

ADULT SOCIAL CARE SELF ASSESSMENT MAY 2023



BARNSLEY
Metropolitan Borough Council

**20
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Barnsley – the place
of possibilities.

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Section A: Summary and Overview

This self-assessment has been undertaken by the Quality Assurance and Service Improvement Team on behalf of Adult Social Care (ASC). It has involved working with senior managers from ASC to review the availability of key pieces of evidence which the Care Quality Commission (CQC) may use to form judgements about key elements of the framework.¹ At this stage work has been limited to managers within the ASC business unit.

Where evidence has been identified, a sample has been reviewed to assess quality against the standards highlighted within the framework. Evidence relating to areas which had not been reviewed in the recent past were prioritised for review. This is therefore an indicative self-assessment.

About us – Barnsley Council (BMBC)

The Market Position Statement (2021-2024)² states that Barnsley has around 243,341 residents and that the population is ageing. The number of residents aged 65+ is predicted to reach 60,800 by 2030. This represents an increase of 33% from 2016.



Our 2030 vision is '*Barnsley - the place of possibilities*'.

By 2030 we want everyone to benefit from and contribute to making our borough a thriving place of possibilities.

Our new [council plan](#) identifies five priorities:

- Healthy Barnsley
- Learning Barnsley
- Growing Barnsley
- Sustainable Barnsley
- Enabling Barnsley - we are a modern, inclusive, efficient, productive and high-performing council

¹ <https://www.cqc.org.uk/news/our-approach-assessing-local-authorities>

² <https://www.barnsley.gov.uk/services/our-council/our-strategies/adult-social-care-market-position-statement/>

ASC contributes to all five priority areas. It is closely aligned to the outcomes identified within Healthy Barnsley which are.

- People are safe and feel safe.
- People live independently with good physical and mental health for as long as possible.
- We have reduced inequalities in health and income across the borough.

Adult Care Services (ACS) - Key facts

Key Facts

1,381 Carers supported with services by ASC

c. 2,898

Adults with a service

c. 2,696

Adults with a long-term service

£59.947m

The net budget for ACS in 21/22

2,145

Carers supported in conjunction with Barnsley Carers Service

77% Barnsley Providers CQC rated Good or Outstanding

83% South Yorkshire Avg.

80%

Assessments completed within 28 days of contact

Vision and strategy for ASC

Our Better Lives Programme and Adult Social Care Web Pages set out our vision and priorities for ASC. ³

We all want to live in the place we call home, with the people and things we love, in communities where we look out for one another, doing things that matter to us - #socialcarefuture.

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Our priority is to help people in Barnsley to access all the care and support they need, at the right time and in the right place.

³ <https://www.barnsley.gov.uk/services/adult-social-care/better-lives-programme/>, <https://www.barnsley.gov.uk/services/adult-social-care/>

⁴ <https://www.barnsley.gov.uk/services/adult-social-care/>

Our Website States.

We'll support you to tell us the things that are important to you, and work with you to find services and groups that will help you achieve your goals.

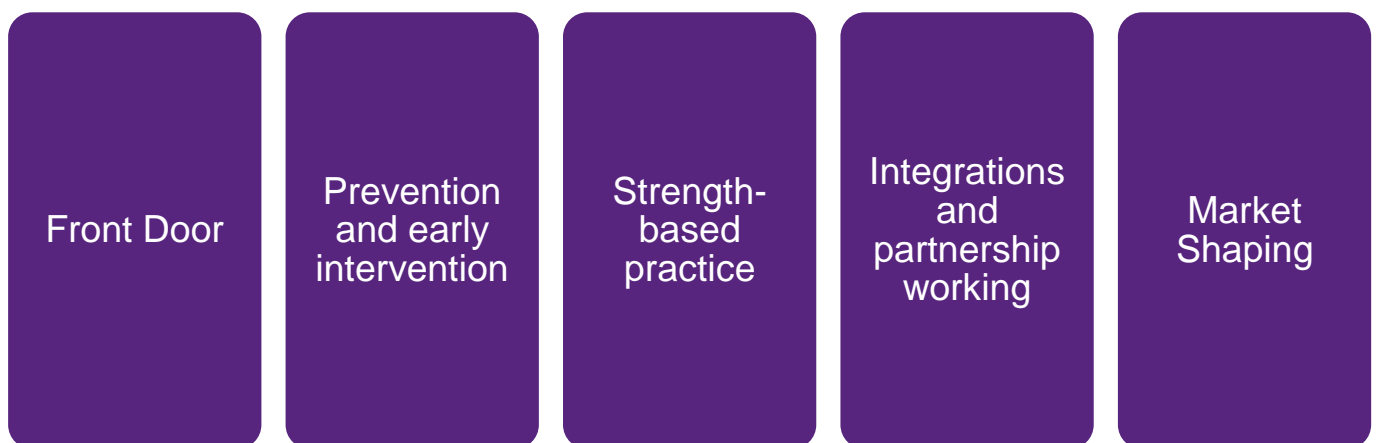
A great way of achieving your goals is [getting help early](#) or finding community groups, services or organisations to help you do this. You can [find a service on Live Well Barnsley](#). This is a great way to increase your independence and keep you living safely in your home. If you can't find what you need, read about [how we can help with your care needs](#).

We want people to live independently with good physical and mental health for as long as possible. Our Better Lives Programme will help ensure that vulnerable adults and those with support needs are also safe, protected and able to lead full, active and healthy lives.

Outcomes set out in the council plan include:

- People are safe and feel safe.
- People live independently with good physical and mental health for as long as possible.
- We have reduced inequalities in health and income across the borough.
- People have access to early help and support.
- People are supported to have safe, warm, sustainable homes.
- People live in great places, are recycling more and wasting less, feel connected and valued in their community.

The five key priorities for improvement and change were:



Our five key priorities for improvement & change

Aligned to these priorities are a set of service and organisational enablers that play a key role in achieving the outcomes aligned to this programme:

- Engagement model
- Digital
- Performance framework
- Workforce (including new structures)
- Development of a new adult social care narrative

We've been working on these areas to put in place new ways of working and achieve better outcomes for the people we support.

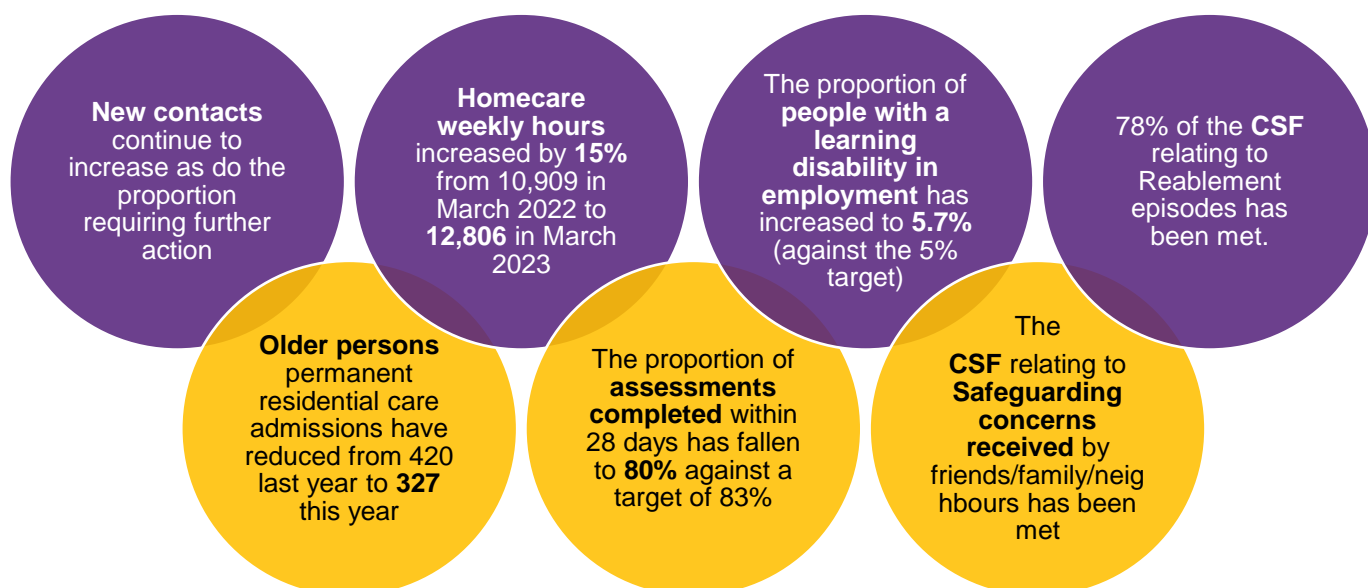
Overview of Adult Social Care (ASC) performance and activity

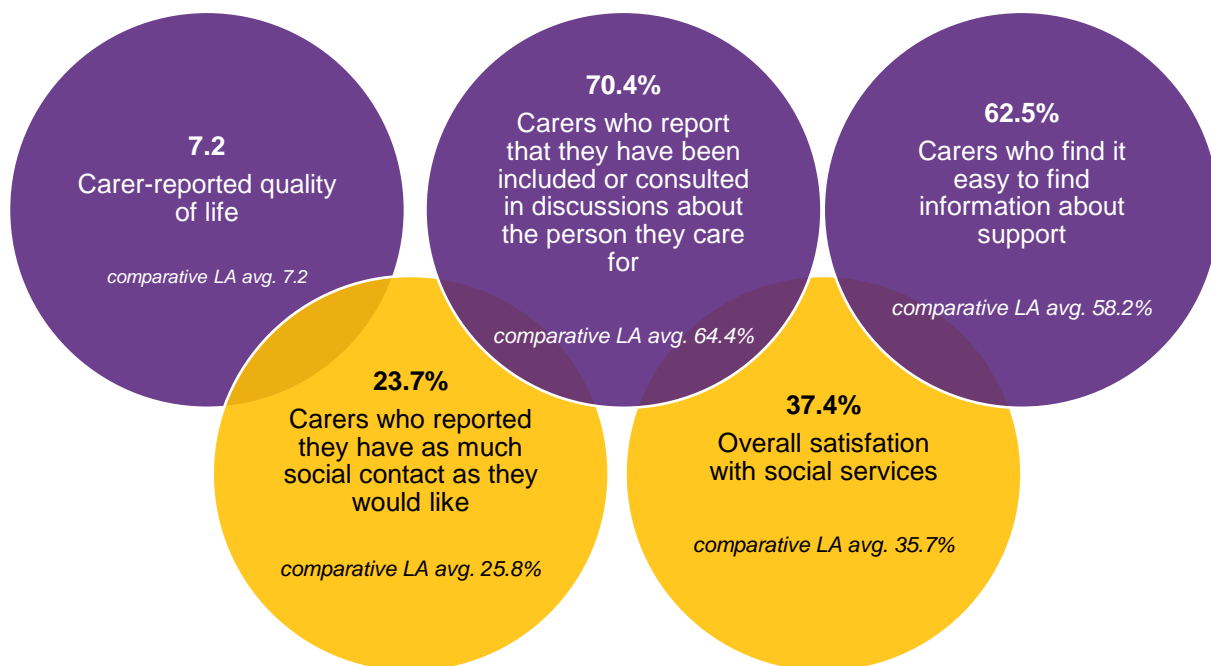
ASC has achieved some notable performance successes. It has also identified areas for improvement.

