London Borough of Barnet: local authority assessment

How we assess local authorities

Assessment published: 10 January 2025

About London Borough of Barnet

Demographics

The London Borough of Barnet is home to approximately 389,000 residents and is the 2nd largest London Borough by population (Census 2021). Compared to the 2011 Census, in 2021 the borough's population had grown by 32,900, a rise of 9.2%. This is a larger population growth than the London average of 7.6% and the England average 6.6%. Barnet has an ageing population, between 2011 and 2021 there was an increase of 18% in people aged 65 and over.

Barnet's diverse population is comprised of 57.7% from a White background, 19.3% from an Asian background, 7.9% from a Black background, 5.4% from a mixed background and 9.8% from other ethnic groups. Jewish people make up 14.5% of the population in Barnet, making Barnet an increasingly ethnically diverse place to live, (Census 2021).

Barnet has an Index of Multiple Deprivation score of 3 (with 10 being the highest and most deprived) and is rated 117th out of 152 local authorities (1st being most deprived).

The Borough is made up of 30 town centres each having its own distinct identity and character.

Barnet is in the North Central London Integrated Care system together with four other London boroughs.

In May 2022 local elections Barnet became a Labour-led council.

Financial facts

The Financial facts for **Barnet** are:

- The local authority estimated that in 2022/23, its total budget would be **£553,918,000**. Its actual spend for that year was **£641,203,000**, which was **£87,285,000** more than estimated.
- The local authority estimated that it would spend **£141,820,000** of its total budget on adult social care in 2022/23. Its actual spend for that year was **£146,407,000**, which was **£4,587,000** more than estimated.
- In 2022/2023, **23%** of the budget was spent on adult social care.
- The local authority has raised the full adult social care precept for 2023/24, with a value of **2%**. Please note that the amount raised through adult social care precept varies from local authority to local authority.
- Approximately **5445** people were accessing long-term adult social care support, and approximately **2205** people were accessing short-term adult social care support in 2022/23. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

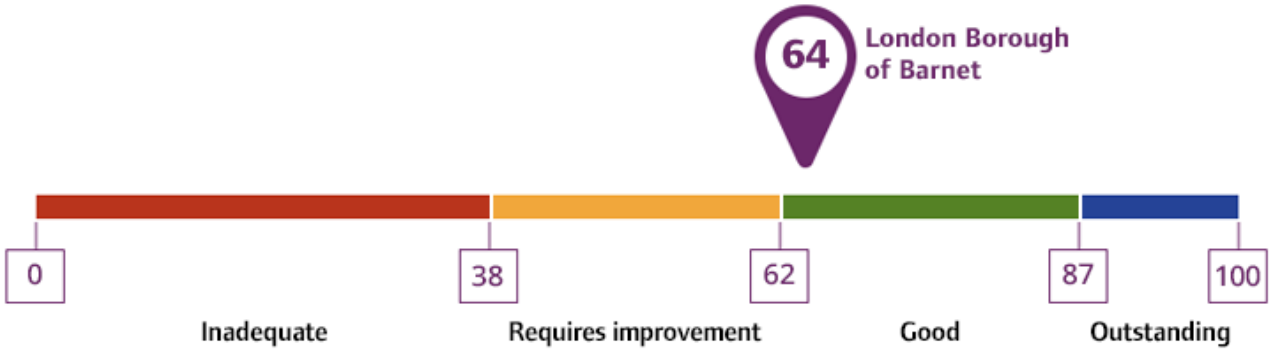
This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

Overall summary

Local authority rating and score

London Borough of Barnet

Good



Quality statement scores

Assessing needs

Score: 2

Supporting people to lead healthier lives

Score: 2

Equity in experience and outcomes

Score: 2

Care provision, integration and continuity

Score: 3

Partnerships and communities
Score: 3

Safe pathways, systems and transitions
Score: 2

Safeguarding
Score: 3

Governance, management and sustainability
Score: 3

Learning, improvement and innovation
Score: 3

Summary of people's experiences

Overall, people had a good experience of receiving care and support in Barnet. We were told by some people that adult social care practitioners were helpful, supportive, and approachable, and that their support had been arranged promptly, and had led to positive outcomes for them.

People told us their assessments were person-centred and they were encouraged to retain as much independence as possible, without the need to use formal support. There was a holistic approach and people told us the staff included their family and unpaid carers voices in the assessment.

