

City of London Corporation

Adult Social Care Self-Assessment

April 2018



Contents

Executive Summary	3
Introduction	7
- The Self-Assessment	7
- The City of London	8
- External Context	9
Self-Assessment	11
- Vision, Strategy and Leadership	12
- Working Together	20
- Service Delivery	25
- Resource and Workforce Management	36
- Commissioning and Market Shaping	43
- Participation	49
- Improvement and Innovation Demonstrating Notable Practice	52
- Quality Assurance and Performance Management	54
- Outcomes for People Who Need Care and Support	57

Executive Summary

The City of London Corporation provides good quality adult social care services but is committed to ongoing and continuous improvement especially in response to changing contexts.

This self-assessment is part of that process and was carried out over the last year in consultation with staff and partners. Going forward, it will be used as a basis for consultation with residents and service users as the improvement action plan is shaped and delivered.

There are a range of frameworks that can be used to carry out self-assessments of adult social care. This self-assessment used the Towards Excellence in Adult Social Care (TEASC) framework supplemented with any relevant additions from other frameworks, mainly the Adult Social Care Risk Awareness Self-Assessment Tool.

Context

People are living longer in the City of London. The City of London Corporation provides support to residents who require it because of disability, long term ill health or ageing. The older population is set to increase in coming years that brings with it increasing mobility and health issues and a potential need for support. There are a significant number of residents who identify themselves as carers although only a small percentage of these are known to adult social care. There is no residential, nursing or supported living provision within the City of London boundaries.

During 2017/18, the City of London Corporation received 132 new requests for support and of these, 105 people went on to receive a service. 23 of these were for short term support to maximise independence and 56 were for services from the Occupational Therapist. During the year, long term support was provided to 141 clients.

There are complex health and care pathways for City of London residents, but measures have been put in place to try and minimise the impact of this and this have been successful in maintaining good performance on social care delayed transfers of care.

In April 2017, the City of London Corporation entered into integrated commissioning arrangements with City and Hackney Clinical Commissioning Group taking a joint approach to commissioning across health, social care and public health.

The external environment for adult social care nationally has been challenging in recent years with the introduction of the Care Act, new

requirements around Deprivation of Liberty Safeguards and financial and service pressures.

Findings

There are effective structures in place for governance and leadership around adult social care in the City of London Corporation. One of the strengths of the Department for Community and Children's Services is that it includes a wide range of services that interact with each other. Having one Chief Officer leading all these services is beneficial.

Operationally services are good and are set within a context of Corporate and Departmental plans which demonstrate the commitment to supporting vulnerable people, offering choice and maintaining independence and safety.

There are good examples of the City of London Corporation working with partners. It is recognised that relationships on the east side of the City with Tower Hamlets Clinical Commissioning Group and GPs need to be strengthened and there is a need to demonstrate the impact that working in partnership through integrated commissioning has over time. The self-assessment did identify that operationally some relationships could be strengthened.

The City of London Corporation Adult Social Care Team is a generic social care team incorporating social workers, an Approved Mental Health Practitioner, an Occupational Therapist and a Reablement Team. This is beneficial in providing an integrated approach and the team is small enough to facilitate supportive integrative working on cases.

The Social Workers also have manageable caseloads (the average caseload is around 20 cases and the complexity of cases is considered at allocation) which helps provide good quality services and there is a specific workforce development officer for the Directorate who is able to develop specific and relevant training for the social work team.

The City of London Corporation provides good quality social care services but there are areas that could be strengthened further to align with best practice and culture change in social care. These include an increased emphasis on prevention, building on strengths and empowering people to manage their conditions more independently and more personalisation in services. The self-assessment also identified some specific processes that could be made more robust.

The City of London Corporation has not faced the same level of financial cuts as other places but over the next year, there will be 2% efficiency savings, and these may also continue into future years.

There is a specialist commissioning function within the Department which has expertise in areas such as adult social care and a move towards more outcome focused services. The integrated commissioning arrangements provide a City specific focus and opportunities. There is a need to ensure that these opportunities are fully realised.

Although the City of London Corporation demonstrates the involvement of residents and service users in the development of services, there is an opportunity to expand the reach of this and ensure that co-production is fully embedded in all our services. Co-production is an underlying principle of integrated commissioning and there is a need to ensure that the City of London resident and service user voice is appropriately reflected in this.

The size and scale of the City of London and its services makes it an ideal place to pilot innovative approaches and there are examples of this but equally, the size and scale can limit other opportunities. However, integrated commissioning arrangements and a shifting health and social care landscape provide the opportunity to consider where the City of London Corporation may wish to pilot other innovative services.

There is a range of internal and external quality assurance that takes place for adult social care services, but this needs consolidating into a Quality Assurance Framework. A single source of data and practice standards is also being produced.

The focus on outcomes is strengthening within the organisation with a golden thread running from the Corporate Plan through to the departmental Business Strategy and individual's work. However, it is noted that there needs to be a stronger emphasis on demonstrating the impact of our services on individual service users and their outcomes.

Our focus for action

Many of the opportunities for improvement and recommendations are reflected in the action plan that flows from this self-assessment. In summary, our main focus for action over the next year will be as follows. These will be reviewed annually to ensure they are still the appropriate focus for action going forward.

- Articulating a **strategy and vision** for adult social care in the City of London
- Furthering **cultural change** in adult social care with increasing emphasis on personalisation, prevention and wellbeing in practice
- Embedding **co-production** across adult social care (and other services)

- Strengthening **quality assurance** of adult social care services
- Demonstrating the impact of adult social care services on the **outcomes** of individual service users
- Further developing **strategic commissioning** for adult social care, using the opportunities that integrated commissioning arrangements and other developments provide and pursuing innovation

Introduction

The City of London Corporation is committed to driving forward service improvement across its portfolio to ensure that services meet their statutory responsibility and, for Adult Social Care, provide consistently excellent services for service users, carers, their families and the wider community of the Square Mile.

The Adults Service Improvement Board (SIB) was established in late 2016 as an internal forum to champion service improvement and development across Adult Social Care within the City of London Corporation.

Part of the work of the SIB has been to undertake this self-assessment which is based on an adapted version of the Local Government Association's (LGA's) Towards Excellence in Social Care (TEASC) framework which looks at the following areas:

1. Vision, Strategy and Leadership
2. Working Together
3. Service Delivery
4. Resource and Workforce Management
5. Commissioning and Market Shaping
6. Participation
7. Improvement and Innovation Demonstrating Notable Practice
8. Quality Assurance and Performance Management
9. Outcomes for People Who Need Care and Support

There are a number of other self-assessment frameworks which have been considered where appropriate. These include:

- The Adult Social Care Risk Awareness Self-Assessment Tool developed by the LGA and the Association of Directors of Adult Social Services (ADASS)
- The draft Key Lines of Enquiry for Local System Reviews by the Care Quality Commission (CQC)
- Stepping Up to the Place: Integration Self-Assessment Tool developed by the LGA, the NHS Confederation, NHS Clinical Commissioners and ADASS
- Co-production Self-Assessment Framework produced by the New Economics Foundation

In undertaking this self-assessment, the City of London Corporation gathered feedback from the Adult Social Care Team, partners and our commissioned providers at an Adult Social Care Partnership event in February 2017.

From this self-assessment, a service improvement plan is being developed based on considerations of the opportunities for improvement and

recommendations for action. It will be owned by the Service Manager for Adult Social Care and monitored by the SIB and Adult Senior Management Team (ASMT).

This self-assessment considers the areas set out in the TEASC framework, sets out a City of London context for each of the designated areas then goes on to consider the strengths and opportunities for improvement in these areas. Each section has a number of recommendations for action which will be considered and included in the action plan.

The City of London

The City of London has a resident population of around 9,400 of which approximately 15% is over 65 (currently 1,444). Both the overall population, and in particular, the older population is set to increase in coming years.

Living Longer Lives

People are living longer lives in the City of London. The average life expectancy for a man is 86.1 years and for a woman is 89.0 years, compared to 80.3 years and 84.2 years in the rest of London.

An increase in the ageing population brings with it issues around mobility, poor health, social isolation and the need for care and support.

Physical and Mental Health Needs and Disabilities

Projecting Adult Needs and Service Information System (PANSI) figures predict that there are 156 people (aged 18-64) in the City of London who have a learning disability, 475 who have a moderate physical disability and 135 who have a severe physical disability. The Mental Health Needs Assessment estimates that 1,294 residents are suffering from a common mental health problem.

Census data from 2011 showed that 626 City of London residents over the age of 50 identified that their day-to-day activities were limited by a long-term health problem or disability.

Carers

The 2011 Census also reported that there were 576 City of London residents who identified themselves as informal carers. There was a higher proportion of low intensity carers (less than 20 hours a week) than London and England and a higher proportion of male carers compared to London and England. The peak age for caring was between 50 and 64 (15.9% of this age group are carers).

Care Pathways

The City of London has complex care pathways. Around 75% of City residents are registered with the one practice in the City – the Neaman Practice, which is part of City and Hackney Clinical Commissioning Group (CCG). 16% of City residents on the east side of the City are registered with GPs who are part of Tower Hamlets CCG. Homerton Hospital is the main commissioned hospital for acute care for City and Hackney CCG registered patients and for community health services for all City residents. In reality, most City residents end up at the Royal London Hospital (Tower Hamlets) or University College Hospital (Camden) as acute admissions. In 2016/17 there were just under 600 non-elective admissions for City of London residents across several hospitals.

These complex care pathways have created difficulties in the past in ensuring that City of London residents are linked up with the correct services when discharged from hospital, including community health and other support. A number of measures have been put in place to address this and the City of London Corporation is able to maintain safe and supported hospital discharges and low levels of Delayed Transfers of Care (DToCs) attributable to social care.

External Context

Adult social care services are set in the context of the Care Act 2014 along with other acts such as the Mental Health Act 1983 and the Mental Capacity Act 2005.

When the Care Act 2014 was introduced, the City of London Corporation was well placed to meet its legal requirements, but part of the purpose of this self-assessment is to consider any specific impacts the Care Act has had on services since its introduction.

With financial pressures on both health and social care services, there is an increasing drive towards integration of services, not only to make the best use of more limited resources but also to put the patient and service user at the heart of seamless services. The City of London Corporation has entered into integrated commissioning arrangements with City and Hackney CCG as the basis of its integrated care model.

The City of London Corporation is part of the North East London Sustainability and Transformation Partnership (known as the East London Health and Care Partnership) which consists of 8 boroughs, 7 CCGs, 3 acute trusts and 2 mental health trusts. Sustainability and Transformation Partnerships are now being seen as an interim measure with a move towards a new framework called Accountable Care Systems, which will focus on collective responsibility for population health.

Recently, a Memorandum of Understanding for health and social care devolution in London has also been signed and will focus on NHS estates, prevention and integration.

Self-Assessment

1. Vision, Strategy and Leadership

Considerations

Context

- Any unexpected events or pressures this year which may have affected the priority given to adult social care
- Any changes to the organisation, impact on adult social care and how any impact has been managed
- Extent to which the organisation is meeting the obligations of the Care Act
- Whether there has been any significant adverse local or national media coverage of adult social care locally

Political and officer leadership

- Examples of leadership development and the appraisal processes
- How visible social care is within the organisation
- Effectiveness of decision making processes, including scrutiny arrangements, in relation to shared priorities and accountability between local leaders
- Extent of recognised and active leadership by all statutory partners on relevant areas such as promoting wellbeing, safeguarding and mental capacity, how well these requirements are communicated and how policies are informed by these requirements

Culture

- Current culture in adult social care and individual teams
- How far personalisation and asset-based approaches have been embedded across adult social care
- How far is risk to achieving adult social care identified and managed effectively and whether there is a climate where risk is openly and constructively discussed
- Extent to which the organisation focuses on cultural change just as much as systems change and engages solutions beyond social care, including the NHS

See Appendix 1 for governance structure

Context

There have been some changes in staff within adult social care over the last 18 months including the Service Manager leaving. However, an internal appointment was made to the Service Manager position providing stability and reducing the amount of time required to get to know the City of London Corporation. Other changes in personnel have been the result of permanent recruitment to replace temporary staff and provide a greater degree of stability within the service.