- Feedback from people in Barnsley means we are ranked the top area in the country for the proportion of people who feel safe and the overall satisfaction of people who use services with their care and support.
- Feedback from people in Barnsley means we are ranked second in the country on the social care related quality of life score.
- Our Critical Success Factor (CSF) relating to Safeguarding concerns received by friends / family / neighbours has been overwhelmingly achieved. Our promotional work helped us to achieve almost double (131) the target (70) and last year's number (64).
- We achieved 78% of our Critical Success Factor (CSF) relating to reablement with 862 episodes over 2022/23. The 1100 target was deliberately stretching to help system flow.
- New contacts to ASC continue to increase as do the proportion requiring further action.
- Older persons permanent residential care admissions have reduced from 420 last year to 327 this year.
- Homecare weekly hours have increase from 10,909 in March 2022 to 12,806 in March 2023
- The proportion of assessments completed within 28 days is 80% against our target of 83%.
- The proportion of people with a learning disability in employment has increased to 5.7% (against the 5% target).

The graphic below displays some of our latest activity and performance across the adult care.

Performance Highlights





Our Key Strategies

Carers Strategy

<https://www.barnsley.gov.uk/services/our-council/our-strategies/carers-strategy/>

Medium Term Financial Plan

[Hyperlink to Full Council May meeting](#)

Health and Wellbeing Strategy

<https://www.barnsley.gov.uk/media/19957/barnsley-hwb-strategy-final-web.pdf>

Joint Strategic Needs Assessment

<https://www.barnsley.gov.uk/services/our-council/research-data-and-statistics/barnsley-joint-strategic-needs-assessment-jsna/>

Market Sustainability Plan

<https://www.barnsley.gov.uk/media/25517/market-sustainability-plan.pdf>

Mental Health and Wellbeing Strategy

[Barnsley Mental Health and Wellbeing Strategy 2022 - 2026](#)

Health & Care Plan

This will be hyperlinked when signed off by Place Committee in June

CQC Theme 1: Working with people

The working with people theme covers.

- Assessing needs
- Care planning and review
- Direct payments
- Supporting people to live healthier lives
- Prevention
- Wellbeing
- Information and advice
- Understanding and removing inequalities in care and support
- People's experiences and outcomes from care

This self-assessment has examined a selection of these areas and found the following.

Our key strengths and achievements

- Reducing numbers of older people being permanently admitted to residential care
- Feedback from people suggests excellent overall satisfaction of people who use services with their care and support.
- Feedback from people suggests an excellent social care related quality of life of score.
- Feedback from people suggests the proportion of people who use services who have control over their daily lives is excellent.
- Increases in the percentage of people with a learning disability in paid employment

Key areas for improvement

- Engagement model - improve our collation of feedback from people with lived experience and use this to influence the Adult Social Care strategy and service development.
- More equitable approach to how we distribute caseloads across adult social care teams and prioritise requests for assessment and support.
- Better management of our actions following Multi Agency Risk Assessment Conferences (MARAC)
- Establish a new approach to Case Tracking and practice audits to strengthen how we learn and improve.
- Clear priority actions to improve our information advice and guidance offer

Key statistics

Activity	Working well	Improving
13,413 new contacts this year (<i>up from 12,065 last year</i>)	1714 people with a community service	327 Older persons permanent residential care admissions (<i>420 last year</i>)
2663 assessments completed this year (<i>up from 2558 last year</i>)	2145 carers receiving an assessment	131 Safeguarding concerns received by friends and family (<i>64 last year</i>)

Assessing Needs

The purpose of an assessment is to identify the person's needs and how these impact on their

wellbeing, and the outcomes that the person wishes to achieve in their day-to-day life. Assessment should be carried out over an appropriate and reasonable timescale taking into account the urgency of needs.⁵

Adult Social Care Front Door

A priority area for Adult Social Care (ASC) this year has been the front door. A pilot had previously been undertaken which involved practitioners from ASC handling and triaging requests before they were sent onto locality and specialist teams. This pilot was positively evaluated by the Better Lives Team and Board. It was agreed that a small team of dedicated people would be established to further build and grow the offer. New contacts to ASC have continued to grow during this period.

New Contacts

Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Difference Same Period Last Year	Direction of Travel	2022/23 Target
3271	3261	3395	3306	3451	180	↑	n/a

The team have reported that they are having more effective strengths-based conversations with people earlier in their journey through ASC. Between January and April 2023, the team reported increases in referrals to the reablement community pathway. They also reported increased signposting to other agencies like Age UK, Social Prescribing Making Space and Right Care.

Assessments – timeliness

The purpose of an assessment is to identify the person's needs and how these impact on their wellbeing, and the outcomes that the person wishes to achieve in their day-to-day life. Assessment should be carried out over an appropriate and reasonable timescale taking into account the urgency of needs.⁶

Assessments Completed within 28 Days or Less

Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Difference Same Period Last Year	Direction of Travel	2022/23 Target
669	486	528	475	601	-68	↓	83.00%
85.00%	76.30%	76.10%	81.30%	80.30%			

Our quarterly performance reports suggest that most people approaching adult social care for an assessment of needs gain a timely response. In 2022/23 Adult Social Care completed 80% of assessments within 28 days or less. More assessments were completed in this timeframe than last year, but the percentage reduced slightly and is below our own target of 83%

As part of this self-assessment the Quality Assurance and Service Improvement Team (QASI) reviewed the caseloads report available to managers. This showed that most locality teams appeared to have a manageable number of cases and low numbers of new cases awaiting

⁵ <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#first-contact-and-identifying-needs>, 6.5 - 6.29.

⁶ <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#first-contact-and-identifying-needs>, 6.5 - 6.29.

allocation. The Equipment and Adaptations Team, the Deprivation of Liberty Safeguards (Dols) Team and Specialist Team were holding larger numbers of cases than other teams and a significant proportion of work was still awaiting allocation. Managers within the appropriate teams have been asked to carry out a review of the tray contents so that we can understand more about the type of work waiting to be allocated, how risks are being managed and any additional actions to mitigate these. Our Service Managers have also been asked to develop a new approach to caseloads and prioritisation. This is to help ensure we get the right resources to the right place more effectively, that more people can have a good conversation within 28 days and any unintended inequalities in access (that might exist) are reduced.

Assessments – quality

In September 2022, staff and managers from across adult social care completed a Mental Capacity Audit (MCA). This found that we were completing approximately one MCA every day. It also found that evidence within the assessments supported the outcome, questions to be considered were clearly formulated and people were engaged around these. It found that there were situations where we should have completed an assessment and didn't and that the quality of completed assessments needed to improve. In particular we need to more consistently evidence the practicable steps taken to help people take part in the assessment and show how the reasonably foreseeable consequences have been explored. The voice, views and preferences of the person needed to be more consistently stronger. MCA training has been delivered across social care teams by our Practice Development Manager. This should increase staff confidence and capability in this area, enabling them to complete more assessments of consistently good quality.

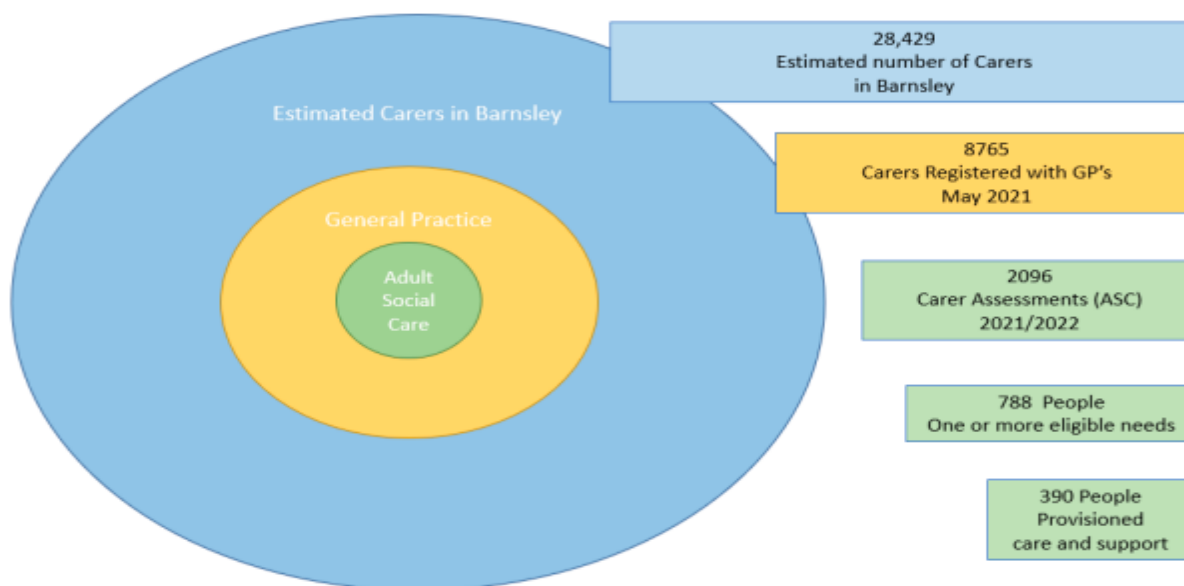
ASC in Barnsley has experienced staff challenges and our Principle Social Worker (PSW) is developing a new Workforce Strategy with colleagues. At the time of this self-assessment workforce challenges within ASC appeared to have stabilized. The PSW and Quality Assurance Team are working with social work managers to re-launch our practice audits, piloting a new approach agreed regionally.

The National Development Team for Inclusion (NDTi) <https://www.ndti.org.uk/> have delivered strengths-based training to all social care practitioners in Barnsley. Our Better Lives Team have redesigned the key assessment forms reducing the number of fields which require completing and having a greater focus on a good conversation.

Assessing carer needs

In September 2022 a thematic review of carers was shared with colleagues from across health and care. The review focused on the effectiveness of ASC's approach to supporting carers but also helped to inform the development of priorities within all age Carers Strategy.

Telephone interviews were undertaken with 50 carers. An online questionnaire around the carers one off payment scheme received approximately 200 replies. Staff from adult social care were also interviewed. Feedback from staff and carers informed the analysis of assessments. Feedback from carers suggested they are ordinarily very grateful for the support they receive from Adult Social Care (ASC). They often speak highly of ASC.



A survey of other local authorities within the Yorkshire and Humber Carers Network suggested that Barnsley Council undertakes more carer assessments than other councils. The audit examined the quality of 60 assessments in detail. It found that within assessment forms there is ordinarily evidence that we have considered the impact and needs of the carer. However, this is not done systematically using the areas required under the Care Act. Significant areas of the assessment forms relating to the caring role and its impact are left blank. Staff told us that part of the reason they didn't always undertake a robust assessment was because they didn't know how to generate a budget for a carer in their own right and felt that options to support people were limited.