People told us they could access equipment and minor home adaptations to maintain their independence and continue living in their own homes. We also heard examples of people being kept safe, including very positive feedback about good outcomes achieved around housing and overcoming challenges people faced.

Some people used direct payments from the local authority to arrange their own care and support. However, some people were not aware of this as an option, and others said the process was difficult to manage, and that they did not want extra work as well as caring. More work is needed by the local authority to maximise the positive impact that direct payments can have on people's choice, control and independence.

The local authority had plans to improve the experience for unpaid carers. Some unpaid carers were not aware they could have specific carer's assessment, and this had not been discussed during the assessment of the person they cared for. Unpaid carers who were aware of their right to a separate carer's assessment told us they were not offered one. In contrast, a minority of unpaid carers told us they found the carer's assessments helpful when this had led to them receiving practical support. For example, some unpaid carers had received funding towards household items or had been given access to a Leisure Centre. One unpaid carer told us the swimming membership had saved their life, especially as self-care had been very difficult.

Summary of strengths, areas for development and next steps

The adult social care leadership team was well-established, experienced, and cohesive, with strong connections to the workforce. Leaders were visible, competent, and compassionate, and frontline staff told us they felt supported by both their managers and senior leaders. Staff also felt their voices were heard, which contributed to high staff retention rates. Additionally, there were many opportunities for training and development for adult social care practitioners and a culture of continuous learning.

The workplace culture was constructive, inclusive, and supportive, with the principles of equality, human rights, and diversity deeply ingrained in the values, culture, and leadership of the local authority.

Coproduction was embedded throughout the local authority's work. The local authority had a proactive community focused group called People's Voice, who met at community drop-ins with representatives of the local authority's Involvement Board, which provided an opportunity to listen to feedback from people to improve services. The People's Voice Community was seen as an asset to the local authority as they proactively targeted and supported minoritised and marginalised groups.

The local authority had acknowledged a gap in people accessing information and advice and there was a commitment to improving services through engaging closely with the coproduction group and partners, particularly around improving accessibility and digital inclusion. Improvements have already been made to the information available on the local authority's website and through the production of 'easy read' guides. Information and advice is provided by the council's Social Care Direct team, via the Council's website and through council commissioned information and advice providers.

The local authority demonstrated a strong prevention agenda through their Prevention and Wellbeing team and reablement support. Reablement was the default pathway for people being discharged from hospital and for new community referrals including referrals for people with mental health needs. Reablement services had a clear focus on supporting people to retain and regain their independence, preventing or reducing the need for formal support and avoiding unnecessary hospital admissions.

Social care assessments, care planning and reviews were carried out by staff using a strength-based approach and considering people's wishes and goals. However, some people had to wait for long periods for an assessment and longer for care reviews. Waiting times for assessment and reviews, and the risks being presented to people were recognised as a challenge by the local authority, particularly as there had been a large increase in demand post-Covid. Additional resources had been allocated to reduce waiting lists and at the time of the assessment, some progress had been made, although the work was at an early stage and more time was required to fully realise and sustain the impact.

The local authority had been working to improve waiting times for OT assessments with additional recruitment, which included a specialist learning disability OT. This investment in staffing had resulted in a drop in average OT assessment waiting times by almost 50% between January and June 2024.

According to national data there was a higher than average uptake of direct payments. However, some of the people we spoke with told us they were not aware of direct payments as an option. There was a commitment to continue increasing the uptake and actions were in place to remove barriers, including the recent commissioning of a new direct payment support service, with specific emphasis on providing a payroll service and increasing availability of personal assistants.

The local authority had a clear and robust approach to safeguarding with a Multi-Agency Safeguarding Hub (MASH) and other reporting networks and metrics to reflect on cases and learning. There was clear senior leadership oversight. The local authority worked closely with the local Safeguarding Adults Board (SAB) and partners to deliver a coordinated approach to safeguarding adults in the area.

There was recognition and leader' buy-in on the need to develop how performance data was analysed and used to understand and improve delivery and outcomes for people. This would build on the approach in place at the time of the assessment which focused on performance monitoring and analysis of outputs, together with understanding outcomes and impacts and using this to inform strategy and resource allocation.

The local authority acknowledged the gaps in support for unpaid carers, particularly in the respite care offer and they were making efforts to improve this. The local authority had coproduced a Carers and Young Carers Strategy in 2023 and provided training for its staff about the needs of unpaid carers, and this was coproduced with unpaid carers themselves.

