorities?• What actions are being taken by adult social care/the Council to influence work in care homes and home care services to improve Care Quality Commission (CQC) ratings?• What do you feel are the key factors contributing to more older people appearing to be placed permanently in residential care than other local areas? What is being done about this?• What are you doing to manage the increase in contacts effectively to ensure people get the right response in a timely manner? |



| | |
|----|--|
| | <ul style="list-style-type: none">• What does quality look like and how do you know that people are receiving the care that is right for them, at the right time?• How confident are you that the service is fully inclusive and caters to all sections of the community, including those who are hard to reach?• How are you approaching the sector wide challenge of recruiting and retaining social care staff?• What can members do to support the work of adult social care? |
| 7. | <p>Officer Contact</p> <p>Jane Murphy, Scrutiny Officer, Scrutiny@barnsley.gov.uk 11th July 2022</p> |

By virtue of paragraph(s) 2 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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