The findings from this review have been shared with managers and staff across ASC. A carers lead has been identified who is leading on taking identified actions forward. A post has also been created for a Carers Commissioning Manager. The Better Lives Programme is looking at all the system forms on Erica and ensuring that mandatory fields for completion are updated. The council have started work with carers to co-produce a new carers break offer. This should help to ensure that more meaningful options are available to staff and social workers to support carers.

Care planning and review

Care and support should put people in control of their care, with the support that they need to enhance their wellbeing and improve their connections to family, friends and community. A vital part of this process for people with ongoing needs which the local authority is going to meet is the care and support plan or support plan in the case of carers.⁷

Care Packages Completed within 28 Days or Less

Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Difference Same Period Last Year	Direction of Travel	2022/23 Target
238	224	209	207	241	3	↓	n/a
76.00%	81.20%	83.90%	87.30%	85.50%			

Care Packages completed within 28 days have increased significantly to 86% (up from 80% year before). Timeliness is an important priority for people with care and support needs.

⁷ <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#chapter-3>, 10.1

Reviews Completed on Clients in Receipt of Long Term Support for 12 Months or More

Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Difference Same Period Last Year	Direction of Travel	2022/23 Target
81.3%	79.8%	78.8%	79.5%	77.4%	-3.9%	↓	86.00%

Approximately 77% of people with long term support (for 12 months or more) received a review which is down on last year and significantly below our 86% target. A review of the caseloads report found that most teams were completing annual reviews in a timely manner. The Specialist Team however had a backlog of reviews, the oldest of which dated back to April 2022. The Service Manager has been asked to review these and other work awaiting allocation so that so that we can understand more about the type of work, how risks are being managed and any additional actions to mitigate these. The new approach to caseloads and prioritisation will also help us to be more effective at getting the right resources to the right place more effectively.

We want our care planning and reviews to focus more consistently on the wishes, preferences and outcomes of the person. Our investment in strengths-based conversation training for social care staff is designed to help us to do this more consistently. Our Service Managers have also been asked to develop a new approach to how we define and monitor high risk cases. This should help ensure that staff and managers have a clearer sense of our approach and that people have risks reviewed in an effective way.

Reports from our Multi Agency Risk Assessment Conferences (MARAC) suggest that whilst ASC attendance is relatively good, our reported progress against identified actions was extremely low (4%). The Service Director and Heads of Service are creating a MARAC post based in the adult social care front door to help strengthen our approach.

Direct Payments

Direct Payments are monetary payments made to individuals who request to receive one to meet some or all of their eligible care and support needs. They can provide independence, choice and control by enabling people to commission their own care and support in order to meet their eligible needs.

Our Monthly Performance report from March 2023 showed that the proportion of people in Barnsley using social care who receive a Direct Payment was 34% at the end of 2022/23 (target was 30%). Our Local Account shows that last year our Direct Payment rates (36%) compared favorably with both the England and Statutory Neighbour averages. Previous feedback from people receiving a Direct Payment suggested that some people felt that it was presented as the only option for them. Moreover, our rates of people classed as receiving self-directed support were lower than other areas.

In 2015 Barnsley Council established a specific team which was designed to drive forward the personalisation agenda. A review of this service was carried out by the Quality Assurance Team in January 2021 and followed up by The Better Lives Programme Team in May 2022. Several areas for improvement were highlighted. A decision has now been taken to move the self-directed support function and associated staff under ASC. The aim of the change is to help the team return to their original remit, supporting people to explore how they can have creative and flexible plans which support their outcomes.

Prevention, information, advice and guidance.

It is critical that the care system works to actively promote wellbeing and independence and does not just wait to respond when people reach a crisis point. To meet the challenges of the future, it will be vital that the care and support system intervenes early to support individuals, helps people retain or regain their skills and confidence, and prevents need or delays deterioration wherever

possible.⁸

Information and advice is fundamental to enabling people, carers and families to take control of, and make well-informed choices about, their care and support and how they fund it. Not only does information and advice help to promote people's wellbeing by increasing their ability to exercise choice and control, it is also a vital component of preventing or delaying people's need for care and support.

The councils universal offer encourages people to get help early and signposts people towards community groups, services and organisations.⁹ LiveWell Barnsley is a directory of services, groups, activities and events that contribute to the health and wellbeing of people in Barnsley <https://www.livewellbarnsley.co.uk/> . It allows people to search for services, groups and activities by postcode or theme (E.g., Armed forces, care and support at home, carers, dementia etc.). At the time of this review 1431 service options were available. Our Better Lives Programme Team are carrying out a review of our IAG offer. The aim of this is to understand what is working and what could be improved and identify priority actions to enhance our offer.

Barnsley Older Persons Physical Activity Alliance (BOPP)

Barnsley Older Persons Physical Activity Alliance (BOPPA) has been shortlisted for a Local Government Association (LGA) award. <https://boppaa.ageukbarnsley.org.uk/> Evidence submitted to support this states that 64 organisations are involved increasing the provision of physical activity programmes that will improve strength and balance of older people (50+) across Barnsley. People and organisations involved have spoken very highly of the programme:

'It has allowed Healthy Bones to carry on after the pandemic whereas it would have folded otherwise. Confidence to carry on with the support from a big organisation that is relevant and influential in older people's wellbeing.'

Carers

In December 2022 the all age Barnsley Carers Strategy was agreed and published following development by a multi-agency group of carers and partners <https://www.barnsley.gov.uk/services/our-council/our-strategies/carers-strategy/> . The strategy identified 8 priority areas including identifying carers, working with carers and carer breaks. Our carer lead is now chairing the multi agency group who are developing the action plan for each of these areas.

Following a competitive tender exercise a new provider was appointed to deliver the Barnsley Carers Service from the 1 April 2023 <https://cloverleaf-advocacy.co.uk/services/barnsley-carers-service>. <https://www.facebook.com/barnsleycarersservices/> . This independent service exists to provide preventative services to carers including:

- information and advice
- one-to-one support
- group support
- drop-in/peer support
- free complimentary therapies
- events and activities
- volunteering opportunities
- help with obtaining carer's grant funding

⁸ <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance> , 2.1

⁹ <https://www.barnsley.gov.uk/services/adult-social-care/>

- A multi-agency Carers Strategy
- Review of Carers one off payment scheme.

More about this and broader support available to carers can be found here

<https://www.barnsley.gov.uk/services/adult-social-care/information-for-carers/carer-support-groups-and-organisations/>

"I made the money work for me. I went for a holiday in Edinburgh. It also paid for the train fare. It was a massive weight off my shoulders and gave me a complete break knowing my Dad was safe with carers.

Just what I needed, a lovely break."

Carers' one-off payments

CQC Theme 2: Providing Support

The theme covers.

- Market Shaping
- Commissioning
- Workforce capacity and capability
- Integration and partnership working

This self-assessment has examined a selection of these areas and found the following.

Our key strengths and achievements

- Market Position Statement (MPS) sets a clear direction.
- Average wait for homecare has reduced from approximately 6 days to 1 day. There is no waiting list for homecare.
- Reported increase in average occupancy levels for older persons residential care to 83% (71% in 2021).
- Progress made co-producing a new short break offer with carers
- Excellent overall satisfaction of people who use services with their care and support.
- Increases in the percentage of people with a learning disability in paid employment

Key areas for improvement

- Engagement model - improve our collation of feedback from people with lived experience and use this to influence the ASC strategy and service development.
- Partners – improve how we collate and evidence feedback from partners and how this informs all elements of the commissioning cycle.
- Market Shaping plan – needs to be more robust and aligned to all areas in the MPS
- Quality of provision; CQC Ratings of providers. 77% of providers CQC rated good or outstanding (South Yorkshire Average is 83%).
- Personal Assistants – clearer ambitions for the market and actions to achieve these.
- Out of area placement protocols – to be finalised and rolled out to staff.

Key Statistics

Activity	Working well	Improving
2,898 adults with a service	12,806 weekly homecare hours (10,909 last year)	77% of providers are rated good or outstanding by CQC (Vs regional average of 83%)
2,696 adults with a long-term service	86% of care packages completed within 28 days or less	87.4% of people with a learning disability are in settled accommodation (87% last year)

Market Shaping

Councils should collaborate with stakeholders and providers to bring together information about needs and demands for care and support with that about future supply, to understand for their whole market the implications for service delivery. This should include understanding and signalling to the market as a whole the need for the market to change to meet expected trends in

needs, adapt to enhance diversity, choice, stability and sustainability, and consider geographic challenges for particular areas.¹⁰

One of the Council's strengths in this area is the published Market Position Statement (MPS) for the period 2021- 2024 <https://www.barnsley.gov.uk/services/our-council/our-strategies/adult-social-care-market-position-statement/>. This sets out important information about our vision, needs and changing demands. It states that Barnsley's population is ageing and that the number of residents aged 65+ is predicted to reach 60,800 by 2030. This represents an increase of 33% from 2016. It also sets out important data around carers, personalisation, direct payments and people in residential care amongst others.

It is not clear from the published MPS what actions will (or have been) be taken forward to meet the challenges, demands and ambitions outlined. Adult Joint Commissioning (AJC) shared a workplan with the Quality Assurance and Service Improvement Team (QASl). This set out a list of officers and work areas, a contracts and procurement list and items included within a Transformation Programme. Some of the activity within the plan was aligned to the themes within the MPS and had named officers leading this. It would have been better if activity had target dates for completion and full alignment with the MPS areas. It would be better if it was clearer what the desired outcome the activity was trying to achieve. It would be better if there was clearer evidence provided of how feedback from partners was actively influencing this activity and plans.

Commissioning

Commissioning is the council's cyclical activity to assess the needs of its local population for care and support services, determining what element of this needs to be arranged by the authority, then designing, delivering, monitoring and evaluating those services to ensure appropriate outcomes.¹¹ The council's Market Position Statement (MPS) sets out our commissioning intentions and approach. These are set into the themes of living well and ageing well.

Our commissioning intentions

In Barnsley we want to work with care providers to ensure we commission services that are good quality, financially sustainable and create a pathway of care for our service users.

Commissioned services will be based on a strength-based approach in line with our vision for adult social care, and we'll continue to look for opportunities to improve and develop.



¹⁰ <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#first-contact-and-identifying-needs> , 4.80

¹¹ As above

Living Well

Commissioning intentions: living well

Individuals and families are healthy, resilient and have the confidence and skills to thrive and achieve their full potential so that collectively our communities achieve the best possible outcomes for themselves, their families and each other.

Support to individuals and families will be offered within their community and as close to home as possible.



Early intervention and prevention are at the core of Barnsley Council's approach to reducing the overall need for high cost social care and crisis services, and improving overall outcomes and health inequalities. The authority aims to commission services that promote health, wellbeing and independence, enabling people to have choice and control as well as reducing the risk of people reaching crisis point and/or needing future intensive care and support.

Barnsley wants to ensure that everyone has the ability to live happy and healthy lives. To do this we will work with our communities and organisations involved with communities to develop support that makes sense to them. Our approach will be to work with groups of people and organisations to develop, design and where necessary change the way support is provided. This approach should help people get support early and avoid people escalating into a crisis.

AJC have started work to co-produce new carers break offer with a local group of people. This was flagged as a priority for carers following analysis of over 250 surveys and is a key part of our Carers Strategy. A series of workshops will take place between May and November 2023 to develop a specification. The group will work with the Barnsley Carers Service and AJC on any procurement and tendering exercise subsequently required.