Feedback about the availability and responsiveness of advocacy provision was mixed; some people found the provision to be responsive and effective, whilst others had to wait to access the service. Further work is needed by the local authority to understand this.

There were some identified gaps in care provision, for example in accommodation-based services for people who required specialist support, particularly people living with dementia, mental health, and autism. Plans were in place to increase capacity in these areas. Through partnership working with housing, there were also plans to build and improve the quality of specialist housing for people with a disability.

More work was needed around some teams having direct access to detailed health records. Senior leaders acknowledged this gap and were working on plans to improve access, so staff only needed to use one device to access both health and social care records.

There was a positive approach to promoting integration and partnership work to improve people's health and wellbeing and outcomes, and this had been recognised in awards: a partnership approach which delivered improved outcomes for people with 5 other local authorities was recognised as good practice nationally, and subsequently won the Local Government Chronicle Adult Social Care Award in 2021. Furthermore, in 2024 Barnet was awarded 'Borough of Sanctuary Award' for welcoming people seeking sanctuary and providing them with a place to stay.

Theme 1: How London Borough of Barnet works with people

This theme includes these quality statements:

- Assessing needs
- Supporting people to live healthier lives
- Equity in experience and outcomes

We may not always review all quality statements during every assessment.

Assessing needs

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Key findings for this quality statement

Assessment, care planning and review arrangements

People were able to access the local authority's care and support services in several ways: through the front door team called Social Care Direct, by phone, online or at several community drop-in sites. The local authority's website provided a range of information about eligibility for a care assessment, including information for unpaid carers. The information on the website could be translated into different languages, and contrast and font size support were available for people who required support with accessing information.

Social Care Direct responded to all enquiries as the first point of contact. There was a multi-disciplinary team in place consisting of assessment and enablement officers, social workers and managers with relevant experience. A Prevention and Wellbeing Team also worked with people at their first contact with the local authority; they provided information, advice, and support which could prevent people from needing formal social care support.

Social care assessments were carried out by staff using a strength-based approach and considering peoples wishes and goals. We heard people had to wait for long periods for an assessment and longer for reviews. For example, one person had to wait 6 months for their assessment and a further 6 months for a review. However, there was good oversight and risk management arrangements in place.

Social Care Direct staff told us they had clear access and referral pathways for people who had previously been assessed and already had services in place. People were passed to the allocated worker or the assigned team for advice, information or assessment. The local authority senior leaders had acknowledged a gap in people accessing information, advice and guidance and showed commitment to improving services by using a 'mystery shopper' exercise to gain further insight to the problem. Subsequently people reported Social Care Direct service as being very thorough and who provided detailed information. As a result, the local authority focused on engaging closely with partners, particularly around improving accessibility and digital inclusion.

We heard positive feedback from people who had each received support from several different local authority services; this demonstrated the local authority's approach to delivering coordinated pathways and processes. For example, we heard how a social worker had worked well with both children's services and housing teams, taking a whole family holistic approach which helped a family receive the support they needed in a coordinated way. We also heard a positive example where a person experiencing mental health challenges was supported to take their medication and maintain their well-being, through a coordinated approach from multiple professionals. This was corroborated by frontline staff who told us they carried out joint assessments with health colleagues which supported a collaborative approach and encouraged sharing of good practice, furthermore people did not have to repeat their stories through multiple assessments.

The local authority's approach to assessment and care planning was strength-based and outcomes focused. Staff received appropriate training for this, and quality assurance arrangements were in place. People told us their assessments were person-centred, and they were encouraged to do what they could to maintain their independence rather than rely on formal support. There was a holistic approach to assessments, and people told us that social work staff included their family and carers voices in their assessment. This was evident in written assessments, where people's strengths and preferences were recorded. We heard from an unpaid carer how the person they cared for had been supported by social work staff to move into a new service which had left them feeling happier, more confident and purposeful.

There was a potential gap identified, where some people told us they did not receive a copy of their social care assessment and support plan, leaving them unsure on whether their preferences around care and support and choices were included in the assessment. Similarly, an unpaid carer told us they felt not all aspects of their situation was considered as although they requested respite care it was not provided, furthermore they could not check as they did not receive a copy of their assessment.

We heard examples of how the local authority practitioners demonstrated the principles of the Mental Capacity Act 2005 and respect for human rights. For example, a social worker had supported and challenged a person who was making a decision that could be unwise in relation to their lifestyle. The person's unpaid carer told us they were happy with the social worker's practice as they had discussed with the person the potential consequences of their decisions, while at the same time respecting the person's independence and choices.