The Reablement Service was inspected by the Care Quality Commission in December 2016 and rated Good overall with each individual area also receiving a Good rating.

Within the Department, there was an Ofsted inspection of children's services in July 2016 and a SEND local area inspection in March 2018. These statutory inspections take significant amounts of time and resources within a small organisation and have potential implications for the Adult Social Care Team around areas such as transitions. There have been no adverse incidents at the City of London and no negative press coverage.

The City of London Corporation was well placed to deliver on the requirements of the Care Act. Areas of development included a Deferred Payment Agreement Scheme, reviewing carers' assessments and budgets and strengthening the information and advice offer.

Political and Officer Leadership

Political Leadership

The City of London Corporation has a unique political structure.

The vast majority of members are independent and Members of the Common Council (equivalent to councillors, also referred to as Common Councilmen) are elected by the wards of the City every four years. Each ward returns between two and 10 members depending on the size of the electorate. Businesses as well as residents are able to vote in elections.

The Court of Common Council is the primary decision-making assembly, and usually meets every four weeks. Its main business focuses on the reports of committees and members' questions and motions. The City of London Corporation has retained a committee system for its decision-making processes with the Community and Children's Services Committee having responsibility for adult social care. The committees perform the scrutiny role for policies and budgets of the Corporation. There is, however, a specific

Health and Social Care Scrutiny Committee as required by the Health and Social Care Act 2012.

Adult social care is visible within the City of London Corporation although given the regulatory requirements of Ofsted mean that Children's Services can periodically have a higher scrutiny profile within the organisation. There have been a number of examples of Members giving effective leadership in the area of adult social care at the City of London Corporation. These include:

- *Care Act Champions*: Three Members of the Community and Children's Services Committee acted as Care Act Champions, with specific Terms of Reference, to provide political leadership on the Care Act. These Members championed the particular issues around the Care Act when they came to full committee
- *Integrated Commissioning*: Three Members of the Community and Children's Services Committee now form the Integrated Commissioning Sub-Committee which forms part of the Integrated Commissioning Board with City and Hackney CCG Governing Body Members to provide leadership on the City of London position in decision making on health, social care and public health commissioning
- *Safeguarding*: The City of London Corporation Safeguarding Sub-Committee provides political leadership on safeguarding and meets local statutory requirements given that the statutory board is joint with the London Borough of Hackney
- *Health and Social Care Scrutiny Committee*: Members have scrutinised a range of issues including integrated commissioning and provision of local GP services
- *Adult Advisory Group*: Chaired by a Member of the Community and Children's Services Committee. This is currently under review to meet the requirements of the Health Integration agenda.

Shared Priorities and Accountability

Local leaders share priorities and accountability in a number of ways. Examples include:

- *Developing an Understanding of Safeguarding*: Regular briefing sessions are held for Members to strengthen their understanding of safeguarding and their responsibilities as part of a wider partnership

- *Partner Involvement in Scrutiny:* Inviting partners to Health and Social Care Scrutiny to discuss issues related to health and social care to ensure that City of London resident needs are being met effectively
- *Strategy Development:* Partners have been active in contributing to, and owning certain actions in strategies such as the Joint Health and Wellbeing Strategy, the Mental Health Strategy and the Locality Plan
- *Regular and Robust Reporting:* Regular reports on the Departmental Business Plan, KPIs and risks are reported to the Community and Children's Services Committee quarterly

Leadership by Officers

The leadership structure in the Department of Community and Children's Services is well positioned to secure internal co-operation from other directorates, departments and services. The Director of Community and Children's Services has responsibility for housing, children's social care, adult social care, education and library services. The Assistant Director for People's remit covers adult social care, children's social care, education and early years and homelessness, including rough sleeping. This has created opportunities for effective joint planning and a development of a strategic view which is held at People's Directorate Senior Management Team.

One example of this is the establishment of a Transitions Forum that includes social workers from both adult and children's social care along with colleagues from early help and education and early years. Health colleagues also attend this forum where required. It is chaired by a member of the Senior Management Team in the Directorate and allows the opportunity to effectively plan for the smooth transition of young people and their carers between children's and adult services where appropriate.

Staff views

A staff survey showed that in the People's Directorate:

- Over 80% understood how their work contributed towards the departmental Business Plan and objectives
- Nearly 60% stated that when changes happen at work they are communicated well and understood, and that they feel involved
- Over 70% felt that the Department values equality and diversity in the workplace
- And over 70% felt that the Departmental Leadership Team kept them informed in a timely, relevant and effective way

As part of the annual appraisal process, a personal development plan is drawn up which can include leadership development. There is a course available to staff on leadership development which departments can purchase and in other cases relevant leadership courses will be spot purchased from external providers – for example Leadership Courses for health and social care run by the Kings Fund.

Leadership by Statutory Partners

There is active leadership by statutory partners in relevant areas including promoting wellbeing and safeguarding in the City of London. Examples include:

- *The Adult Wellbeing Partnership (AWP)*: Established in 2014, the partnership brings together senior officers from both the City of London Corporation and other statutory bodies such as health and the police to drive forward the integration agenda in the City of London and ensure that organisations are aiming for the same goal in terms of wellbeing for City of London residents. This is underpinned by an Adult Wellbeing Plan.
- *The City and Hackney Safeguarding Adults Board (CHSAB)*: Established before it became a legal requirement of the Care Act 2014, the CHSAB partnership consists of representation from a range of statutory partners and the voluntary sector. The City of London Corporation also has its own safeguarding Sub-Committee which consists specifically of agencies working in the Square Mile. This arrangement provides clear recognition of, and focus on, safeguarding arrangements in the City of London and is a means of developing City focused safeguarding in line with the CHSAB priorities
- *Police Involvement*: The City of London Police are engaged and represented in a number of local partnership arrangements including the City of London Adult Safeguarding Sub-Committee and the Rough Sleepers Strategy Group. They also chair several partnership forums including the Multi-Agency Assessment Conference and the Vulnerability Steering Group and, along with the City of London Corporation, jointly chair the Suicide Prevention Working Group and jointly own the Suicide Prevention Strategy

City of London Police are leading, in partnership with City and Hackney CCG and East London Foundation Trust, a Street Triage pilot which aims to improve crisis management of mental health issues in the City of London

- *The Health and Wellbeing Board (HWBB)*: Includes City of London Healthwatch, City and Hackney CCG and the City of London Police

along with officer representatives from across the City of London Corporation

- *Integrated Commissioning Arrangements:* City and Hackney CCG and the City of London Corporation have entered into integrated commissioning arrangements that aim to improve health and wellbeing outcomes for residents and deliver the priorities set out in the Joint Health and Wellbeing Strategy. The arrangements include statutory partners, providers and the voluntary sector working together and is moving towards being an Accountable Care System (ACS)

Culture

There is a positive culture within adult social care at the City of London. The team is small, stable and supportive and the generic nature of the team allows for experience across the range of adult social care functions. Workloads are manageable, and staff are able to provide good quality services. The team is also keen to learn and develop. During the implementation of the Care Act, the staff took responsibility for being champions in different areas, providing peer support and education on that specific area.

The management of cultural change in adult social care is driven by the ASMT and delivered by the Adult Social Care Service Manager.

There are a number of areas where cultural change is impacting on adult social care in the City of London. These include:

- *Integrating Health and Social Care:* Part of the work plan for integrated commissioning is to undertake work on organisational development across the system. Integrated Commissioning will have an impact on different staff across the Directorate with a move to working more as a health and care system rather than in organisational silos. Locally the system is also looking at a localised neighbourhood care model which will also bring about changes in working practices and organisational culture
- *Embedding Personalisation, Prevention and Wellbeing:* The Care Act 2014 instigated cultural change in adult social care, embedding personalisation, prevention and wellbeing into the heart of services. Although these were already in place to some extent before the Care Act came into force, these are areas where the service could develop further

- *Technological Transformation:* IT solutions, digital transformation and the use of assistive technology have the potential to instigate significant cultural change for both staff and service users and their families

Managing Risk

Adult social care risk is managed in a number of ways within the City of London Corporation. This includes:

- The CHSAB and the City of London safeguarding sub-committee
- The Adult Social Care SIB
- The ASMT
- Safeguarding is an item on the Corporate Risk Register
- A risk register is currently being developed for the People's Directorate
- Regular monitoring of KPIs
- Regular supervision of social workers
- A Complex Needs Panel which makes decisions about high cost and high-risk placements
- An established Hoarding, Self-Neglect and Fire Risk Panel that includes a range of partners
- An Internal Audit team who undertake a number of audits across the Department

Strengths

- There are positive examples of strong collaboration across the organisation and with partners. This includes a Hoarding, Self-neglect and Fire Risk panel with the London Fire Brigade, a Transitions Forum and monthly estate meetings to manage risk amongst vulnerable tenants
- The service addresses questions and concerns from Members, businesses and the public in a timely manner
- The structure of the Department allows for cross-cutting working and the potential for more seamless services to residents
- The development of specific integrated commissioning arrangements for the City of London has created a specific focus and established leadership on the integration of health, social care and public health services to meet City of London specific needs. The development of a neighbourhood model further allows a City of London bespoke model to be developed
- The size of the Department allows visible leadership by the Director and assistant directors with regular People's Directorate meetings held
- Members have engaged with internal briefing sessions, for example on safeguarding and general departmental service inductions

Opportunities for Improvement

- Further building on the capacity and expertise of Members in specific areas such as the integration agenda and safeguarding
- Ensuring that adult social care is understood and communicated across the organisation. There is a lack of information about how far staff across the organisation understand adult social care, its role and the links with their role. The links with commitments in Corporate and Departmental plans also need to be more clearly understood
- Managing cultural change and improvement more strategically and demonstrating its impact
- Recognising and managing strategic adult social care risks more specifically

Recommendations

- Review the role and impact of the Adult Wellbeing Partnership in light of the integrated commissioning governance structures
- Undertake an awareness raising campaign to ensure that adult social care is understood and communicated across the organisation.
- Undertake an awareness raising campaign to ensure adult social care referral pathways are clearly understood by all partners
- Ensure staff and partners understand the links with commitments in Corporate and Departmental plans in relation to adult social care
- Develop an adult social care risk register to formalise identification and management of risk in the service
- Implement and monitor a process for keeping policies, procedures and processes under review and up to date and develop a culture of using them consistently in the team, built into induction and on-going work
- Review the Safeguarding Inter-board Chairman's meeting (corporate role)

Overarching priority for improvement work: Setting social care in the wider context of Departmental and Corporate plans

Working Together

Considerations

Strategies and plans

- Extent to which strategies and plans for social care are developed in partnership with people who use services, their carers' and other interested citizens', the voluntary sector, health, housing and other relevant organisations and stakeholders
- Extent to which safeguarding is embedded in corporate and service strategies across the organisation and partner organisations

Governance and impact

- Extent to which partnerships, including the Health and Wellbeing Board and Safeguarding Adults Board, have appropriate governance arrangements and whether they are adequately resourced
- Extent to which these partnerships have clear roles and accountabilities with joint performance monitoring frameworks to promote effective information sharing, joint assessments and care planning
- Whether the partnership context is particularly complex or challenging, the character of relationships with different partners and the beneficial outcomes achieved from these relationships to date

Working together in systems

- Any significant financial, organisational and / or performance challenges likely to impact on the deliverability of the STP and the BCF
- Extent of involvement in development of the local STP and whether this has been agreed with the Council and elected Members
- Whether the local STP properly reflects the risks facing both the NHS and adult social care and whether it reflects a joint approach to tackling the challenges involved
- How the 2017/18 BCF funding compares with the previous year and whether the level of funding has enabled sustainment of investment in jointly agreed priorities
- Performance on BCF related improvement targets in relation to non-elective admissions and delayed transfers of care
- Extent to which operational health and social care processes, systems and resources are integrated to avoid duplication and provide more accessible and joined up multi-disciplinary commissioning and delivery arrangements

Context

Strategies and plans

There are a number of examples of working in partnership with service users and carers to develop strategies and plans for social care. Examples include:

- Development of the current carers' strategy with carers. 181 carers from the City of London were contacted and 35 carers responded – these responses were then used to help shape the strategy. It also informed the formation of the Reach Out Network Contract which includes a carers' support service.
- The Adult Advisory Group (AAG) consisting of service users helped to shape the specification for the current domiciliary home care contract
- Service users and patients generally have a voice in the new integrated commissioning workstreams through representation and will be involved in shaping transformation of services and new contracts.
- Working with Healthwatch to hold a number of workshops helped shape Better Care Fund (BCF) plans and a number of social care contracts

Governance and impact

- The CHSAB Performance Management Framework was implemented in 2015 – 16. It is regularly reviewed at CHSAB meetings and reported on in the Annual Report
- There is an emerging safeguarding multi-agency data set

Working Together in Systems

There is a longstanding history of working with health partners and with the London Borough of Hackney to deliver services to City of London residents. This formed a strong foundation for developing integrated commissioning arrangements.