Personalisation - direct payments

Barnsley currently performs well in the number of service users accessing direct payments to manage their support arrangements compared with our neighbouring authorities.

However a number of direct payment holders are using their funding to purchase traditional models of care such as home care. We'd like to see our service users be more creative with their budgets using community assets as part of their care plans.

An area we'll look to develop in 2022 will be Personal Assistants. This is a recognised gap currently with a small number of service users waiting for PA's to be recruited to progress their care plan.

We'll also look to introduce more flexible arrangements for people using direct payments to allow them greater control over their care arrangements and promote the use of community resources, so communities can become more resilient.

AJC need to be able to more clearly evidence within their workplan what work had been completed or is planned to develop the personal assistant market. AJC need to be able to more effectively demonstrate that they have knowledge of the number of personal assistants working in Barnsley, their ambitions in this area and direction of travel.

Supported Employment Programme

In 2022 the Council successfully led a regional bid for supported employment funding from the Department for Work and Pensions and has started delivering against this.¹² This is important because we know that people with autism and severe or specific learning disabilities have some of the lowest employment rates. We also know that paid employment offers significant wellbeing benefits to people and local businesses.

Barnsley has a dedicated Supported Employment Service.

<https://www.barnsley.gov.uk/services/business-information/supported-employment-service/>?

The service supports people and businesses to create opportunities, recruit the right people and train them in their roles. A number of notable success stories have been shared with colleagues in ASC.

¹² <https://www.gov.uk/government/publications/local-supported-employment-guidance-for-local-authorities/local-supported-employment-guidance-for-local-authorities>



There is also evidence that the programme is starting to increase rates of paid employment amongst people with a learning disability. Our target of 5% has now been exceeded for 2022/23. The programme should help us to maintain and extend this success into 2023/24.

Percentage of Clients with Learning Disabilities who are in 'Paid Employment' [ASCOF 1e]

Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Difference Same Period Last Year	Direction of Travel	2022/23 Target
4.4%	4.0%	4.3%	4.3%	5.7%	1.3%	↑	5.0%

Ageing Well

Commissioning intentions: ageing well

In Barnsley we'll support our ageing population by offering person-centred, flexible, integrated care and support in their community or at home.

Through early interventions we'll aim to maximise people's health, wellbeing and independence and reduce the need for long term support wherever possible.

Residential Care

Residential care

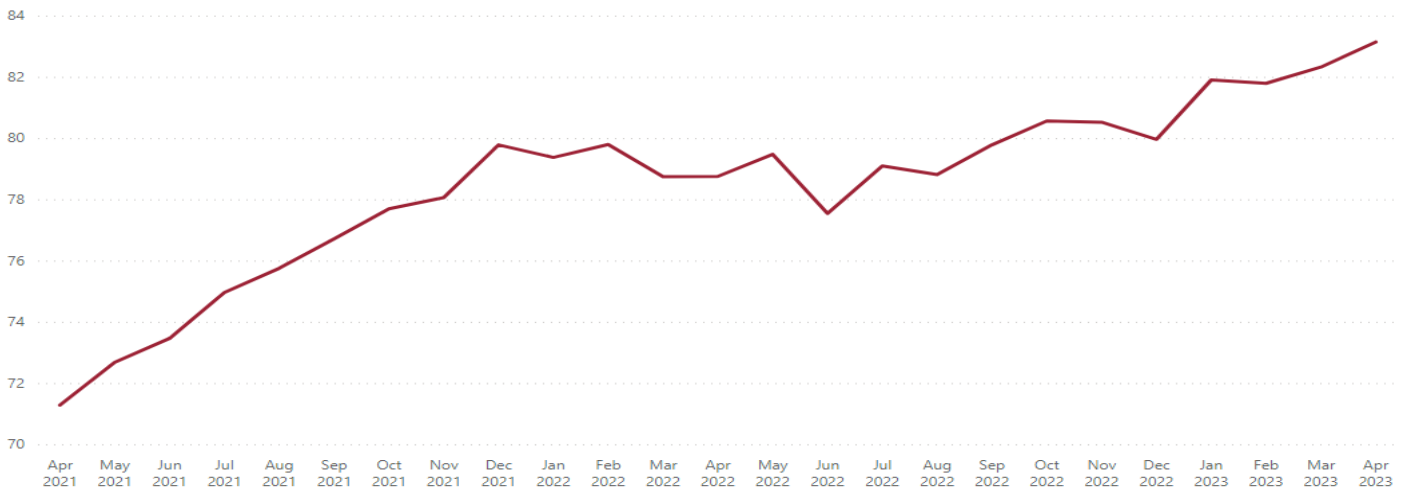
The proportion of 65+ people with needs met by residential care/nursing is high in Barnsley; 789 compared to 584 nationally per 100,000 population. This will be a key area to improve.

Barnsley has generally had an oversupply of residential beds within the market, with current occupancy rates averaging at around 71%. A review of out-of-area placements in older people's residential care in January 2021 identified 52 service users placed in residential care out of the borough. Analysis of those placements suggests that around half of the placements were made out-of-borough at the service user's choice, usually to be closer to family. However there are a number of out-of-area placements that have been selected as homes in-borough were unable to meet the needs of those users.

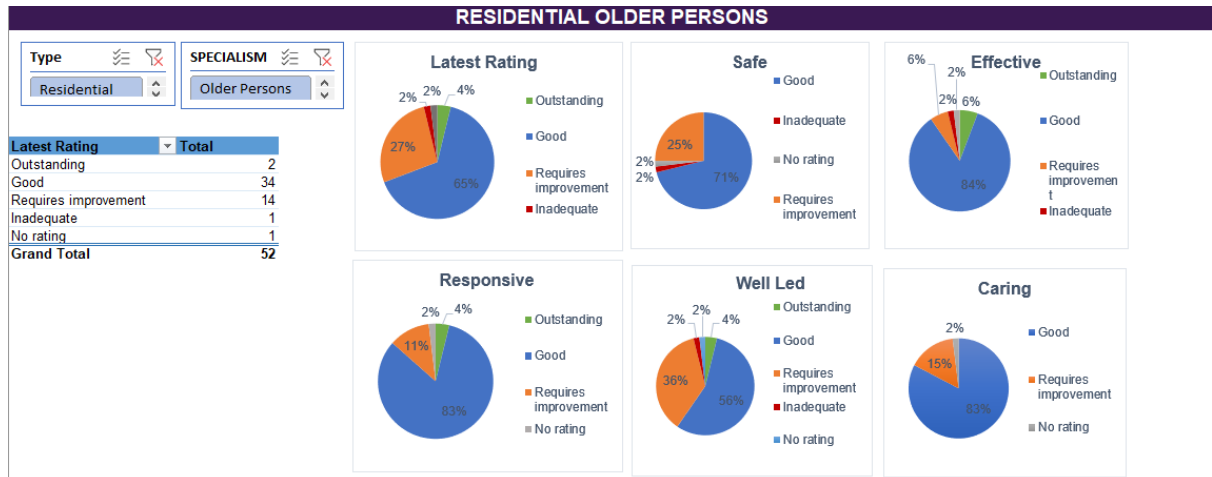
As a result of the pandemic and the current occupancy levels in care homes, both commissioners and providers acknowledge a need to take action to ensure the long term financial viability of the care home market in Barnsley. Over the next 12 months commissioners will start work with care home providers to strategically manage the market and with the aim of increasing occupancy levels in care homes to around 90% through the reduction in overall bed numbers.

AJC shared a new approach they have developed to inform contract monitoring. This is being used for both older persons residential care and homecare. It involves monitoring key data and intelligence around the latest CQC ratings, occupancy levels and registered manager status amongst others.

The average occupancy levels recorded on our performance framework was 83%. Our Business Intelligence colleagues said this data is taken from the capacity tracker completed by providers. It excludes rates from those who have not provided data. Whilst the current return shows a significant improvement over previous available figures (71% recorded in 2021) it is based on a partial return and some caution should be exercised in considering this information. It may for example be the case that providers with stretched resources do not prioritise the completion of the return.

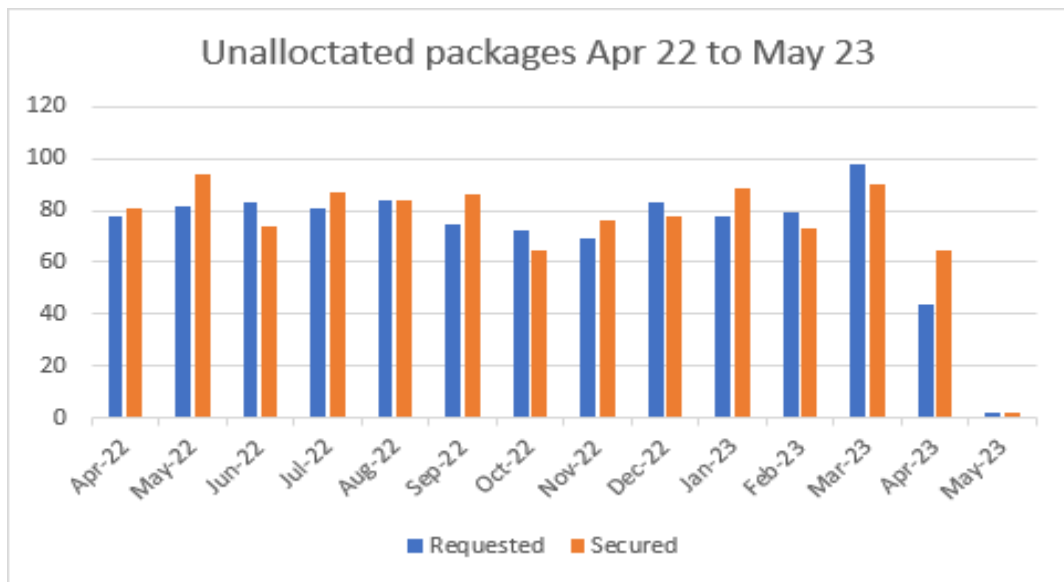


The new contract monitoring approach is designed to look at the current picture. It does not give details of how measures have changed over time. The QASI have used data regularly published by the CQC to highlight some of the areas above and shared this with AJC. This should ensure the data is accurate and remove the need for manual work to be done by AJC. A screenshot examples are shown below.