The local authority had assessment teams who were able to carry out Care Act assessments, including assessments for people with specific needs. For example, psychologists who were part of the learning disabilities integrated team were working collaboratively to support people with learning disabilities, ensuring the assessment was reliable and well-coordinated to meet the person's eligible care and support needs. Similarly, frontline staff worked in collaboration with the specialist sensory impairment service to jointly assess and meet people's needs, which included on providing equipment to support people to maintain independence.

Timeliness of assessments, care planning and reviews

Waiting times for care assessments and care reviews were recognised as a challenge by the local authority. Data provided by the local authority at the start of the assessment showed 137 people were awaiting their initial Care Act assessment, with a median wait time of 21 days and a maximum of 112 days. Lengthy waits were also apparent for care reviews, with 2,135 reviews pending, with a median wait of 364 days and a maximum of 1,427 days. This was reflected in national data which showed only 46.41% of people receiving long-term support in Barnet had their care reviewed (planned or unplanned), which is lower than the England average of 58.77% (Short and Long-term Support, 2024, SALT).

The local authority senior leaders had acknowledged this concern and told us there was corporate investment to reduce waiting lists. This was through outsourcing work to external agencies and staff dedicated action days were organised, to progress people waiting for assessments and reviews. All referrals had undergone a triage process and appropriate risk assessments, and robust management oversight was in place to ensure the safety of those waiting for an assessment or review.

At the time of the assessment site visit, more recent data provided by the local authority showed a reduction in waiting times for assessments, with a median wait of 10 days. Furthermore, despite an increase in the number of people having a care assessment compared to the previous year, there was a 29% increase in completed assessments and a 42.5% increase in completed reviews over the 12-month period.

Frontline staff explained to us despite the lengthy waiting lists, their work was well managed. Care providers highlighted concerns about the waiting lists for care reviews, citing an example of several people waiting for 18 months. Care providers told us that this had resulted in financial loss for them as they had increased the level of support being provided to people to accommodate their changing needs and to keep them safe, whilst waiting for a formal care review and an approved increase in their care package. However, we heard the Care Quality Team had regular contact with all commissioned providers in Barnet during individual contacts and in provider forums, where providers were advised to contact Social Care Direct when people's needs had changed and a review was needed urgently. Where changes to funding arrangements were agreed, these were backdated.

Care providers had mixed experiences of being informed of people's care reviews, with some always being informed ahead of planned reviews, and others had experienced a lack of transparency and openness with the local authority.

Care provider representatives told us they were involved in a pilot scheme undertaking 'provider-led' reviews of people living in their care homes. The intention of the pilot was to support the local authority to reduce the number of people and time waiting for a care review. As of October 2024, 25 provider reviews had been submitted. These reviews had been quality assured by the local authority to support a person-centred and evidenced-based approach. The local authority had plans to further increase reviews by providers.

Assessment and care planning for unpaid carers, child's carers and child carers

Some unpaid carers told us they found it difficult to contact the local authority and some of those that had used the online self-referral had not been contacted, which left them feeling stressed. They said they did not have the time to contact the local authority, due to the long call waiting times.

Unpaid carers consistently told us improvements were required in how they were supported, particularly when accessing and waiting for assessments. They frequently expressed feelings of frustration, despair and isolation. For example, one carer cited they were throwing hands up in despair due to the overwhelming nature of the processes within the local authority. Another unpaid carer described the emotional toll of being a fulltime carer for a person who refused outside help, which had led them to have feelings of being trapped and unable to have a personal life. In contrast, national data showed 31.06% of carers reported they had as much social contact as desired, which is comparable to the England average of 30.02% (Survey of Adult Carers in England, 2024, SACE).

Feedback from unpaid carers was mixed. We heard not all unpaid carers were aware of a carers assessment, and this had not been discussed during the care assessment of the person they were caring for. Where unpaid carers were aware of their entitlement to a separate carers assessment, several told us they had not been offered one, for example when a person was discharged from hospital. Furthermore, they told us there was no discussion around contingency planning in the event that they were unable to provide unpaid care. In contrast, some unpaid carers told us they found the carers assessments beneficial and they had received practical support, for example when they had received some funding towards necessary household items.