The City of London Corporation sits within the North East London Sustainability and Transformation Partnership (known as the East London Health and Care Partnership) that now has one Accountable Officer across the seven CCGs. Recently, a London Health and Social Care devolution Memorandum of Understanding has been signed which will focus on NHS estates, prevention and integration. To date, the STP has been very health focused and engagement with local authorities has been at a more local level through care models.

There is still a lack of clarity about the decision making between these three layers and where areas of work will overlap. For the City of London Corporation, there is concern that specific needs will get lost in the bigger picture and therefore it favours the local ACS that is developing.

The City of London has its own Better Care Fund (BCF) which in 2018/19 is around £882,000 (including £228,000 of iBCF funding).

The BCF is part of integrated commissioning arrangements as a pooled budget and is vital for the City of London in sustaining key services such as a Care Navigator post which supports safe hospital discharge and helps minimise Delayed Transfers of Care.

In terms of BCF metrics, the City of London Corporation performs well on residential care admissions and the effectiveness of reablement. The rate of hospital admissions remains fairly steady, but this is against a backdrop of admissions decreasing across the STP area generally. This is an area where further work is being undertaken to understand some of the issues involved and identify whether there are any systemic issues. The City of London Corporation has good performance on Delayed Transfers of Care (DTOCs) for social care but accurate data in national reports is often a problem and work has been undertaken to ensure protocols are in place locally to ensure DTOC figures are agreed before being reported nationally. Going forward, DTOCs will be considered as a system wide issue within the integrated commissioning arrangements rather than the responsibility of a particular organisation.

Integrating Health and Social Care

The City of London Corporation has entered into integrated commissioning arrangements with City and Hackney CCG to make commissioning decisions about health, public health and social care together. This aims to reduce duplication of services, streamline services for patients and service users and improve health and wellbeing outcomes for residents in the City of London and Hackney. Discussions have also started with Tower Hamlets CCG to ensure links across into their integrated care model.

There are already examples of good partnership working across health and social care at an operational level (see box below) but sometimes cross border issues and the complex care pathways this creates have complicated the delivery of joined up services.

Operational Partnerships

The City of London Corporation is part of a number of operational partnerships involving both internal and external partners which sit within wider systems

- Social Workers regularly attending multidisciplinary (MDT) meetings at the local GP practice with a number of other professionals to develop joined up responses to specific cases
- The Hoarding, Self-Neglect and Fire Risk Panel
- Financial Abuse Task and Finish Group

The integrated commissioning arrangements provide an opportunity to transform services, reducing duplication and providing more seamless services to residents. There are plans to develop a local neighbourhood model across City and Hackney to provide integrated health and social care services at a local level.

Strengths

- There is close working across the Department and between teams in the People's Directorate, for example adult social care and homelessness
- There are specific arrangements for integrated commissioning for the City of London which allows a focus on meeting City-specific needs
- There are examples of positive collaboration with partners
- Working with the London Borough of Hackney has enabled the City of London Corporation to meet needs cost effectively where there are low levels of service use locally

Opportunities for Improvement

Opportunities include:

- Ensuring that there is a focus on the City of London's needs throughout the health and social care system and not just in the top levels of the integrated commissioning governance structures
- Taking a more strategic approach to developing a relationship with Tower Hamlets CCG. With the development of integrated commissioning arrangements with City and Hackney CCG and a number of complexities across the Directorate in terms of health services for residents registered with Tower Hamlets GPs, there is increased impetus for strengthening this relationship in order to address some of these issues

- Working with Members to further raise awareness of Adult Social Care services
- Broadening the range of service user, carer and resident representation within internal and external networks
- Embedding co-production more consistently into all our work
- Ensuring the City of London service user and patient voice is represented in integrated commissioning arrangements
- Strengthening the working relationships with Tower Hamlets GPs

Recommendations

- Undertake regular briefings and training for other DCCS staff and wider City of London Corporation colleagues to raise awareness of the vision and strategy for social care (see recommendation under Strategy, Vision and Leadership section)
- Develop a strategic approach to working with Tower Hamlets CCG especially within integrated commissioning arrangements and with specific Tower Hamlets GPs
- Ensure adult social care referral routes are clearly understood by all partners
- Develop a framework for demonstrating that partnership working is supporting an integrated care system, adding value and producing efficiencies
- Embed co-production across all our work
- Facilitate the building of relationships across organisations at an operational level

Service Delivery

Considerations

Approach, values and systems

- Extent to which the organisation has adapted its approach and systems to respond to the needs of people who lack mental capacity
- Extent to which services delivered meet quality standards, deliver improved outcomes, treat people with dignity, respect and compassion and keep them free from harm
- The range of quality services that are in place that meet the diverse needs of the local population and respond to changing needs and expectations, and how quality standards are monitored
- Evidence that the organisation and its partners are meeting the Public Sector Equality Duty
- Extent to which the organisation and its partners work together to deliver a personalised, community-based care and support system with smooth transitions between services and agencies
- How the Care Act obligation to meet carer needs for support is being met
- Extent to which policies, strategies, procedures and templates are regularly reviewed to support practice and identify gaps
- Any specified target response times (e.g. for assessments, reviews and provision of services) and whether these targets are being achieved.
- Whether personal budgets, as set out in the Care Act, available to all those eligible and can the council demonstrate the difference that they make to someone's life

Safeguarding

- Extent to which there is a personalised response to harm and abuse that enables people to identify and improve outcomes, reach resolution, justice and recovery and address what has caused the harm
- Extent to which partners and providers can demonstrate that they use the Mental Capacity Act including Deprivation of Liberty Safeguards to safeguard people's rights
- How adult safeguarding fits into the organisation's overall strategy. Extent to which it can demonstrate that it is a top priority for the organisation and key partners
- Methods that the organisation (and the safeguarding adults board) use to assess safeguarding practices and outcomes. Whether externally recommended practice standards and tools such as Making Safeguarding Personal, the ADASS Adult Safeguarding Improvement Tool has been adopted
- Whether people who experience safeguarding processes are asked about what outcomes they want and if so, whether this is recorded.

Extent to which impact of safeguarding interventions are monitored at an individual and strategic level

Experiences

- How the organisation ensures that people have a positive experience of care and support, co-produce solutions and provide choice and flexibility of care and support to achieve outcomes
- The mechanisms to access easy to understand information and advice about care and support and the range of this, for all residents, regardless of whether or not they have eligible care needs, including financial advice
- Level of confidence that arrangements are effective across the whole care system and extent to which partner and provider agencies are appropriately involved

See Appendices 2, 3 and 4 for social care and hospital discharge pathways and data on services provided.

The City of London Corporation's Adult Social Care Team is a generic social work team (see section on workforce for outline of structure and roles) that provides support services to City of London residents.

The pathway diagrams in Appendices 2 and 3 illustrate the pathways for the social care service and for hospital discharge, but in summary:

- A front door service (known as duty) is provided by qualified social workers on rotation. They provide information and advice and triage to see whether a full needs assessment is required. An out of hours duty service and out of hours mental health services are commissioned by the City of London Corporation from the London Borough of Hackney
- A Senior Practitioner screens all new referrals and allocates them weekly through the electronic social care recording system.
- Timescales for completion of assessments and support plans are to be reviewed in the new practice standards
- Support plans are completed by social workers and contain the individual budget. For social workers, the Senior Practitioner signs off the assessment and the decisions made, the individual budget and the care and support plan. The Team Manager approves the cases of the staff that they supervise.
- A complex needs panel exists to consider any cases where a high cost / risk has been identified through assessment. The complex needs panel meets every two weeks and consists of the Assistant Director, the Service Manager, the Team Manager and a commissioning representative
- Statutory reviews take place at six weeks and then annually. Carers are reviewed on an annual basis
- Financial information is collected by social workers and sent to the finance team to complete the financial assessment. Financial assessments are discussed at monthly finance and adult social care meetings
- A commissioned advocacy service provides Care Act advocacy, Relevant Person Representative, Independent Mental Capacity Advocacy, Deprivation of Liberty and NHS complaints / health advocacy. Independent Mental Health Advocacy is commissioned by the CCG and delivered via Homerton Hospital
- Cases are retained by allocated social workers for a six-week review and then de-allocated by senior staff and placed into the review system
- Social workers can refer cases to the Self-Neglect, Hoarding and Fire Risk panel for a multi-agency discussion and a plan for further intervention
- All safeguarding concerns are recorded through a duty safeguarding rota and a social worker is allocated to each case. The Senior Practitioner takes the Safeguarding Adults Manager role with the Team

Manager acting in the oversight and compliance role. All safeguarding cases are brought to supervision within 20 days of allocation

- Information and advice is provided by members of the Adult Social Care Team and a commissioned advice service called *City Advice*. *City Advice* will provide advice about how to find a financial adviser but do not recommend any specific advisers. Both the social work team and *City Advice* can offer advice and signposting to self-funders
- There is an Occupational Therapist as part of the team who carries out Occupational Therapy assessments, provides equipment to help maintain independence and undertakes the initial assessments for Disabled Facilities Grants
- Following a placements review, a pilot project across the Directorate tested the role of a placements officer for both children's and adults (see section on commissioning and market shaping for more detail)
- Personal budgets are available for anyone who is eligible and there is a commissioned service to assist individuals with their direct payments and related support if they require it
- There are no residential or nursing homes within the City boundaries and no supported living accommodation. These are all spot purchased.
- There is one commissioned home care provider for the City of London

Performance monitoring related to service delivery is covered in a later section.

Hospital Discharge

- The City of London has its own in-house reablement team consisting of 2 reablement co-ordinators supervised by a Senior Occupational Therapist. Out-of-hours reablement services are provided by a commissioned home care provider. The reablement co-ordinators are trusted assessors for minor equipment
- Given the complex care pathways present in the City of London, a Care Navigator was commissioned three years ago to support safe hospital discharge for City of London residents where necessary. The Care Navigator acts as a trusted assessor for referrals to reablement and a social work assessment
- Reablement is always considered first for all patients leaving hospital to focus on increasing independence and wellbeing
- In order to facilitate admission avoidance and discharge to assess, the City of London has a commissioned Reablement Plus Service which can provide 24 hours social care support for up to 72 hours
- The City of London Corporation has limited access to intermediate care / step down beds and is currently considering whether as part of a housing refurbishment scheme within the City of London a care hub could be developed which would provide a facility for this service
- Telecare is available to residents as part of a care package and to tenants resident in City of London Corporation housing. It is recognised

that the Assistive Technology offer could be strengthened in terms of prevention, care packages and hospital discharge.