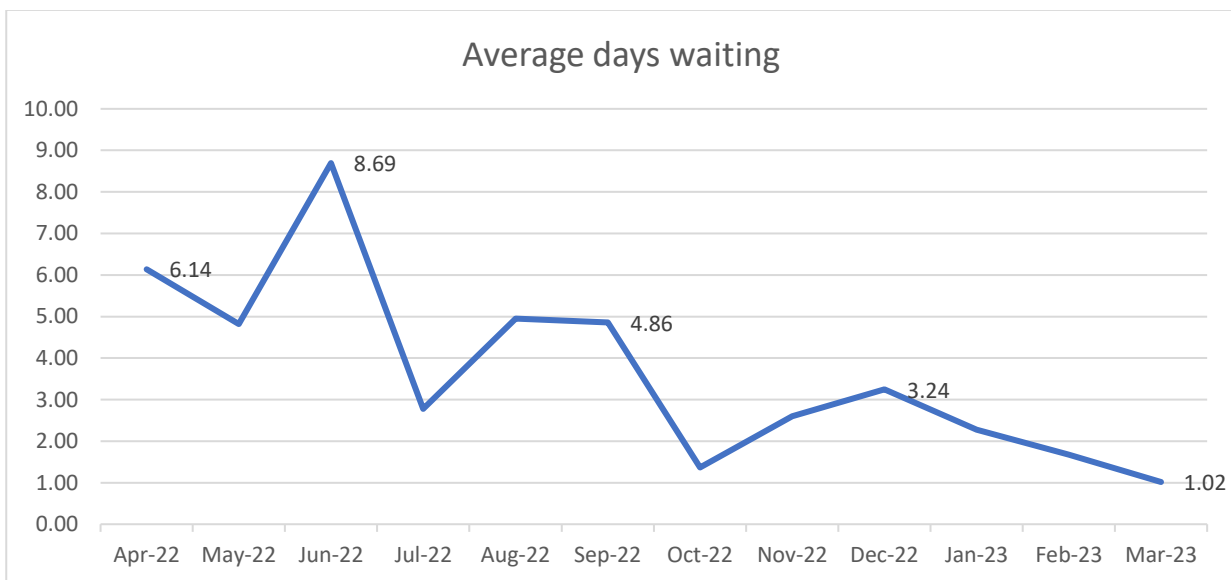


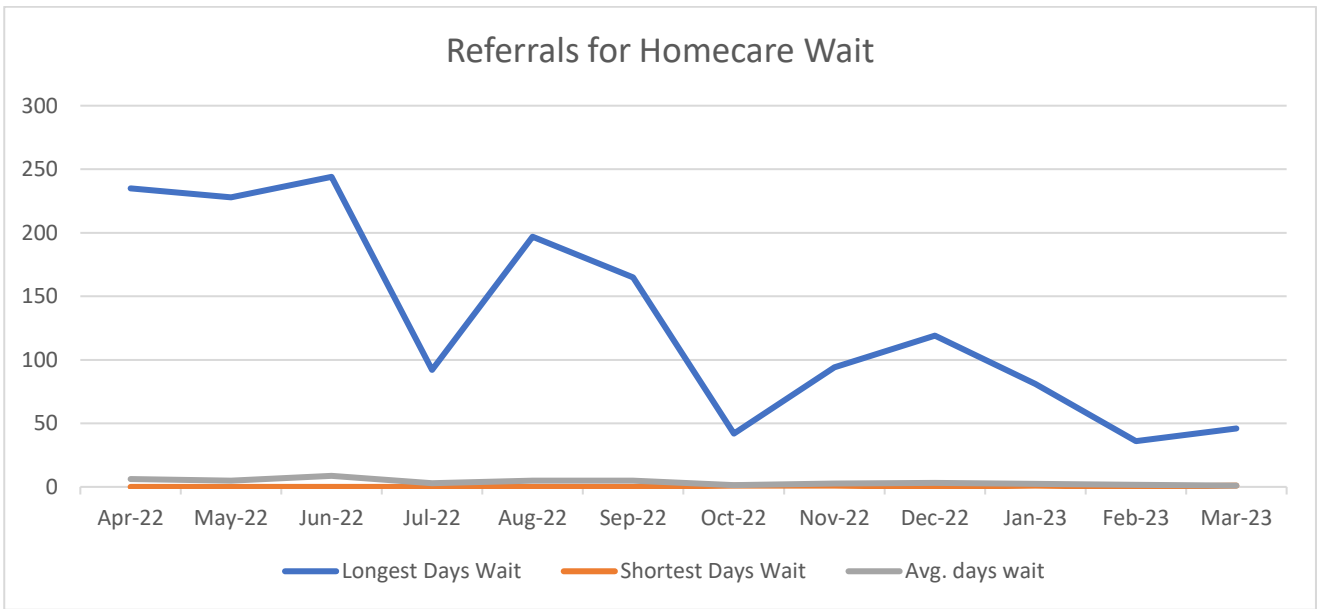
Homecare

The homecare market in Barnsley has consistently responded well to new requests for homecare or uplifts for existing service users. At the time of this self-assessment only 5 people were waiting for homecare and requests were being fulfilled quickly.



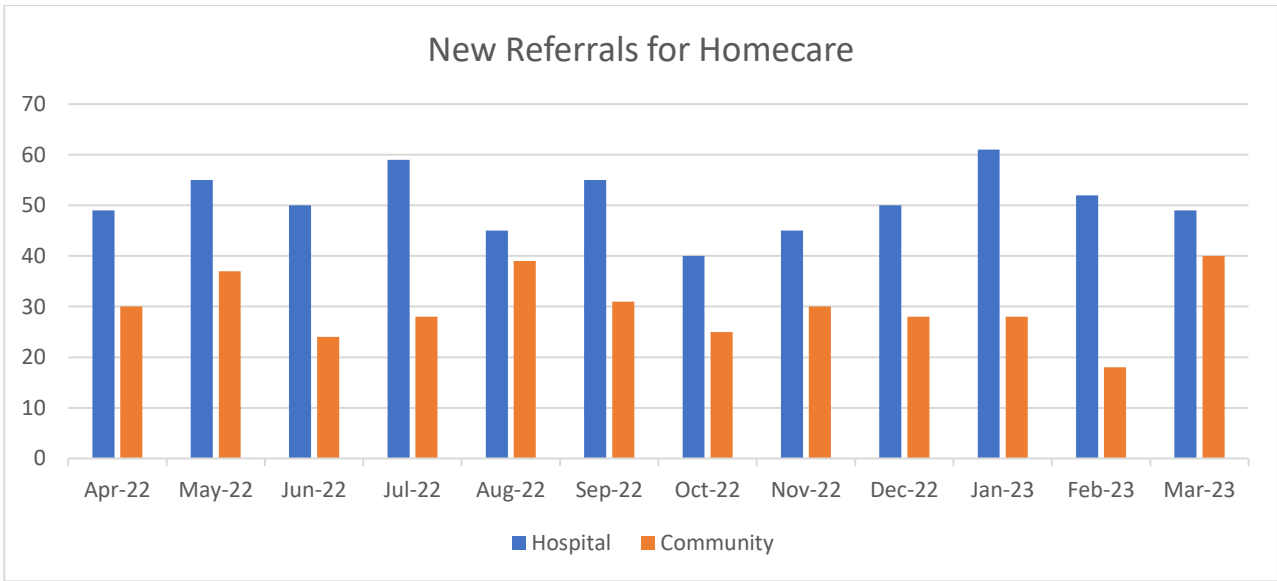
The graph above shows how effective the market has responded to requested homecare packages. The timeliness of securing packages has also improved.



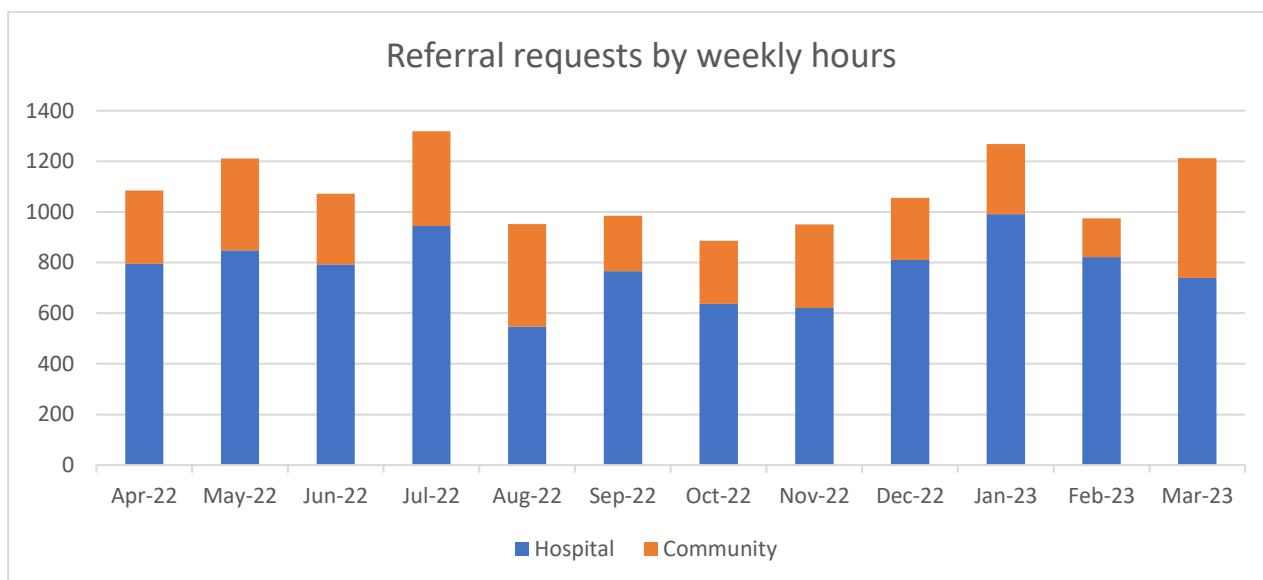


Across the period the average wait has reduced from 6.14 days to 1.02 days. At March 2023 the longest a person had to wait was 46 days compared to 235 back in April 2022.

Almost twice as many people are referred from hospital than the community.



Over the period the hospital referred 610 people for homecare. In the same period 358 people were referred from community social work teams. The hospital requested accounted for almost two thirds more weekly hours than community teams.



Over the period the hospital referrals requested 9313 weekly hours of care on behalf of people. Community referrals requested 3658 weekly hours.

The retendered Support to Live at Home (STLAH) contract has brought approximately 50 providers into contracting arrangements with the council. Provision was previously spot purchased with many of these providers. No evidence of consultation with people and families was provided for the re-tendering of the Support To Live at Home (STLAH) contract. It was stated that this would be done as part of contract monitoring. At the time of this self-assessment no evidence of this was available. It would be better if there was much consistently stronger evidence of how feedback from people and families had informed the commissioning or re-tendering of the service.

Day Opportunities and Carer Breaks

AJC shared work they had undertaken to review the Community health and wellbeing centres. These services aim to improve quality of life, reduce social isolation and promote wellbeing. As part of this consultation had taken place with people and families with 41 people responding to survey questions.

The thematic review of carers analysed the care and support provided. Carers told us that getting a break from their caring role is the priority for them. The analysis found that supported was provided in 456 cases to 390 people. The range of support was found to be very narrow focusing mostly on residential respite which made up 61% of all the support provisioned

(280). It was recognized that this is a promise of support which is only realised when used. Daycare (46) made up 10% of all the support. Homecare, sitting services and shared lives were only used by very small numbers of people and carers.

In March 2023 the findings from the review and a draft framework for co-producing new carers break offer was shared with a group of local people. The group have agreed to work alongside staff from ASC and AJC over the next 6 months to co-produce new carers break offer. This will help to ensure that we have a more appropriate offer which better meets the needs and requirements of carers.