Where unpaid carers had been supported with respite services to help them to continue in their caring role, they told us there was a lack of respite provision available for them to use. We were told that one carer had a 2-hour respite provision twice a week, but this was limited to specific times of the day, making it difficult for them to manage other responsibilities. Another person had 12 nights of respite care per year, which was not being utilised due to the lack of available placements, leaving the unpaid carer without specific respite to meet their assessed needs.

Similarly, we heard respite for unpaid carers was difficult to access and there were inconsistencies in receiving support. We heard where people required specialist support due to changing needs, the process took over 3 months due to delays with seeking alternative provision and further delays with funding approval. One unpaid carer told us the process caused additional strain on them as the person had to be supported at home in the interim period. In contrast, national data showed 23.60% of carers reported they had as control over their daily life, which is comparable to the England average of 21.53% (SACE, 2024).

The local authority had commissioned a carer's partner, who supported them with completing carers assessments and reviews. This investment reduced the number of unpaid carers waiting for support. Frontline staff told us they were in the process of jointly developing training for staff around the needs of unpaid carers, which was being coproduced with unpaid carers and people being cared for. The local authority supported unpaid carers with relevant training to undertake their caring role. National data showed that 6.41% of carers accessed training for carers in Barnet. Whilst this is higher than the England average of 4.30% (SACE, 2024) it is still low and further work is needed in this area.

Help for people to meet their non-eligible care and support needs

Frontline staff told us they worked closely with the Prevention and Wellbeing team who had a wealth of resources to support people to prevent, delay and reduce the need for ongoing care. Frontline staff also told us they benefited from an integrated care approach in supporting people with care needs that are not eligible for local authority support. For example, frontline staff attended a weekly multidisciplinary meeting with relevant professionals where they discussed eligibility, provided peer advice, and signposted people who did not meet eligibility criteria to other appropriate services or teams. The local authority's website provided information for people to find other services which could meet their needs, for example information on community groups.

One partner organisation told us the main issue for people in the borough was limited access to suitable housing and this impacted on people across different communities and groups. They told us that individuals and families in some communities had been more negatively impacted than others by the cost-of-living crisis which limited their access to healthy food. Partners told us the local authority had not always engaged them in dialogue about these challenges for local people with non-eligible care and support needs. In contrast we heard the local authority worked closely with partners through Partnerships Boards where cost-of-living crisis priorities were discussed and addressed. Examples provided included the Household Support Fund and launch of the Barnet Financial Calculator where 16,000 residents had completed a self-assessment, which identified nearly £10million of unclaimed benefits.

Eligibility decisions for care and support

The local authority's framework for eligibility for care and support was transparent, clear and consistently applied.

People who were no longer able to fund their own care were offered a Care Act assessment to determine their eligibility to receive care and support funded by the local authority under the Care Act 2014. As part of the assessment, practitioners explored alternative options with people and their families such as community support and wellbeing services. Where the person was eligible for support, options were discussed with the person around care planning, either the person continued to arrange their own care and the funding was supported through a direct payment, or alternatively the local authority took over the commissioning of their care.

Care providers experience of the local authority's Quality Assurance panel was mixed. Some told us the panel did not always agree to increases in care and they were not given an explanation for the refusal, which resulted in them feeling there was insufficient support from the local authority. Another care provider told us they had been able to seek approval by email from the local authority, when they had identified a person required additional support.

There was a statutory social care complaints process in place for people to appeal against assessment outcomes, and information provided showed that these were considered and dealt with promptly. Frontline staff advised people of the right to access the Ombudsman if they were unhappy with the outcome of a complaint. Local authority shared their annual complaints report for 2023/24. This showed they received 11 complaints about the outcome of assessments of which 2 were upheld, 5 were not and 3 were partially upheld. The local authority had received 2 complaints about the outcome of financial assessments of which 1 was upheld.

National data showed that 61.57% of people do not buy any additional care or support privately or pay more to 'top up' their care and support in Barnet. This could indicate that people have sufficient care arranged by the local authority to meet their needs. This figure is comparable to the England average of 64.39% (Adult Social Care Survey, 2024, ASCS).

Financial assessment and charging policy for care and support

The local authority had frameworks for assessing eligibility for adult social care, and for charging people who received care and support services after their individual needs and financial situations had been assessed. We found these were transparent, clear and consistently applied. Practitioners in frontline social care teams shared the importance of referring people for financial assessments promptly. People who required help with the financial assessment process were supported by the council's finance team.