- This combination of support enables the service to be responsive which has resulted in positive outcomes such as low levels of DTOCs attributable to adult social care

Social Isolation

Tackling social isolation is a key priority for the City of London Corporation. In 2015 a piece of action research was undertaken by Goldsmiths University as part of a Knowledge Transfer Programme to look at social isolation amongst older people. This identified that there were a number of groups within the City boundaries who were experiencing social isolation. These included LGBT residents on the Barbican estate and Bangladeshi women on the Mansell Street Estate. The research identified that many socially isolated people had family and friends living elsewhere but lacked the digital skills to keep in touch. There was also a recognition that some people knew about the community groups that were available but were reluctant to proactively involve themselves with these groups.

The research and some of the issues arising were considered by a Member-led social wellbeing panel and from this, a strategy and action plan was developed. The action plan includes the development of community connectors to support people to access community groups and a digital inclusion scheme. Work is already underway with the voluntary sector and specific groups have been commissioned for the populations identified above.

Mental Health and S117

Where the City of London Corporation has a duty under S117 of the Mental Health Act, discharge plans are made with the adult in conjunction with the social worker and the mental health consultants. The support offered may be run in conjunction with the Care Programme Approach where applicable.

The main provision is Supported Living but there are a significant number of people have more creative support plans.

There is also a project underway with East London Foundation Trust (ELFT) to work with clients in supported living to assess and provide support about moving to more independent living settings where appropriate.

The City of London has a significant number of rough sleepers (street count of 36 in Autumn 2017) and many of them have mental health issues. There are issues around entitlement to services, long term services which have to be provided to some rough sleepers and the interaction between primary care and mental health services, especially where rough sleepers are not

registered for services. An audit is being carried out to consider the health needs of rough sleepers and the responses to this.

The Adult Social Care Service Manager chairs a multi-disciplinary rough sleepers mental health meeting establishing pathways for those who require assessment under the Mental Health Act.

Approach, Values and Systems

The City of London Corporation has a range of services in place which can meet diverse needs, but many services are spot purchased which also gives flexibility to meet these needs. However, it is recognised on the east side of the City that some residents are more likely to be socially isolated or less likely to engage with services and further work is needed here to engage with this.

The City of London Corporation is required to meet the public sector equality duty and demonstrates this in a number of ways. When new services are commissioned or reviewed, equality assessments are undertaken. An equality assessment of the delivery of the adult social care service as a whole has not been undertaken and is an area for further work.

There is a long history of meeting carers' needs in the City of London. Before it became a legal requirement, the City of London Corporation was already offering carers' assessments and budgets. Recently, as part of an upgrade to our electronic social care recording system new carers' assessment forms, including a new Resource Allocation System (RAS) to calculate carers' budgets more effectively was purchased.

A Carers' Strategy is in place (developed in partnership with Carers' UK) and is currently in the process of being updated. The 2011 census recorded that a significant number of residents in the City of London identified themselves as carers but only a small number of these are known to Adult Social Care. Reaching out to a broader and more diverse range of carers in the City of London is a key priority of the strategy along with improving the health and wellbeing of carers.

The Adult Social Care Team has recently updated all policies and procedures which are accessible for practitioners online. Each policy and procedure has a review date and these reviews will be co-ordinated by a Business Support Officer. The governance structure for this is the Senior Management Team.

With regards to the MCA and adapting approaches, systems have been updated to include prompt questions on assessment forms, safeguarding forms and contacts. The team proactively pursue DoLs and are working with partners to develop awareness around mental capacity.

Safeguarding

The wider Adult Social Care Team are all up to date with training for safeguarding and Making Safeguarding Personal is a key principle of discussions at Team Meetings. The City of London Corporation also use the Pan-London multi agency safeguarding procedures which is based on the Care Act which is based on the values of personalisation.

There is a personalised approach to safeguarding practices at the City of London Corporation, but it is recognised that there is further work to be done in evidencing and recording that this takes place throughout the whole process. This has formed part of the work around upgrading of the electronic social care recording system and forms will also be updated to ensure that this can take place. Forms also need to mirror those in the London Borough of Hackney so that reporting is consistent across the CHSAB.

There are also plans to set up safeguarding clinics as an internal quality assurance mechanism around safeguarding.

It is recognised that although at a senior level there is engagement and commitment at a senior level in partner organisations to safeguarding and Making Safeguarding Personal, this does not always filter down to the operational level. This has been evident in some multi-agency safeguarding audits.

Organisationally, there is a strong commitment to safeguarding. It is included on the Corporate Risk Register, it is a priority of the departmental business plan and is built into the commissioning process. There is also a Corporate Safeguarding Policy. Again, it is recognised that in some of these areas, there could be more of an emphasis on Making Safeguarding Personal.

Internal safeguarding audit systems are in place across adults and children's services.

As part of the CHSAB, there is a quality assurance sub group who have developed a dashboard reporting on elements of safeguarding processes and outcomes. They also hold annual multi-agency Safeguarding Audits.

Safeguarding forms currently include an opportunity for individuals to give feedback on the process and how personalised it was. This is currently a tick box and it is recognised that as the forms evolve, more qualitative feedback would be useful.

The CHSAB has a common safeguarding policy and provides training on a range of issues including those that arise from the Mental Capacity Act. In addition, the City of London Corporation has commissioned training on the Mental Capacity Act in the past and for the future. Adult Social Care are also providing training for the vulnerable adults group on mental capacity.

Information and advice

As noted above, there is a commissioned information and advice service who are responsible for providing information and advice about social care in line with the Care Act. They are also contracted to horizon scan and do some awareness raising. They are also able to advise people on how to find an independent financial adviser. There have been low levels of people accessing the service specifically for social care advice. City of London Healthwatch is also responsible for signposting people to information and advice about health and social care and social workers provide information and advice as part of their role.

There are a number of social care leaflets currently available on understanding social care, reablement and support for carers. The next document will focus on financial issues including charging for services and Deferred Payment Agreements.

The City of London Corporation has an online directory of services, while there are discussions going on at a wider level around whether there is a need to develop information and advice resources across the health and social care system.

Currently, there is no interactive facility for City of London residents to undertake basic self-assessments or to be directed to any universal services specific to their needs.

Strengths

- The size of the Adult Social Care Team and its generic nature means that staff know many of the cases well and are able to work together to provide an integrated service
- The service is able to be responsive which has resulted in positive outcomes such as low levels of DTOCs attributable to adult social care
- Feedback on the service is generally positive with a low level of complaints
- There have been no judicial reviews of the service for the past 3 years

- The adult social care service is an integrated service with an in-house reablement team, an occupational therapist, social workers and an Approved Mental Health Practitioner (AMHP)
- There is an integrated pathway for hospital discharge
- There has been good performance on Deprivation of Liberty Safeguards (DoLS) with limited breaches, but some issues are beyond the control of the City of London Corporation. There is a list of Best Interest Assessors that the team has access to and communication with the ones that have been used has been positive
- Despite the small size of the team and lack of experience in the area, in recent Court of Protection cases, practice has been validated
- Adults and Children's Services use the same electronic social care recording system
- A specific Transitions Forum is in place to plan for effective transitions between children's and adult services
- The CQC inspection of the reablement service rated the service 'Good' and found that the service was effective and caring and that staff respected people's privacy and dignity
- Qualified social workers carry out all needs and carers' assessments
- The Care Navigator plays an important role as a trusted assessor in terms of directing people to reablement or a full social care assessment. The navigator also plays a key role in helping to identify carers. The reablement team are also trained as trusted assessors for minor equipment
- Spot purchasing of placements creates a degree of choice for service users
- The City of London Corporation uses the London Multi Agency Safeguarding Policies and Procedures and Making Safeguarding Personal is embedded in the approach to safeguarding
- The take up of direct payments has increased as people chose to stay with their service provider for domiciliary care when a new contract was awarded
- There is an ongoing mental health reablement project with the local mental health trust to support people into more independent settings where appropriate and to provide floating support to help maintain this

Areas for improvement

- While it is unrealistic, due to the size of the City and the nature of Adult Social Care, to expect demand to be forecast with great accuracy, there may be areas where a more systematic method forecasting would be of benefit.
- There is a lack of formal contingency plans around any potential single points of failure; for example, the sole commissioned provider of home care, the one AMHP and the one Occupational Therapist. There is also a

need to develop a more formal arrangement if any client requires a female AMHP

- The spot purchasing of placements could be more systematic and managed. This has been demonstrated in the placements pilot
- There is a lack of access to intermediate / step down provision
- There is a lack of practice standards, and policies and procedures need to be reviewed regularly and kept up to date
- The carers' Resource Allocation System (RAS) has been updated to be more reflective of need but there will need to be effective management of people on existing budgets if their budgets change at review
- Working relationships with Tower Hamlets GPs and the Royal London Hospital need to be strengthened
- There could be more work around helping people think about planning for the future, raising awareness of preventative work and managing demand at the front door
- Better recording and demonstrating of preventative work and its impact
- Improving the information and advice offer
- Improving the level of legal literacy around DoLs and Court of Protection in the in-house legal team
- Keeping policies, procedures and processes up to date and using them consistently
- Offering further support to individuals to complete financial assessments
- There needs to be an increased focus on financial contributions and the collection of these
- Capturing compliments and informal feedback more effectively and using these in both staff and service development
- Expanding the use of feedback from across the service for example in safeguarding
- Equipment and telecare provisions are not meeting all current needs; for example, there is currently no telecare provision available for individuals with no landline.
- There should be greater formal consideration of the role of assistive technology within the social work support planning process
- Although staff had good examples of collaborative working, there had also been some more negative experiences of working with other organisations especially where there was a disconnect between strategic collaboration and this filtering down to the operational level
- Lack of understanding in some other organisations of the Mental Capacity Act
- Advice and signposting for self-funders may not be as thorough as it could be. This is becoming increasingly important given the approach being taken to look at DToCs as a system issue rather than an issue for individual organisations
- Demonstrating the impact that Individual Budgets make to people's lives
- Need for more streamlined use of Best Interest Assessors and framework for quality assurance of this

Recommendations

- Develop a process to forecast demand more effectively
- Develop formal contingency plans to address any potential points of failure
- Review the outcomes of the placement pilot and action as necessary
- Map potential demand and develop a strategic plan for provision of step-down provision
- Develop practice standards for the service
- Develop and implement a plan for regular review and updating of policies and procedures
- Update and implement the Resource Allocation System as part of the upgrade of the electronic social care recording system
- Develop a communication plan to manage any potential changes in individual budgets for carers
- Review the process for providing support to individuals around completion of financial assessments
- Develop a system for demonstrating the impact that individual budgets have on people's lives and their outcomes
- Update the Carers' Strategy and implement the action plan
- Develop a strategic approach to strengthening relationships with Tower Hamlets CCG and Tower Hamlets GPs
- Take forward work on the social isolation action plan
- Continue to develop resources and an interactive website to facilitate prevention and self help
- Review and refine the information and advice offer
- Review and develop a plan for capturing and using feedback from a wider range of social care service users
- Build broader assistive technology considerations into support planning
- Work with the Workforce Development Officer to consider how staff and partners can be regularly kept up to date and trained in the Mental Capacity Act
- Review Team Meeting Terms of Reference and structure to involve staff in wider range of discussions and decisions; for example, around integration and commissioning
- Strengthen the Think Family approach within Adult Social Care
- Review the approach to working with self-funders and formalise any processes around information, advice and signposting for them
- Develop formal checklist for the Care Navigator to use in their role when they are doing basic assessments of people they meet in hospital; develop workflow for care navigator in new electronic social care recording system
- Explain service pathway process to service users with FAQs that are written in plain English
- Produce easy read versions of leaflets and website where appropriate