Embargoes

AJC regularly email a list of providers under embargo to staff in ASC. This helps colleagues understand the quality issues and provider restrictions. AJC have provided a link to where these have been saved. Access to this folder is largely restricted to people in the team. It would be

better if AJC were able to send a link to the live document / current version folder to staff. This would reduce the risk that staff are viewing an out-of-date version of a physical document. It would be better if a marker or restriction was visible on the case management system. This would remind staff that a provider they may be looking to provision with was under embargo or restricted provisioning arrangements were in place. It would be better if there was evidence that the number, type and specific providers under embargo was being tracked and reported on. It would be better if AJC were able to evidence how their contract monitoring procedures or equivalent were informing the approach to embargoes and governance of decision making.

Workforce capacity and capability

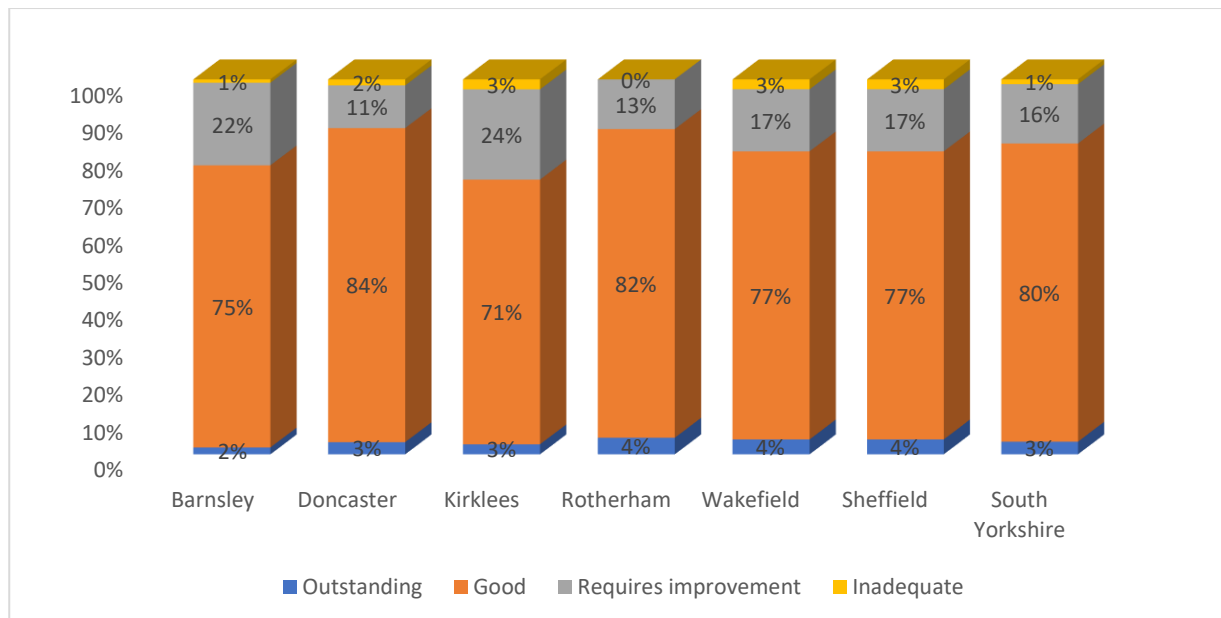
People working in the care sector play a central role in providing high quality services. Local authorities must consider how to help foster, enhance and appropriately incentivise this vital workforce to underpin effective, high-quality services.

Local authorities should consider, in particular, how to encourage training and development for the care and support workforce, including for the management of care services, through, for example, national standards recommended by [Skills for Care](#):

Local authorities should consider encouraging the training and development of care worker staff to at least the standard of the emerging [Care Certificate](#) currently being developed by Health Education England, Skills for Care and Skills for Health.

Care Quality Commission (CQC) ratings of providers

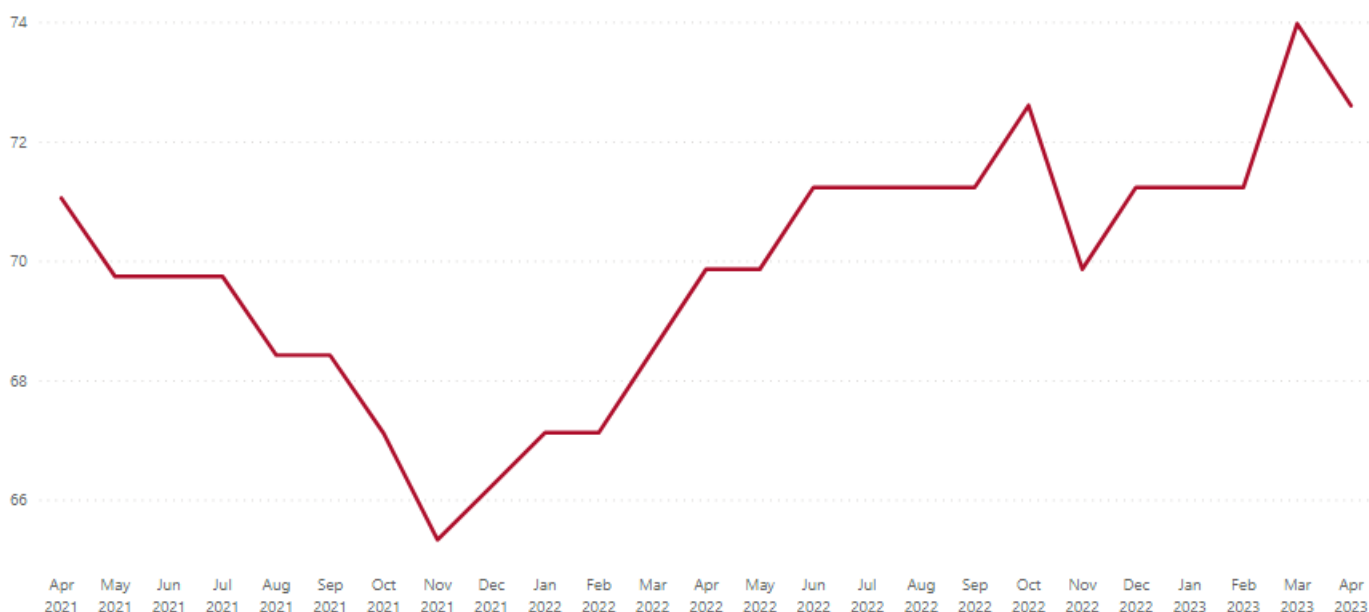
The Care Quality Commission (CQC) ratings are one of the ways we can get an objective sense of people in Barnsley access to good care and support. Our new performance framework has measures around CQC ratings. Our AJC team also keep a number of contract monitoring records locally which allow them to track these. The starting point for this analysis has been the data published by the CQC up to March 2023 which can be found here <https://www.cqc.org.uk/about-us/transparency/using-cqc-data>. At this time Barnsley had 77% of its provision rated good or outstanding. The regional average was 83%.



More up to date information from our draft performance framework suggests an improving picture.

Select Indicator:

ASC_PF48 - Percentage of care home providers rated good or outstanding



The graph above suggests that since November 2021 Good or outstanding CQC ratings for care home providers in Barnsley has increased from 65% to 73%. The framework presented a similar improvement for homecare providers. The recent improvements in occupancy could help providers make further improvements.

Proud to Care Hub

Barnsley Council and an alliance of partners have launched the Proud to Care Hub.

<https://www.barnsley.gov.uk/services/jobs/proud-to-care-working-in-care-in-barnsley/>.

Sessions were held with providers in October 2022. Funding has been provided from the Integrated Care Board to take a lead on workforce across social care. The Service Director for AJC said that work was being completed to establish a Governance framework for managing a new workforce plan and the actions to realise these ambitions.

Princes Trust Scheme

The Council submitted a proposal on behalf of the care partnership academy to support up to 70 young people aged 18-30 into the Health and Care sector. The proposal outlined a model which involved people achieving a passport through the development of key competencies, work experience and the achievement of a care certificate. People would be support into employment through assistance with their applications, interviews and favourable recruitment and selection process. At the time of this self-assessment the Skills and Qualification manager reported that 13 learners had started the programme with 8 people successfully completing the full course and qualifications. A new cohort was due to start in late April / early May 2023. It was stated that work focussed on the hardest to reach learners who have multiple barriers to overcome.

AJC suggested that 1 person had been helped into employment. The Skills and Qualification Manager was unable to confirm this stating that they simply managed the training delivery element. It would be better if someone was able to conclusively track and monitor the benefits associated with the programme, particularly people being helped into employment (in line with the purpose of the scheme).

Skills for Care Data

AJC were asked to supply evidence of how Skills for Care Data was used to support workforce planning. The MPS contains a section on workforce which sets out how some of the data has been used.

Workforce

In Barnsley there are an estimated 6700 jobs in adult social care, split between:

- local authorities (7%)
- independent sector providers (76%)
- jobs working for direct payment recipients (17%)

Skills, recruitment and retention

Skills for Care estimates that the staff turnover rate in Barnsley was 33.0%, which was similar to the region average of 28.7% and similar to England at 29.5% (data as of October 2021).

We'll be inviting all providers to work with us to develop a Health and Social Care Academy that will offer support to the care sector in improving workforce skills, recruitment and retention.

Through a Better Lives Programme there will be development work for all staff to embed asset based approaches, using strength based conversations and improve the quality of care across the borough.

The local authority has recently made a commitment to ensuring direct care staff working as part of council contracts are paid £1 above the national living wage. There is an acknowledgement that care delivery and the quality of care is significantly affected by issues with recruitment and retention and we have seen a further decline as a result of the COVID-19 pandemic.

A summary of engagement with the Workforce Data set was also shared.

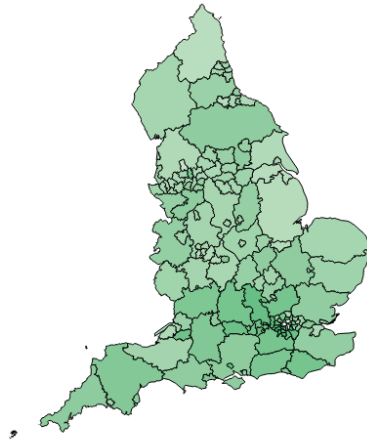


It was asserted that Skills for Care representatives had attended provider engagement events to try and increase completion rates.

The Skills for Care Workforce data set contains data on elements like pay, qualifications and vacancies. This can be broken down by council area and compared with other areas. This was last updated in 2021/2022 and is due to be refreshed in October 2023.¹³

¹³<https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/publications/local-information/My-local-area.aspx> , <https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/documents/Local-authority-area-summary-reports/Yorkshire-and-Humber/2022/Barnsley-Summary.pdf>

Use the drop down menu above to select the areas you want to see. To clear your selection click the reset filters button above.



Average hourly pay

Region	Local authority	£	
West Midlands	Sandwell	£9.42	
	Warwickshire	£9.42	
	Stoke on Trent	£9.38	
	Wolverhampton	£9.37	
	Birmingham	£9.30	
	Solihull	£9.30	
	Dudley	£9.24	
	Yorkshire and the Humber	North Yorkshire	£9.69
		York	£9.61
		Leeds	£9.58
Doncaster		£9.52	
Barnsley		£9.51	
Wakefield		£9.48	
Bradford		£9.47	
Kingston upon Hull		£9.44	
Rotherham		£9.44	
Calderdale		£9.41	
Kirklees	£9.38		
Sheffield	£9.38		
East Riding of Yorkshire	£9.33		
North Lincolnshire	£9.25		
North East Lincolnshire	£9.23		

[Back to map](#) |
 [Summary and key findings](#) |
 [Employment overview](#) |
 [Recruitment and retention](#) |
 [Demographics](#) |
 [Pay](#) |
 [Qualifications and training](#)

Summary of the adult social care workforce Download PowerPoint

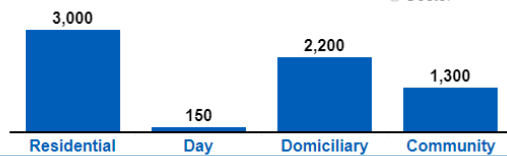
This summary of the adult social care workforce in **Barnsley** includes data from the **whole adult social care sector**: local authorities, the independent sector, posts working for direct payment recipients and those working in the NHS. **Please note that the other pages refer to filled posts in the local authority and independent sector only.**

There were **6,700** filled posts in **Barnsley**.



Filled posts by service

Select a view:
 Service
 Sector



Employers



CQC regulated establishments in **Barnsley** in addition to other services not regulated by CQC.

There were also an estimated **275** direct payment recipients employing their own staff.

There were **5,700** filled posts in Barnsley in the **local authority and independent sector**. These included:



The papers submitted by AJC for the Care Academy / Proud to Care approach from January 2021 showed how some of these data insights were being used to underpin proposals for a change in approach. No further evidence was submitted to show how this has been subsequently used.


Integration and partnership working

For people to receive high quality health and care and support, local organisations need to work in a more joined-up way, to eliminate the disjointed care that is a source of frustration to people and staff, and which often results in poor care, with a negative impact on health and wellbeing. The vision is for integrated care and support that is person-centred, tailored to the needs and preferences of those needing care and support, carers and families. ¹⁴

¹⁴ <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#integration-and-partnership-working> , 15.1

In July 2022 the Director of Adult Social Care (DASS) was successful in becoming the Executive Place Director for Barnsley. This is an opportunity to drive forward the integration agenda and ensure that social care as a strong voice in these discussions.

Executive Place Director for Barnsley – Wendy Lowder



Having started as a volunteer, Wendy qualified as a Learning Disability Nurse and then spent a number of years in the voluntary sector with responsibility for a range of services from employment to care and support. Since 2003 she has worked in Local Government in a range of leadership roles including personalisation, digital, social care and commissioning. She is currently the Executive Director of Adult Social Care and Communities in Barnsley Council.

Wendy will continue to be responsible for Adult Social Care in Barnsley, with her title as Executive Director of Place Health and Adult Social Care.

The Executive Place Director now leads regular Health and Care Senior Management Team (SMT) meetings. This enables senior leaders from health and care to jointly consider relevant business items. It is promoting a greater awareness of the strengths, challenges and opportunities which exist for different health and care areas. It is also helping to bring different perspectives and ideas to discussions and allowing members to think strategically about health and care.

In recent months colleagues from across health and care have been working together on a joint review of intermediate care provision. This is a vital for helping people to regain lost skills , abilities and confidence in a joined up way. It is one of the key ways that the health and care community in Barnsley helps to support people at home for longer. There has also been joint working on the Barnsley Older Persons Physical Activity (BOPPA) Programme. This programme helps to reduce falls and hospital admissions and has been shortlisted for a Local Government Association (LGA) award. Barnsley has a joint commissioning team for adults and commissioners said that homecare, residential and nursing care are jointly commissioned. There was a lack of evidence offered around future ambitions for joint commissioning. No evidence was offered relating to specific future joint commissioning strategies or current protocols. It would be better if it was clearer what the ambitions are in this area and what plans are being developed to realise these.

Health and Wellbeing Strategy

Wellbeing is at the core of our work. Our [Health and Wellbeing Strategy](#) sets out how we will respond to challenges in Barnsley, focusing on helping people to start well, live well and age well.

We want to prevent people from needing long-term care and support services wherever possible. This can be through access to easy-to-understand information, advice, and early help and preventative services. Early help is all about giving people the help they need as soon as possible and supporting people, families, and communities to do more for themselves.

People may need early help at any point in their life. It can involve interventions early on in life and early in the development of a problem. Giving people access to information and advice may help them think about their future and plan.

We all need to consider our needs in the coming years and how we can help ourselves stay

healthy, fit and well. We know that people live longer and have healthier lives if they have a good network of family and friends. That isn't the case for everyone, unfortunately.

CQC Theme 3: Safe Systems

The safety theme covers;

- Section 42 safeguarding enquires
- Reviews
- Safe systems
- Continuity of care

This self-assessment has examined elements of these and found the following.

Our key strengths and achievements

- Increase in number of safeguarding concerns received from friends, families and neighbours
- Safeguarding Resources and guidance web pages
- Support and challenge from Safeguarding Board and subgroups
- Implementation of a new preparing for adulthood team and pathway.

Key areas for improvement

- External Review – responding to findings from review
- Serious Adult Reviews- auditing changes in practice and impact for people
- Transitions Team – assessing impact of new team against issues identified in the thematic review.

Safety is a cross-cutting theme which overlaps with working with people, providing support and leadership. The areas highlighted below are those which have not been explored in earlier sections.

Pathways and transition

In 2022 findings from a transitions review were shared with colleagues across the council. This review examined the support given to young people by ASC. The review identified a number of challenges, including;

- Transitions Protocol did not appear to be systematically embedded,
- Late notification of transition
- Transition in adult social care was often based on services and not needs (contrary to the Care Act).

In response to this and other findings, a number of changes have been made by the service as part of the Better Lives Programme. This includes the creation of a new Preparing for Adulthood Team (PFA).

It is recommended that some of the findings from the review are revisited to assess the impact of the changes.

Safeguarding

Barnsley Safeguarding Adults Board helps to support and challenge professionals and volunteers working across the borough. It has a website dedicated to this.

This gives people access to training and safeguarding resources like policies and procedures. These cover themes like self-neglect and hoarding, financial abuse, modern slavery and risk assessments. The Safeguarding Board is supported by various subgroups on performance management and quality assurance and policies and partnerships. One of the key issues identified has been around the availability of key pieces of data and intelligence. The Director of Adult Social Care (DASS) has met with colleagues from Business Intelligence to explore how the gaps might best be met. At the time of this self-assessment it was not clear what actions would be taken forward to help resolve the identified issues.

The Safeguarding Board Manager helped to design and agree our critical success factor relating to safeguarding concerns. Whilst the partnership is well sighted on concerns from care homes it gets much fewer from people in their own home. A target was set to increase this and promotional activity has been delivered to help raise awareness. Last year 64 concerns were raised by friends, neighbours, relatives and unpaid carers so a target of 70 was agreed. In 2022/23 it was reported that 131 concerns were received which is almost double the target.

In late 2022 and early 2023, the Quality Assurance and Service Improvement Team (QASI), Service Managers and Safeguarding Board Manager worked with an external consultant to review our approach to managing third party led safeguarding enquiries. At the time of this self-assessment, a draft report had been shared with colleagues, but actions in response to this are still being agreed. Some of the issues identified included:

- Too little consideration given to risks of organisational abuse or links to other risk management process such as provider concerns frameworks.
- The police investigations in the cases audited did not meet the policy outcomes expectations or apply their legal duties to complete proportionate enquiry / criminal investigations. In failing to do so, they made it more likely that the perpetrator would continue to abuse adults at risk. A senior police officer has agreed to review the two cases, and actions will be completed in line with police powers.
- There is no evidence that the outcomes of s42 enquiries feedback to the ICB and acute hospital trusts in respect of learning that might improve the hospital discharge process. At the final meeting, mental health leads explained that they were currently developing a process to enable a more robust feedback loop and that this could also include reporting mechanisms to the BSAB's PMQA.

The council's management team are meeting to decide how best to respond to these findings and recommended actions.

Managers in Adult Social Care and the Safeguarding Board Manager explained that actions in response to Serious Adult Reviews (SAR's) are reported to the Safeguarding Board Manager. The Safeguarding Board Manager attended an extended managers meeting in early 2023 to share learning of SAR's with staff from across adult social care teams. The board manager shared copies of the action plans and said that engagement and progress has generally been good. How the actions have influenced and changed practice is less clear. It is recommended that during 2023 the Quality Assurance and Service Improvement Team (QASI) select key themes from the SARs and review practice against these to assess what progress has been made.

CQC Theme 4: Leadership

Theme 4: Leadership

This theme covers;

- Strategic planning
- Learning
- Improvement
- Innovation
- Governance,
- Management and Sustainability

The self assessment has examined evidence relating to a number of these areas. It should be noted that leadership is a cross-cutting theme which overlaps with working with people, providing support and safety. Highlighted below are some specific areas not picked up within earlier sections.

Our key strengths and achievements

- Positive feedback from staff through the social work healthcheck
- Positive Feedback from Social Work Staff from the staff survey
- Commitment to learning, reflection and investment in change
- New approach to procedures – providing clarity for staff and managers
- Progress made with inspection readiness – roles and responsibilities and welcome pack

Key areas for improvement

- Staff Survey – AJC areas for improvement need particular attention
- Quality Assurance – more focus on the impact of changes to practice and processes.
- Data and Intelligence – implementation of performance framework and associated improvements
- Transitions Team – assessing impact of new team against issues identified in the thematic review.
- Need to develop best practice examples to show case our work.

Culture and learning

The Social Work Health Check led by the Principal Social Work (PSW) provides positive feedback about the experience of social work. Since 2018 significant efforts have been made to create a culture of reflection and continuous development. The regular practice audits were paused during covid. Workforce pressures have led to a reluctance to restart these. It would be better if practice audits were being regularly completed to continue to increase confidence that a culture of continuous reflection and improvement was being fostered. It would be better if there was more evidence of the actual changes the discovery work had led to and what impact these have had on the lives of citizens in Barnsley.

A review of our approach to policies and procedures by the Quality Assurance and Service Improvement Team (QASI) found that we had large numbers of documents which were not consistently informing practice in a positive way. We have now implemented a new online

solution <https://barnsleyadults.trixonline.co.uk/> which has enabled us to reduce our documents from 391 to 259. Good progress has also been made with the local procedures element of this approach and we expect the majority of documents to be available to staff by June 2023.