- Facilitate relationship building at an operational level across organisations

Overarching priority for improvement work: Furthering cultural change in adult social care with increasing emphasis on personalisation, prevention and wellbeing in practice

Resource and Workforce Management

Considerations

Resource management

- The organisation's understanding and management of its financial and physical resources to meet its current requirements and future challenges
- Extent of savings made since 2010/11, whether council tax grant has been frozen for some years and whether the social care precept has been applied
- Describe any corporate financial challenges such as corporate overspends or unusual budget pressures in other service areas such as children's services which are a cause of concern for the organisation now
- Extent to which the organisation has protected adult social care budgets over the last five years and whether this is changing
- Whether adult social care's gross and/or net expenditure has reduced in the last few years and if so, when this began to reduce and what the cumulative impact has been. Extent of expenditure on adult social care per head of population relative to other councils. Whether there is a target budget reduction in the current year. Whether adult social care overspent its budget last year or whether an overspend is projected in the current year and any measures being taken to address this. How well does day to day control over adult social care expenditure and income work

- Any specific concerns about demand pressures such as rises in new care home places and / or expensive packages for young people with disabilities
- Success of any demand management measures and confidence that demand can be managed within current resources
- Level of in-house care provision and medium-term plans for this
- Unit costs and how these compare with neighbouring organisations. Whether there are any immediate plans to contain or increase fees and reference the impact of the National Living Wage on current and planned fee levels
- Budget reductions and efficiencies programme so far. Whether personal budgets for people who use services and carers have been significantly reduced and whether organisation is managing to protect investment in preventative services or whether unpalatable cuts have had to be made as opposed to efficiencies
- Whether there is an agreed medium-term financial plan (MTFP) for next year and the year after and level of confidence about delivery
- Level of confidence re continuing to protect the quality, availability, diversity and safety of adult social care services over the next three years
- How resources are re-allocated to tackle changing priorities or inadequate performance

Preventing needs developing

- What services the organisation is providing that help to prevent or delay the development of care and support needs (including carers' support needs)

Workforce

- How the organisation is actively addressing workforce issues (both internally and externally; for example, service providers, including personal assistants employed by service users) in its area relating to the provision of Adult Social Care, to ensure that people who use health and social care are treated with respect, dignity and compassion by staff who have the skills and time to care for them
- Whether the organisation has a robust workforce plan for adult social care to ensure there is sufficient trained and competent staff to meet future requirements
- The strengths and assets of senior team(s) and where there is room for improvement and how this is being addressed. Any particular areas of the adult social care service/department where there are high rates of sickness/absence, high numbers of vacancies and/or high use of temporary/agency staff. How this is being addressed
- Whether there is sufficient capacity (numbers, skills and competency) to deliver Safeguarding/MCA/BIA requirements

- Whether, across the wider care sector, there are workforce challenges that are of concern or worsening (especially in relation to recruitment and retention and/or training and competency)
- How engagement with local partners and providers to address local workforce challenges is being undertaken

Supporting Information

Context

Resource Management

Budget and Pressures

Current costs in the adult social care sector are increasing. Cost inflation in the sector is a national phenomenon that has seen expenditure by local authorities in 2016/17 increase by £554m (3.3% in cash terms) in that year. This is despite a minimal change in demand for services during that year.

This experience is mirrored in the City of London, where the cost of adult social care provision has also increased. The cost of residential and nursing care alone increased from an average weekly level of £709 in 2012/13 to £918 by 2016/17.

A number of factors are driving this price increase:

- Wage costs are increasing in the sector: the National Minimum Wage, London Living Wage and recent rulings on paid night shifts have driven increases.
- Recruitment and retention pressures are driving up wage costs – a situation that has been exacerbated by a decline in the European workforce in the wake of the Brexit referendum result.
- Supply shortage, particularly in London's residential care market, is pushing prices upwards. The City has limited purchaser power in this market given its comparatively small care contracts that rely on spot purchase rather than block contracting.
- A new requirement for legal applications to the Court of Protection in relation to those who lack capacity has seen legal costs borne by the City's ASC service increase from nil in 2015/16, to reach £24,470 in 2017/18 to date.
- The complexity of cases is driving additional cost. Two current cases have incurred annual expenditure by the ASC team of over £80k.
- An increasing proportion of those who approach ASC services for assistance require a formal assessment.

Underlying demographic changes are also increasing demand for services. The City of London's population of those aged over 65 years has increased by 25% since 2012. Among those aged over 85 years, the increase is more marked. An older population are far more likely to experience health and mobility problems and complex health needs requiring social care intervention.

	2012	2013	2014	2015	2016	% increase from 2012
65-74	626	687	724	760	794	27%
75-84	347	348	374	390	393	13%
85+	133	167	178	179	196	47%
Over 65	1106	1202	1276	1329	1383	25%

Population projections published by the Greater London Authority indicate a continued rise in the older population in the short term.

	2016	2017	2018	2019	2020	% increase from 2016
65-74	794	829	845	853	865	9%
75-84	393	402	414	435	455	16%
85+	196	198	212	216	228	16%
Over 65	1383	1429	1470	1504	1547	12%

In 2017/18 the City Corporation spent £4.05m providing short and long -erm adult social care support. It is predicted that this expenditure will grow to £4.23m in 2018/19 resulting in an overspend of £36k in the current financial year. It is anticipated that this overspend can be mitigated in 2018/19. The forecast outturn for 2019/20 is anticipated to be within the budget of £4.41m

The adult social care budget consists of three elements:

- Adult Social Care
- Older People
- Occupational Therapy

Profiling adult social care expenditure on trend data is unreliable, especially in the City where a budget proportionate to a small client base can be distorted by the costs of one or two additional clients. In both the current and future years, unpredictable events such as widespread winter flu or prolonged cold weather can lead to spikes in demand for support. For the City's ASC services, such events can have very significant impact on delivery and budgets.

In December 2017, it was agreed by the relevant finance committees of the City of London Corporation to increase the baseline budget by £400k from 2019/20.

From 2018/19, 2% savings need to be made across the Corporation and these savings may be ongoing.

The City of London does not currently apply the social care precept to Council Tax.

The Adult Social Care Complex Needs Panel is the decision-making forum for approving financial decisions about high cost and high-risk cases.

In terms of individual cases, individual budgets are generated by the Resource Allocation System based on the needs assessment. The assessments and the individual budgets are agreed by the Senior Social Worker and/or the Team Manager. The Senior Social Worker makes decisions about whether a case needs to go to the Complex Needs Panel.

All providers (apart from residential care and supported living) paid the London Living Wage from 2016. Where this created a funding gap for providers, corporate financial support was available from the City of London Corporation as an interim measure.

Preventing Needs Developing and Demand Management

The City of London Corporation has adopted a preventative approach in its work and has a number of services and initiatives to prevent, delay or reduce care needs. These include:

- The Reach Out Network which incorporates programmes that provide early intervention and support around health and wellbeing and links people in the community, such as carers and people with dementia, to services and reduces their social isolation.
- Befriending service
- In-house reablement service
- Occupational Therapist
- Aids and Adaptations
- Assistive Technology
- The Disabled Facilities Grant which funds capital works to homes of disabled people to help them maintain their independence at home

A review is currently underway looking at how demand is managed at the front door and how to strengthen the early intervention / prevention offer. As part of this, all our commissioned preventative services will be considered in the context of a more integrated and targeted early intervention offer.

Workforce

See Appendix 5 for team structure

The Adult Social Care Team consists of 13 staff including qualified social workers, reablement staff, an AMHP, an occupational therapist and administrative staff. The staff base has been relatively stable in recent years and reliance on locum staff has reduced. For more senior staff it has sometimes been difficult to compete with other local authorities for social workers due to salary levels and therefore applications have been made to apply Market Force Supplements to these posts.

In terms of the care workforce generally, there have not been any specific issues reported from our commissioned home care providers in recruiting carers and the contract for this service specifically built in the Unison Care Charter to ensure appropriate pay and conditions for staff.

Within the wider health and social care system, there are issues around the ageing GP workforce and the recruitment of nurses. The Community Education Providers Network has received funding to look at some innovative ways of addressing some of these issues and thinking about new roles within developments such as the neighbourhood care model. The City of London Corporation is part of these discussions.

Caseloads

The social workers in the team hold an average of 20 cases each at any one time and allocations take place weekly. This comprises a mixture of new incoming work including safeguarding and new needs assessments alongside work with long term service users including statutory reviews.

The City only use qualified and registered social workers to carry out this work. All social workers are trained in the Mental Capacity Act and 3 of these are further qualified as Best Interest Assessors.

The People's Directorate has a dedicated workforce development co-ordinator who is responsible for planning and overseeing workforce development across children's and adult services. Historically, continued professional development activities have been sourced from a range of providers for staff across children's and adult services. However, from late Autumn 2018 The City of London will be outsourcing the Social Care Learning and Development programme to ensure staff have access to a complete range of up to date learning opportunities alongside peers from other organisations. Within this commissioned service there will be learning opportunities delivered by higher level educational establishments, research led organisations and peer led development opportunities.

Strengths

- There is a specific workforce development lead in the People's Directorate
- A generic team gives flexibility but still allows for specialisms in a number of areas to be developed – for example AMHP, Best Interests Assessor (BIA) and hospital discharge. The mixed skills base is complementary and provides for an integrated approach
- The Reablement Team have specialist training to be trusted assessors for minor equipment
- Each service within the Directorate has successfully gone through structural reviews in the past five years which has resulted in a skilled, knowledgeable workforce
- Sickness and disciplinary issues are low across the Directorate
- The Adult Social Care Team are flexible and supportive and able to step in and help each other when required
- The Adult Social Care Service Manager holds the Principal Social Worker (PSW) role
- Cross departmental meetings and People's Service Directorate meetings take place regularly
- There is a top 3 meeting which brings senior managers together to look at challenging cases and how these could be addressed

Areas for Improvement

- Service capacity can be put under pressure if there is there is a spike in demand, annual leave or sickness, but this would be managed by the use of agency staff if required and would be covered by the general staffing budget
- A small service means that capacity to get involved in broader issues or greater detail can be difficult and there could be a danger that developments are not adequately informed by frontline experience
- There is only 1 Approved Mental Health Professional in the team which limits choice and availability, although there are some external cover arrangements via Hackney
- Further development of the PSW role in adult social care

Recommendations

- Use the workforce development lead for people's services to develop training and development plans for adult social care

- Undertake succession planning to ensure local and specialist knowledge is not lost when staff leave
- Develop process to ensure that multi-agency partnerships are aware of changes to the team
- Use team meetings to enable frontline staff to engage and input with strategic issues across the Department
- Review arrangements for providing robust AMHP services in the City
- Review the PSW roles across the Directorate

Commissioning and Market Shaping

Considerations

Markets

- How the organisation ensures that it knows the full extent of markets
- Identified specific market gaps, particularly in relation to (a) affordable nursing home placements, (b) specialist provision for people with high-level complex needs, (c) domiciliary care and/or (d) other
- Any concerns about the sufficiency and sustainability of local adult social care services

Planning

- Whether the type and range of services needed over the next five to ten years can be predicted and whether analysis takes into account likely purchasing by others, including CCGs and self-funders. Plans to ensure sufficiency and diversity of supply for everyone who might need care and support, however funded
- Understanding of the true costs to the council of providing/commissioning care and whether providers are challenging the current prices set. If there is a gap, whether this has been taken into account in the setting of fees and in any medium-term financial plan

Approach

- Level of understanding in the market amongst stakeholders and partners of commissioning ethos and approach to commissioning
- Whether the way data is shared with the market, tenders contracted, and performance managed gets the best services
- Whether providers are encouraged to be outcome focussed and deliver in an innovative and person-centred way
- Whether all commissioned services have agreed quality standards (or outcomes) and whether these are monitored in partnership with the CQC or other partners

- Whether any relevant information – including any serious concerns – is routinely reviewed by management teams and shared within the organisation, including with elected members
- Whether there are effective joint arrangements in place for assuring the quality of services, including routine liaison with CQC and CCGs and mechanisms for sharing specific concerns and addressing poor performance in tandem with commissioners in partner agencies
- Whether services are currently being commissioned which will reduce demand for formal, state-funded care including building capacity in the community to support people differently and whether plans to do this are underpinned by effective engagement with citizens and communities
- Any major re-commissioning exercises undertaken this year and how this went
- Confidence in capacity (e.g. in relation to needs analysis, market mapping, engagement with providers, commissioning, procurement, and contract monitoring) and capability (e.g. adult social care has current knowledge and skills, including use of Commissioning for Better Outcomes and other tools) to address market shaping responsibilities under the Care Act

Providers

- Any quality concerns (and/or serious incidents) currently being tackled within one or more services (including embargoes on new placements)
- How the quality of local registered provision compares with other councils
- Any recent instances of care provider business failure and/or unexpected withdrawals of providers from the market
- Whether provider bids for adult social care service contracts are falling below usual levels
- Relationships with providers and how these are changing. Whether there are open and mature discussions about future strategy and plans for innovation, as well as about more immediate issues such as fee setting

Context

The Department of Community and Children's Services has its own specialist commissioning functions that commissions services to provide support and advice to our service users (and in some cases residents and workers more broadly) and supports staff across the Department with commissioning and procurement. For large contracts over Official Journal of the European Union (OJEU) levels, Corporate Procurement takes the lead.