Staff Survey

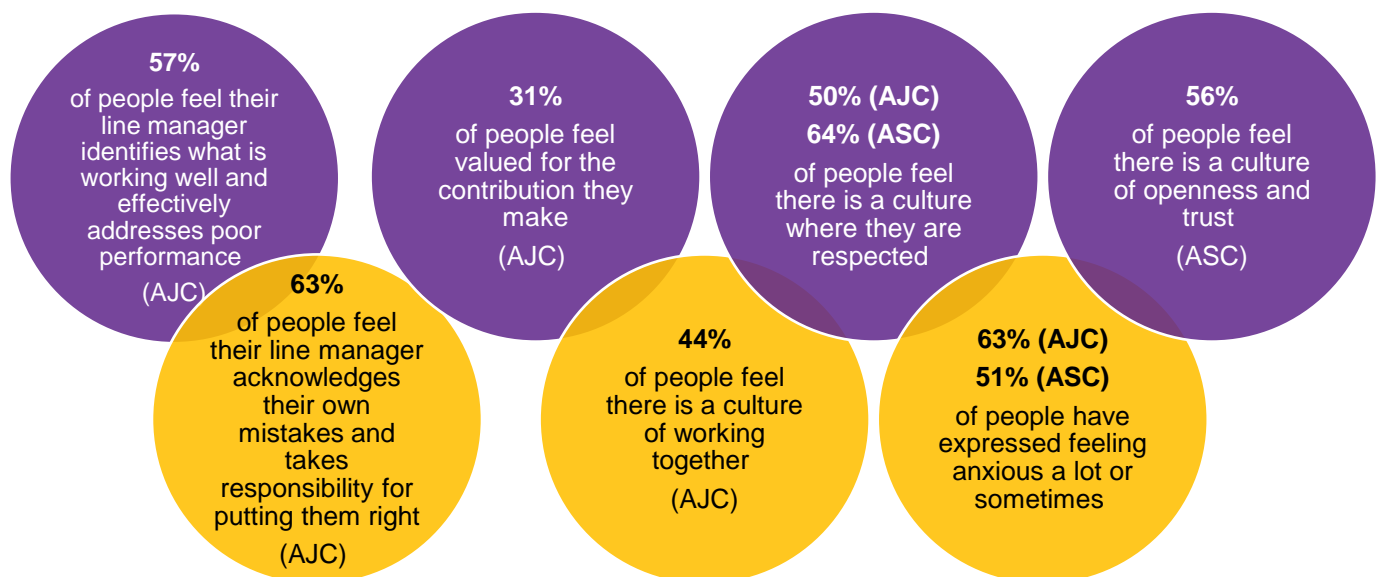
During September 2022 an employee satisfaction survey was completed across the council. Approximately 176 staff from Adult Social Care completed the survey was 176 employees which accounted for 56% of the workforce. The survey results identified a number of positive areas, with levels of satisfaction above the council average. A selection of these for both Adult Joint Commissioning and Adult Social Care are set out below.

Positive feedback (Top 7)



Below are areas where analysis identified improvements have been required.

Identified improvements (Top 7)



Staff and managers from across the directorate were asked to suggest actions which would help improve the identified areas. The Service Directors took suggestions to the Health and Care Senior Management Team Meeting. The agreed actions have now been added to the service improvement tracker. Progress with these is scrutinized on a monthly basis.

Social Work Health Check

The Social Worker Health check is an annual employer survey providing insight into our social work workforce. In 2022, 66 surveys were completed which represented 55% of the workforce employed as social care professionals within Adult Social Care.

Adult Social Care achieved an overall rating across the Employer Standards of green.

The survey highlighted the significant commitment of our workforce and a desire to make sure they continued professional development was maintained throughout the pandemic. The survey also demonstrates our continued commitment and desire to provide excellent services and evidenced informed practice. Areas for greater focus included safe workloads, case allocation, supervision and CPD towards professional standards. Our Principal Social Worker is leading these improvements moving forward. These will be managed through our workforce planning with an updated training and development offer as we continue to have a strong commitment to the developing our staff, focusing on recruitment and retention. As part of this we continue to be committed to the Social Work Apprenticeship Programme and building on our Progression Policy.



Assessed Supported Year in Employment (ASYE) - Review

A review of our ASYE approach found evidence that Barnsley has a good programme that helps Newly Qualified Social Workers (NQSW) develop from qualification to the expected standards.

NQSWs felt that the ASYE programme was a great year to ground and consolidate their practice. They noted **“fantastic support”** and a **“positive experience”**. Some concerns were raised about case load management, the consistency of support arrangements, and the impact of this

on NQSW's wellbeing and resilience. The Principal Social Worker discussed the following areas and suggestions with Team Managers and Heads of Service.

Areas for development, equality and diversity

- Consideration to be given to gathering data on EDI to support work in this area and inform if the programme is meeting the needs of people of varying ethnicities and ability.
- To continue to build the confidence of current BME Social workers to take on the role of ASYE Assessors.

Workload

- More meaningful protection of NQSW's workloads developed. NQSWs would like clarity and consistency in relation to caseloads. They would like a framework of what is expected of them based on complexity, the team context, and 'invisible' case work.

NQSWs and Transitions

- A greater appreciation of the impact of transitions pre, during and post ASYE and support around resilience.
- Consideration to be given to NQSWs potential need for a 'Wellbeing Check- In' at 3 -4 months, as responsibilities, pace of work and role start to change significantly.
- Consideration to be given to the allocation of a buddy for NQSWs where there is a gap in starting their employment and starting the ASYE, to best support consistency of support, perhaps an NQSW who has recently completed the programme.

Assessors

- Consideration to be given to Assessors preference not to take on the role as a long arm assessor, where possible.
- Assessors would welcome more support in relation to EDI as they didn't feel fully confident in what they could or should do if and when NQSWs had been discriminated against.
- Consideration given to using PQS Supervisor Standards as a tool to support Assessors to develop reflective skills needed.

KSS

- Wider promotion of KSS amongst NQSWs, Assessors and wider organisation.

The Principal Social Worker and her team are taking forward agreed actions for ASYE. These have been added to the Service Improvement Tracker and progress discussed on a monthly basis.

Improvement - Better Lives Programme

The Service Manager shared the Programme Plan and access to project folders containing highlight reports and project plans.

It would be better if the programme had some clearly defined benefits and a robust baseline. The benefits need to be specific, measurable, realistic, and time-based. The absence of benefits makes it difficult to easily describe the intended impact of the interventions and the vision for the future state. An absence of clearly defined benefits can cause significant challenges, including:

- Obscuring the business case for change
- Making it difficult to objectively assess the success/failure of change

- Narrative – clear benefits are ordinarily the thing which unifies project/programme teams around a shared sense of direction.
- Making it difficult to understand the rationale for prioritising one set of business changes over alternatives.

Performance

A whole range of performance information is provided to ASC and AJC to manage services and improvements effectively. These include a Monthly Performance Report (MPR), access power bi reports on safeguarding, training and development and caseloads.

The monthly performance report is the main tool used by senior managers to assess and review performance. This has a significant number of measures covering contacts, timeliness, provision, and outcomes.

It is difficult from this to see which are the key strategic areas where improvements are being sought. Some key operational areas are absent or don't have targets. For example, the MPR makes no mention of staffing measures like training and development and absence. People are ordinarily key components of an organisation's learning, development and innovation strategy. No reporting arrangements were found for scrutinising spend and performance for Disabled Facilities Grants (DFG).

The national ASCOFF measures are being reviewed, and new requirements around client-level data sets are being introduced. The BIIT is working with Better Lives and AJC to develop a new performance framework. The new performance framework has been developed and is due to go live in the spring / summer of 2023.

Leadership

As mentioned in the section on integration, in July 2022 the Director of Adult Social Care (DASS) was successful in becoming the Executive Place Director for Barnsley. In response to the establishment of the South Yorkshire Integrated Care Board new place based governance arrangements have been agreed for Barnsley.¹⁵ The involvement of local government in Integrated Care Systems and place-based partnerships can bring three key benefits. The first is the opportunity to join up health and social care at all levels in the system, creating better outcomes and a less fragmented experience for the public. The second is the potential to improve population health and wellbeing and tackle inequalities through the leadership of public health teams as well as NHS and local government acting together to address wider determinants of health such as housing, local planning, and education. Finally, the involvement of local government can enhance transparency and accountability through supporting engagement with local communities and providing local democratic oversight.

As part of the governance arrangements a Barnsley Place Committee has been established which has delegated authority from the Integrated Care Board (ICB) to make use of ICB resources in Barnsley.

The council has strong involvement from elected members most notably through regular briefings and more formal member scrutiny sessions. Through scrutiny, elected members have a session in July 2023 focusing on the performance of adult social care in 2022/23.

¹⁵ <https://barnsleymbc.moderngov.co.uk/documents/g8497/Public%20reports%20pack%20Wednesday%2008-Mar-2023%2010.00%20Cabinet.pdf?T=10> , p 63 - 71

The engagement from senior managers in Adult Social Care as part of this self assessment has been mixed. It would have been better if senior managers with key responsibilities had more consistently responded to requests for evidence in a timely manner. When the CQC arrive, Adult Social Care may only have hours, days or weeks to provide evidence. It would be better if there was a more consistent, timely and comprehensive response to evidence requests. It is recommended that responsible people are identified for the overall key themes as well as key specific information which sits underneath these.

Inspection Practicalities

The self-assessment focuses on trying to improve outcomes for people to make sure that we are assessment ready 365 days per year. This section explores what practical arrangements have been put in place to ensure we are ready to give the best possible account of ourselves and the work we do when the inspection notification arrives. This draws on the experience of colleagues in children's social care who are already subject to inspection.

Roles, responsibilities, and evidence sign off

A roles and responsibilities document has been drafted. This proposes that all evidence releases to the CQC require sign-off by the Director of Adult Social Care (DASS) or a Service Director in their absence. When inspection notifications are received, there is also an expectation that senior managers will clear their diaries to enable them to fully engage and focus on the inspection. Key contacts and seconds have been identified for a range of functions which support an inspection, including FM (ID Badges, room bookings, car parking, refreshments), IT (systems access, Laptops) and Business Intelligence (Data requests), amongst others.

List of bases and facilities and timetable templates

When conducting an inspection, the CQC may wish to visit staff working out in local areas and talk to them in a variety of places of work. A list of bases has been collated with HR, complete with address and details about facilities (car parking, contacts, wi-fi etc.). Inspection timetable templates have been developed to enable the management of people. Children's social care has provided letter templates and distribution lists to aid communication in the run-up to the inspection.

Welcome pack

Work has started to develop a welcome pack for inspectors visiting Barnsley. This is designed to give them a sense of our borough and make their short stay with us as seamless as possible. We are planning to include key information about the geography of the borough, the profile of residents, details about adult social care and key bases. In addition to this the pack will include maps of the main office base, links to the railway station and details of nearby hotels.

Mock interviews

We want to ensure that staff and senior managers are as confident and comfortable as possible talking to people external to the council about the work they do with people in Barnsley. The QASI have asked a current CQC Inspector to carry out a series of mock interviews with staff. Interviews have been booked with all senior managers starting with the DASS (on the 20 of March), Service Directors, Heads of Service and Service Managers. The inspector has been provided with details of identified areas for improvement to help questions be developed in a similar way to the CQC will follow Key Lines of Enquiry (KLOE). Sessions have been booked with

Team Managers, the Safeguarding Board Manager, commissioning managers and colleagues from Public Health. Staff focus groups will also be set up.

Best Practice Examples

A best practice call for evidence has been shared with senior managers and teams from across the council. The QASI are collating these and working with staff to develop profiles which link these to the CQC themes and standards