Markets and approach

Commissioners are looking to develop our market for all adult care services. To date, Prior Information Notices with feedback opportunities and market events have been used. However, the size and volume of our potential business does not always make us a viable option for many providers. As such sometimes services need to be spot purchased which is unlikely to get the best value.

Commissioners have developed a commissioning prospectus, which serves as The City of London Corporation's Market Position Statement. The Capital e-sourcing procurement portal is used across the organisation.

Benchmarking quality and price more effectively and understanding more about the providers of services elsewhere will help us develop a more effective market. The City of London does offer the opportunity for innovative providers to work across a whole contained population with a range of needs. There is a need to be smarter about what our 'offer' to the market is and how they can work effectively with us. Our uniqueness will be used to encourage a market that works for us and with us to mutual benefit.

Nationally, across all adults' care commissioning, there are concerns about sufficiency and sustainability of local markets, particularly around home, residential and specialist care. Working with other commissioners, for example within the ADASS Commissioners Network and others, the City of London Corporation looks at joint London responses.

Planning

The Commissioning Team produce comprehensive 'live' contracts register and associated 18 month 'sourcing plan' that sets out our commissioning and procurement intentions. Commissioners work with the Adult Social Care Service Manager and ASMT to ensure buy in to commissioning activity and plan sufficient time - depending on the scope, value and risk of a service – to undertake a fully participative tender process.

Part of any planning will include analysis of need and cost. Over the last year commissioners have led reviews that have recommended streamlining provision and aggregating together a number of contracts into more focussed and effective provision. For example, the Early Intervention and Ongoing Support retendering in 2018 will bring together a number of existing contracts and a review of internal delivery approaches within one commissioning and tendering exercise.

A fee uplift request policy was agreed in late 2017 and is now being implemented along with the commitment to ensure providers are paying the London Living Wage where applicable.

Working in Partnership

The Adult Social Care Service has close links with commissioning for the reviewing and monitoring of contracts.

Staff are also part of external networks to share good practice such as the London Councils Commissioning Network. The City of London Corporation is also a partner in the North East London Transforming Care Partnership and can develop additional relationships through integrated commissioning arrangements.

The number of people in certain need categories such as learning disabilities is very low, so the Adult Social Care Team and commissioners are able to build effective relationships with providers and the market to ensure that excellent services are offered and delivered.

Integrated commissioning arrangements began in April 2017 and are built around 4 workstreams (prevention, planned care, unplanned and children and young people). These workstreams bring commissioners and providers together in new ways to look at both transactional and larger transformational changes in the way services are commissioned and delivered together.

Performance Management and Review

A placements review was undertaken in 2017 which sought to understand the needs of the Adult Social Care Service and establish new policies and procedures to support the placements process. The review also aimed to inform a decision on the future development and options for effective placement services in the City of London Corporation.

As a result of the review, a joint adults and children and young people placement function has been piloted in the commissioning team to lead on the commissioning and brokerage of all placements alongside social workers and to develop the City of London Corporation's placement market. In terms of criteria for placements, this is based on client need and choice along with suitability of placement. The City of London Corporation will always check the Care Quality Commission rating before a placement is agreed. The ratings of all existing placements are checked regularly, and detailed reviews are carried out where a Care Quality Commission inspection indicates the rating has fallen below 'Good'

There is a range of sources of information that are used to inform commissioning. These include:

- The City-specific supplement of the Joint Strategic Needs Assessment (JSNA) which focuses on City needs (although there are some difficulties in terms of the size of the City of London and the data available)
- The City-specific Mental Health Needs Assessment is broken down into Adults, Children and Older People and includes an estimate of unmet needs
- The Social Wellbeing Strategy which is already being used as a way of linking voluntary sector and commissioned providers into identifying hidden populations and need

The City of London Corporation ensures that providers meet CQC and other statutory requirements as appropriate.

Performance and agreeing how to mitigate and manage any poor performance are standing items for performance management meetings. A poor performance framework is currently being developed.

Effective portfolio management takes place through a Commissioning Manager who covers all adult social care provision and works closely with the Service Manager and staff in the Adult Social Care Team. The Commissioning Team also link with each of the workstreams in integrated commissioning

Each contract has an agreed set of KPIs and outcome measures and these are reviewed on a quarterly basis with follow up actions taken alongside the service provider as required.

Achieving Outcomes

All commissioning activity is moving towards outcome-focused approaches – for example recent tenders for home care, substance misuse and tobacco control and the care navigator service are outcomes focused. The Department has developed an outcomes framework to shape all our services and commissioning.

Strengths

- Having a specific commissioning team for Community and Children's Services allows for commissioning to be informed by the frontline and for expertise to be developed in these complex areas
- The nature of the Department and the specific commissioning function means that there are opportunities for taking a broader view and identifying where contracts or services could be integrated
- There is a City of London specific focus for integrated commissioning which is positive and allows for us to meet City of London specific needs more effectively across health, social care and public health

Opportunities for Improvement

- Involvement with commissioning and practitioner networks needs to be developed to learn from other areas to see how services such as residential care placements compare in terms of quality and price
- There is more that could be done to make sure that markets are given the information they need about our service user's needs, assets and assumptions so that they can best design services. There is often an issue about the robustness of data for the City of London
- Measuring and demonstrating impact
- Embedding co-production across the Department
- There is a proposal to undertake a programme of tenancy visits and this provides the opportunity to develop a more detailed picture of need amongst residents and to also link them up with services where appropriate
- Embedding learning from Safeguarding Adult Reviews across commissioning and providers
- Ensuring that there are consistent safeguarding standards in place and implemented across providers

Recommendations

- Undertake a wide market development initiative across all areas of adult social care to widen potential provider market, get better value for money and improve choice and outcomes
- Record and capture learning from forums to make links to developing best practice and meaningful engagement
- Develop a procedure for dealing with poor performance of providers to also consider where communities believe performance is poor
- Demonstrate impact through commissioning through the linking of Key Performance Indicators with the Departmental Outcomes Framework
- Consider a rolling questionnaire / annual survey to capture service users' views
- Develop and implement an approach for embedding co-production as key foundation in service and contract development
- Ensure learning from Safeguarding Adult Reviews is disseminated and embedded across providers

Overarching priority for improvement work: Further developing strategic commissioning for adult social care, using the opportunities that integrated

commissioning arrangements and other developments provide and pursuing innovation

Participation

Considerations

- How the organisation actively involves people, carers, families and communities in the design and development of innovative services.
- How people who use services (including carers) and the wider population have been enabled to co-produce care and support solutions at both individual and strategic level in the past year
- How people know that their involvement was important to the organisation and that it has positively affected service delivery
- What improvement is needed to ensure that more people feel able to, and want to, participate

Context

The Directorate's main forum for involving adult social care users and carers is the Adult Advisory Group (AAG) which is chaired by a Member of the Court of Common Council who is the Older Person's Champion. The Group provides a space for residents to be involved in the planning, development and review of adult social care and related policies. Recently a member of the Group was an evaluator for a new home care service tender process.

The services commissioned by the City of London Corporation such as the Reach Out Network also provide the opportunity to gather the views of residents and to test our assumptions about commissioning and delivery. Recently, as part of a review of assistive technology in the City of London, a consultant met with the groups that are part of the network to test out their awareness and understanding of the role that assistive technology can play in supporting their independence.

Encouraging and Supporting Active Involvement

Housing colleagues have been leading on embedding an Asset Based Community Development (ABCD) approach across City of London Corporation estates. ABCD is a co-production model that seeks to involve communities through the design, delivery and management of services where possible. In the City of London this is supported by the use of Time Credits for each hour that an individual contributes to their community or service. These Time Credits can then be spent on accessing an hour of activity, such as local attractions, training courses or leisure, or gifted to others.

Co-production is an underlying principle of the integrated commissioning arrangements that have been established. Patient and service user

representatives have been recruited on to the 4 workstreams for integrated commissioning and there are specific representatives on the Transformation Board to represent the patient and service user voice. At the present time there are no City of London patient or service user representatives on these workstreams. The two local Healthwatch organisations have worked together with service users to develop a co-production charter for the health and social care system locally.

The City of London also has its own Healthwatch who are active in bringing residents together to discuss a number of issues related to health and social care. Feedback from this work has fed into service development – for example how City of London residents would like to be involved in shaping integrated commissioning and also to larger pieces of work such as a national Healthwatch investigation into hospital discharges.

The City of London Corporation carries out bi-annual surveys of carers and service users which focus on a range of issues about the services they receive and the impact these have. A national reablement service user survey is to be introduced shortly and the reablement team regularly collect feedback from the service users they work with.

Feeding Back

This is an area for further development to build in a You Said We Did approach where services are changed or instigated.

Strengths

- There is Member commitment to leading the AAG and to champion the issues raised with the Community and Children's Services Committee
- There are long standing and committed members of the AAG
- ABCD is well embedded in the Housing Directorate and some social care service users will have the opportunity to be involved in this
- Co-production is a key underlying principle for integrated commissioning and the patient and service user voice is embedded within the governance structure
- Social workers know service users well

Opportunities for Improvement

- The current membership of the AAG is small and narrow and not representative of wider service users or of different geographical communities in the City of London
- There is a need to ensure that the specific City of London patient and service user voice is represented in integrated commissioning

arrangements (this may require different pathways rather than just attending meetings)

- All future commissioning and service design activity needs to be underpinned by co-production and designed with sufficient time for both initial consultation and more focused involvement in the pre-tender and mobilisation phases
- The capacity of Healthwatch is limited to deal with the increasing demands from agendas such as integration and the Sustainability and Transformation Partnership
- There is limited evidence of how service user and carer surveys, complaints and compliments influence service review and delivery
- There is inconsistent use of feedback mechanisms and templates across the service
- There is a need to improve mechanisms to hear from local communities about the impact of the services delivered
- There is a need to look at broader channels and wider incentives to encourage participation and co-production

Recommendations

- Review the role of AAG in light of the development of integrated commissioning arrangements
- Develop an engagement and co-production approach across the Department. This should include learning from the ABCD model and continuing to develop this approach in all our involvement work with communities in the delivery, commissioning and procurement of Adult Social Care services and other Departmental services
- Develop a joint health and social care local account type document in the future
- Facilitate the exchange of information between the strategic and frontline of the service – for example using team meetings and creating opportunities to observe front line practice
- Review the role and focus of Healthwatch as part of the re-tendering of the current contract
- Develop a clear and proportionate mechanism to ensure that City of London voices are heard within the integrated commissioning workstreams
- Build on the good practice of the ABCD model and translate this across the Department

Overarching priority for improvement work: Embed co-production across adult social care (and other services)

Improvement and Innovation Demonstrating Notable Practice

Considerations

- How organisation's capacity has been built to innovate, take advantage of learning from good practice and learn from things that didn't go well
- Extent to which change is managed through formal programme management approaches

Context

The Adults SIB is the forum that drives forward service improvement in adult social care. It is chaired by the Assistant Director for People's Services and will oversee the implementation of the improvement plan that will flow from this self-assessment. It reports to the ASMT and the Departmental Leadership Team (DLT).

Learning from Good Practice and Experience

The Safeguarding Adults Review (SAR) Sub Group, reporting to the CHSAB provides an opportunity to take advantage of lessons learnt and drive forward improvement. A number of events have been organised for practitioners to share in learning from SARs. Each SAR also comes with an action plan that comes to each Service Manager to adopt the relevant action plan requirements.

The introduction of the Care Act provided the opportunity to review our services and identify if there were areas to be strengthened or changed. This was informed by attendance at London events and development of informal networks with other local authorities to share good practice and learn from innovative ways of doing this. Other resources such as the Social Care Institute for Excellence (SCIE) were also used.

There is a dedicated programme manager for health and social care who manages a number of significant change projects such as implementation of the Care Act and the integration of health and social care locally using a formal project management approach.

The City of London Corporation has undertaken innovative pieces of work around social isolation and financial abuse and established a bespoke Hoarding, Self-Neglect and Fire Risk Panel in response to a SAR and to meet local needs.

Networking and Learning

The City of London is part of a wide range of networks, learning from and sharing information with other local authorities and identifying opportunities for collaboration. Examples include Local Government Association (LGA) briefings for new Health and Wellbeing Board Chairs and London Councils networks for officers such as the London ADASS meetings.

Strengths

- The small size of the City provides opportunities to pilot new approaches and services both internally such as the Care Navigator role or on behalf of the system for example the Neaman Practice Community Nursing Pilot
- The Assistant Director chairs the Safeguarding Adult Review Group and is able to bring any learning directly back into the organisation

Opportunities for Improvement

- Consider wider range of opportunities to undertake pilot schemes through networking and consideration of best practice
- More service user and carer-led innovation through co-production
- The PSW role provides the opportunity to promote innovative social work practice

Recommendations

- Consider how other internal colleagues and service delivery locations can be used to capture innovation and ideas
- Consider opportunities within integrated commissioning to pilot schemes
- Consider opportunities within the neighbourhood care model
- Review the role of PSW across the Directorate

Quality Assurance and Performance Management

Considerations

Performance monitoring

- The data reporting requirements and methods for Adult Social Care in place and their robustness. Whether benchmarking is used
- Whether a performance management dataset is in place to enable monitoring
- How performance information is used to improve the service
- Any areas identified for improvement in adult social care performance and outcomes and whether the improvements can be achieved over next year
- How quality and reliability of monitoring data is assured. Any concerns about data accuracy and any work to improve this
- Whether adult social care has adopted any externally recognised performance frameworks or standards such as Think Local, Act Personal's Making it Real. How these frameworks are used and impact they have had
- Whether adult social care has invited challenge or support from an external agency such as an independent consultancy or local Healthwatch

Quality Assurance

- Quality assurance measures in place
- Political overview and scrutiny arrangements in place for adult social care. Any formal scrutiny exercises undertaken over the last year and impact this has had

Safeguarding

- Any external feedback on safeguarding performance (e.g. through a regional stocktake/temperature check or safeguarding peer review) this year. Confidence that any recommendations will be implemented
- Confidence that safeguarding practices are effective, person centred and robust. Any urgent areas for improvement

Context

Data

Performance Management Dataset

The Department of Community and Children's Services has a performance framework in place that collects a number of KPIs quarterly. Internal and external services will have KPIs aligned to the departmental outcomes framework.

The KPIs are kept under review to take into account new developments such as a revised business plan and the development of a London wide framework by ADASS, as well as to ensure that we are developing the most effective, practical indicators to capture outcomes for our service users in a meaningful way.

A data digest is in development which will hold a range of information relating to adult social care in one place. This will be used for quality assurance and informing service development. This will be monitored by the SIB and the Adults Senior Management Team.

A performance framework for integrated commissioning has also been established with colleagues at Hackney and which the City of London Corporation helped shape and will contribute to on an on-going basis.

Given our unique situation, there are few local authorities that the City can be benchmarked against in terms of direct comparators and therefore the City of London Corporation generally benchmarks against a London average. Financial information is benchmarked as part of Chartered Institute of Public Finance and Accountancy (CIPFA) work and there is direct benchmarking with the London Borough of Hackney on safeguarding through the Safeguarding Adults Board.

Quality Assurance

The Senior Practitioner in the Adult Social Care Team approves cases for the social workers that they supervise. This will include the quality of assessment, the decision made and the resulting the individual budget; and the care and support plan. This covers both a needs assessment and a carers' assessment.

Random audits of cases are conducted by the Team or Service Manager.

A set of practice standards are currently being developed which will also form the basis of quality assurance.

Any complex cases, where a high cost resource or high risk is assessed, is considered by a complex needs panel that includes the Assistant Director for People, the Adult Social Care Service Manager, Team Manager and a representative from commissioning.

Strengths

- Safeguarding audits are regularly carried out internally and as part of the Quality Assurance sub-group of the CHSAB
- Performance figures feed into commissioning work
- Appraisals, targets and supervisions are regularly undertaken with social workers
- There is a specific reablement feedback form

Opportunities for Improvement

- There are areas where adult data could improve
- Performance information is not available from a single source and needs to be constructed (in progress)
- There is a lack of direct service user feedback to inform quality assurance
- Data is currently hard to pull off the IT system in an easy to use format for quality assurance and operational management
- Strengthening the multi-agency audit process

Recommendations

- Develop and use a data digest for adult social care service data
- Instigate cultural change in using data more at the frontline to identify service changes and improve services
- Develop a quality assurance framework for Adult Social Care
- Develop an assurance process for DTOC figures to ensure that City of London Corporation agrees these figures before they are submitted as Situation Reports nationally
- Develop practice standards and an associated performance framework to report on these standards
- Ensure that all workflows and fields are completed on the electronic social care recording system to ensure that data is able to be used for reporting
- Prepare for the national reablement satisfaction survey

Overarching priority for improvement work: Strengthen quality assurance of adult social care services

Outcomes for People who Need Care and Support

Considerations

- Outcomes the organisation is trying to achieve and how the impact is measured
- Whether people receive services that prevent their care needs from becoming more serious or delay the impact of their needs
- The strategic shared approach across partners to improving health and wellbeing outcomes
- Confidence in how far personalised approaches to care and support (including for carers) are embedded throughout adult social care and how this is measured and assessed

Context

Outcomes Focus

There is a golden thread of an outcomes focus from the forthcoming Corporate Strategy, the Departmental Business Plan and the Departmental Outcomes Framework.

Some outcomes are also framed by strategies such as the Joint Health and Wellbeing Strategy, the Carers' Strategy and the Adult Wellbeing Plan.

Commissioning activity in the Department is outcome focused - for example the home care contract, substance misuse and tobacco control contract and the Care Navigator service are all built on outcomes.

In safeguarding, an outcomes focus is more advanced with the use of the Making Safeguarding Personal framework.

Through a personalised adult social care approach, the Adult Social Care team work with individuals to help them identify the outcomes which are most important to them and how these can be achieved. The Reablement Team also set outcomes with service users related to functional skills.

Prevention

Prevention is at the heart of the Adult Social Care Service – more detail is given in the service delivery section. A piece of work is currently underway to look at our preventative offer, how it can be more co-ordinated and targeted and how it can play a stronger role in helping manage demand at the front door.

Strategic Approach

In the City of London Corporation, governance and partnership structures are in place to demonstrate commitment to improving health and wellbeing. This is through the Adult Wellbeing Partnership and the Health and Wellbeing Board.

One of the key objectives of the new integrated commissioning arrangements with City and Hackney CCG is to improve health and wellbeing outcomes across the City of London and Hackney.

Strengths

- Purchase of new assessment forms which are more strengths-based
- The embedding of an outcomes-based approach in commissioning activities
- A new outcomes framework for the Department in relation to the services it provides and commissions

Opportunities for Improvement

- Getting all staff to understand and buy into an outcomes focus
- Consider benchmarking on service use and uptake analysis against population
- Rigorous and robust monitoring to demonstrate improved outcomes in health and wellbeing and that these are consistent for all
- Demonstrating how outcomes reflect the priorities and needs of residents and service users
- Capturing the number of people receiving preventative services and the impact
- Identifying measures to demonstrate the impact of individual budgets

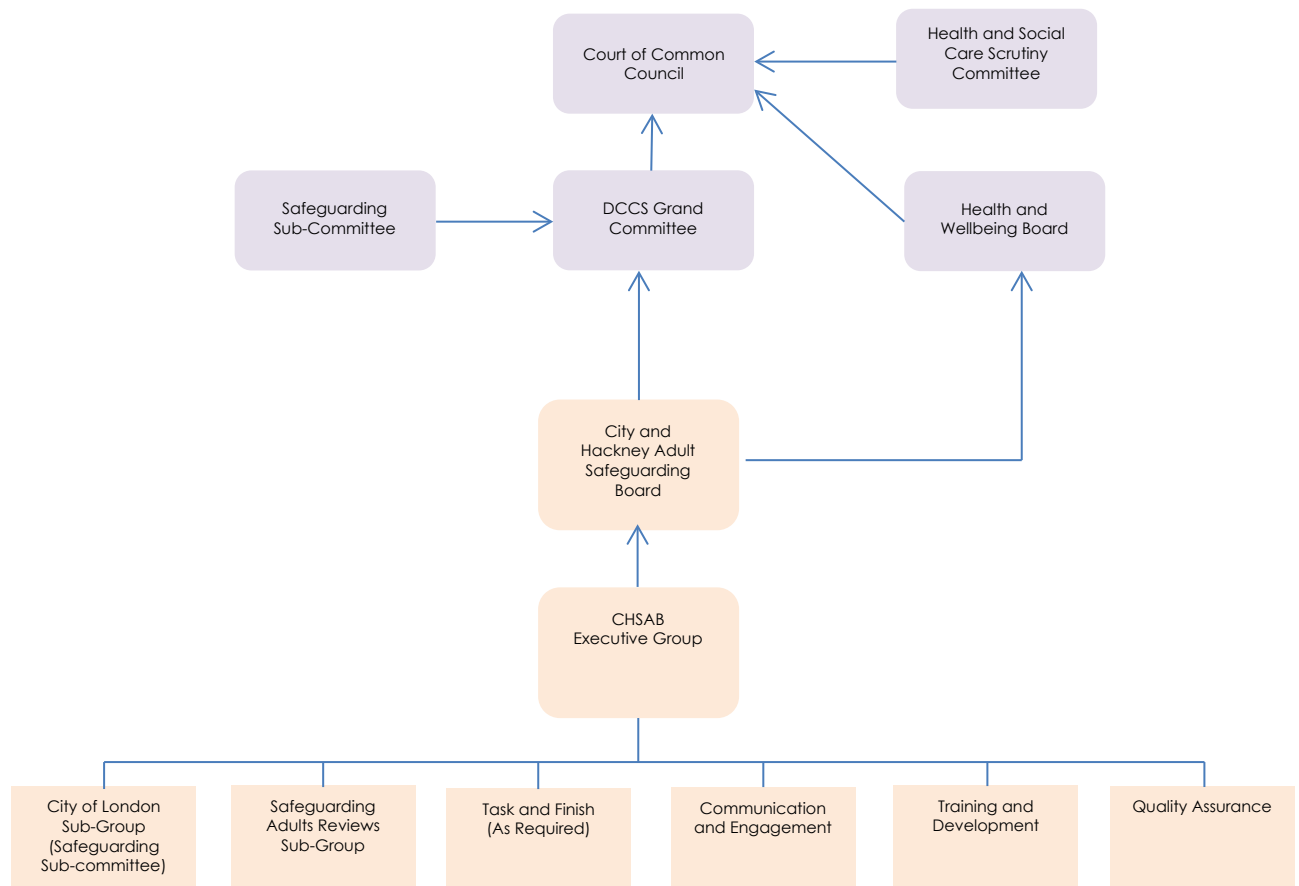
Recommendations

- Map KPIs against outcomes and consider how to demonstrate impact
- Develop monitoring and demonstration of impact of preventative work
- Consider and implement method for demonstrating how individual outcomes have been met

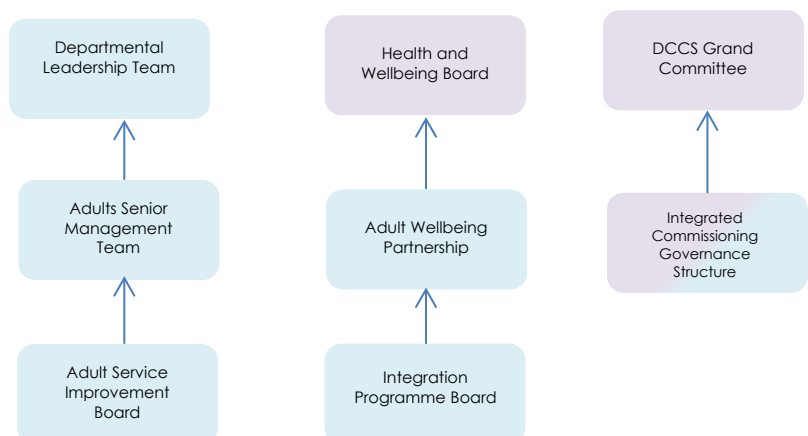
Overarching priority for improvement work: Demonstrate the impact of adult social care services on the outcomes of individual service users

Appendix 1

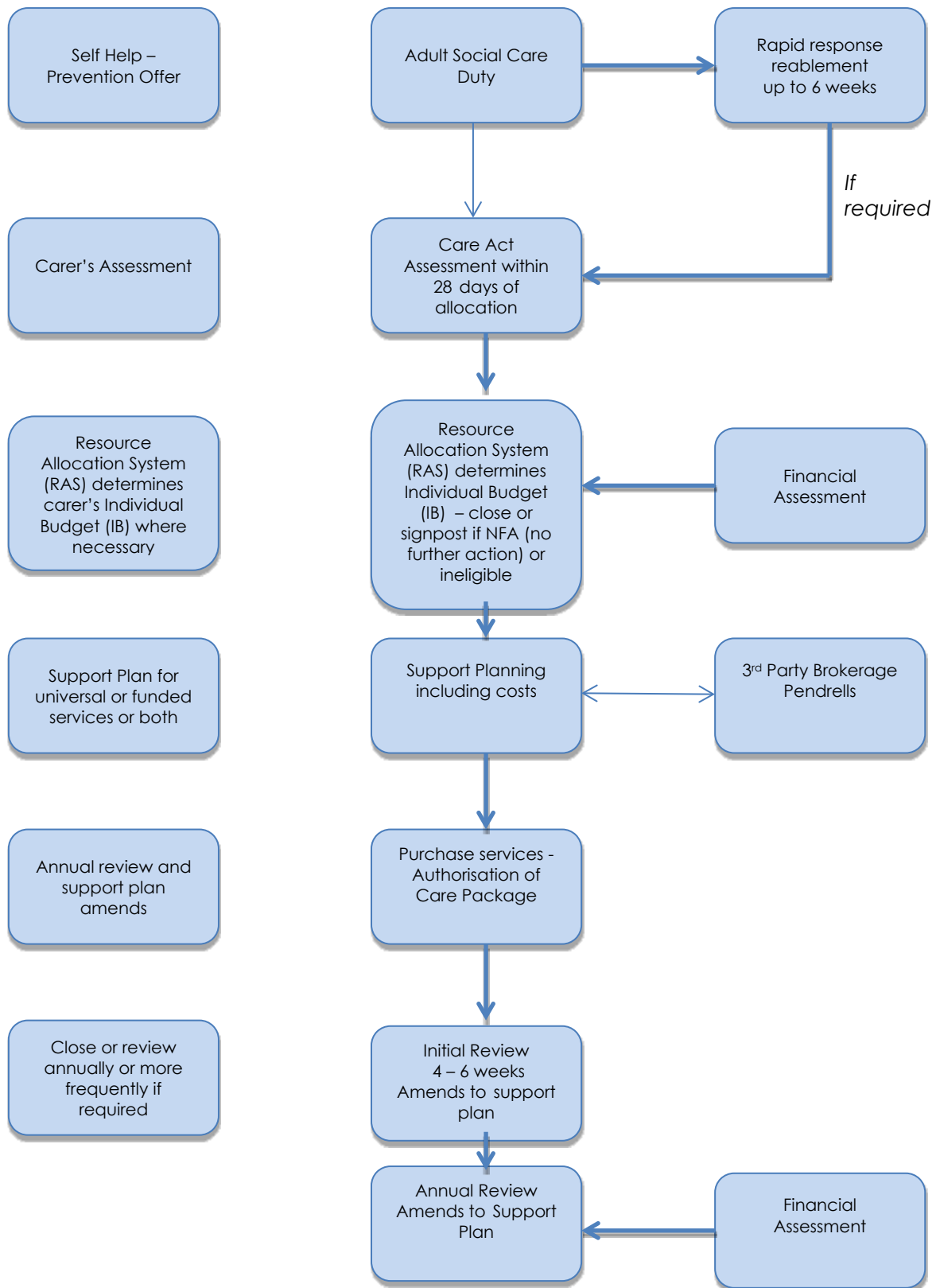
Adult Social Care Governance Structure



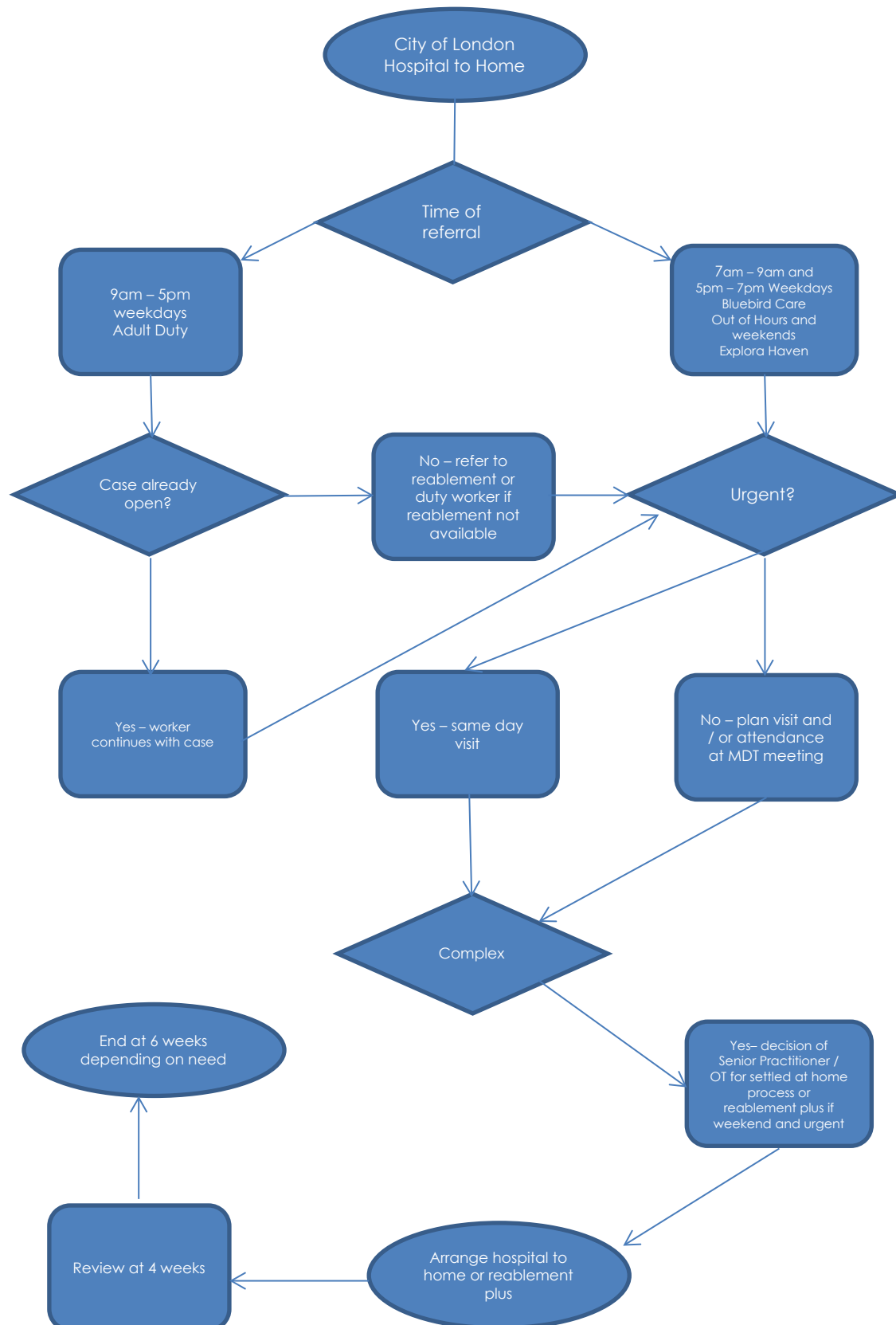
Key



Appendix 2 – Adult Social Care Pathway



Appendix 3 – Hospital Discharge Pathway



Appendix 4 – Data

Client Profile

	31 March 2015	31 March 2016	31 March 2017	31 March 2018
Adults with memory and cognition needs	10	17	14	12
Adults with sensory support needs	0	1	5	5
Adults with learning difficulties under 65	10	13	13	12
People with mental health conditions	44	41	46	46
People needing physical support under 65	30	12	13	10
People needing physical support over 65	11	30	32	32
People on the carers' register	71	75	64	55

Number of Requests for Support and Assessments

	2014/15	2015/16	2016/17	2017/18
Number of requests for support	127	131	143	132
Number of assessments	76	88	84	89

Short Term and Long-Term support

	2014/15	2015/16	2016/17	2017/18
Permanent admissions to residential care	4	12	3	2
Total number of weeks of residential care	1335	1564	1372	1196
Number in residential care (at 31/3)	29	32	30	28
Numbers receiving home care	30*	30*	30*	30*
Reablement	30	24	25	34

*This is an average number of people receiving home care at any one point in the year.

Direct Payments and Support

	2014/15	2015/16	2016/17	2017/18
Number of clients receiving direct payments	10	11	22	53
Number using Council managed personal budget	100	92	100	92

Deprivation of Liberty (DOLs) Safeguards

	2014/15	2015/16	2016/17	2017/18
Number of DOLs Requested	13	34	39	43
Number of DOLs Granted	12	29	29	36

Advocacy

<i>Number of referrals</i>	2014/15	2015/16	2016/17
IMCA	7	10	15
NHS Complaints	5	4	8
Care Act	N/A	27	25

Delayed Transfers of Care

DToCs by number of days	2014/15	2015/16	2016/17
<i>Acute</i>	156	165	182
<i>Non-acute</i>	32	63	613
<i>NHS</i>	153	60	719
<i>Social Care</i>	35	165	76
<i>Both</i>	0	0	0
Total delayed days	188	228	795

Appendix 5

Adult Social Care Workforce