The local authority's Prevention Fund initiative to address financial vulnerability had shown significant progress since August 2023 with an increased use of the council's online benefit calculator. The aim of the benefit calculator was to help people understand their entitlement to welfare benefits. There had been a noticeable rise in the use of the benefit calculator, with a total of 2,935 checks completed by the end of August 2023. Out of those who used the calculator, 93% were found eligible for some form of welfare benefit and as a direct result, 1,321 people proceeded to apply for those benefits.

Information provided by the local authority showed there were 217 people waiting for a finance assessment, with a median of 64 and maximum of 216 days waiting time. Monitoring of waiting lists and completion activity was reviewed at monthly leadership meetings and with service leads at performance meetings, which enabled oversight of risk. Data showed there was a decrease in the number of financial assessments on the waiting list, which was approximately 40 people waiting at the time of our assessment. The local authority leaders had recognised more work was needed to reduce the time people waited for financial assessments.

Provision of independent advocacy

An advocate can help a person express their needs and wishes and weigh up and make decisions about the options available to them. They can help them find services, make sure correct procedures are followed and challenge decisions made by local authorities or other organisations. The advocacy service used by the local authority was commissioned and shared with two other London boroughs. Staff told us there was cross partnership working and where appropriate there was learning from each other.

We heard inconsistent feedback from frontline staff about the availability and responsiveness of the advocacy service. Some practitioners told us the advocacy service was effective for specific, short-term pieces of work and was responsive at short notice. However, others told us advocacy was not always accessible in short timescales. We also heard for ongoing advocacy there were challenges and wait times for people, where staff had to chase the referrals. For example, we heard it could sometimes take 2 weeks to get an Independent Mental Capacity Advocate (IMCA), which had impacted on some practitioner's ability to complete assessments in suitable time. Staff told us they made best interest decisions pending IMCA advocacy if there was an urgent or safeguarding need. Staff explained these concerns had been raised with the Care Quality team for attention.

We received mixed feedback from partner organisations about their experience with advocacy support. For example, we heard there were additional barriers for non-English speaking people, in contrast we heard there were no concerns providing support to seldom heard groups and interpreters were easily provided with no delays.

Further work is needed by the local authority to understand people's experiences and outcomes of advocacy services and where improvements are needed.

Supporting people to live healthier lives

Score: 2

2 - Evidence shows some shortfalls

What people expect

I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

I am supported to plan ahead for important changes in my life that I can anticipate.

The local authority commitment

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

Key findings for this quality statement

Arrangements to prevent, delay or reduce needs for care and support

The local authority worked with people, partners and the local community to make available a range of services, facilities, resources and other measures to promote independence, and to prevent, delay or reduce the need for care and support. The overall feedback told us people had access to some services in this area and the local authority showed commitment to continue to develop their work with supporting unpaid carers.

Some unpaid carers told us they missed the in-person support and community activities that were available before the pandemic, some had tried to find online support groups due to feeling isolated, indicating these events were important for their emotional well-being and social support. Similarly, some partners told us many unpaid carers found accessing services confusing and many were not aware of all the services available to them. National data reflected these findings with 81.40% of carers in Barnet finding information and advice helpful, which is lower than the England average of 85.22% (SACE, 2024). However, the same survey showed that 19.25% of carers were able to spend time doing things they value or enjoy in Barnet, which is comparable to the England average of 15.97% (SACE, 2024).

The local authority demonstrated a positive prevention agenda, for example people were supported to access information on volunteering or employment opportunities, as an alternative to accessing ongoing formal support services; one person told us their social worker had given them useful information about befriending services they could access. National data reflected this some positive outcomes in this area, with 63.60% of people who say help and support in Barnet helps them think and feel better about themselves, this is comparable to the England average of 62.48% (ASCS, 2024).

Senior leaders told us they were using outcomes measures through their Prevention and Wellbeing team to further enhance people's independence. Following a funding increase, this team had expanded and was supporting people who may have care and support needs in the future, to live happy and healthy lives and to prevent, reduce or delay their future need for care and support. The Prevention and Wellbeing team supported strong partnership working with the voluntary and community sector (VCS), through joint forums and 'pop-up' events in the community. These were focused on improving local people's access to well-being information and advice.

The local authority recognised the need to build on its prevention offer. This was evident through the Prevention Champions initiative, where teams had a designated 'prevention champion,' who attended monthly meetings with other champions and community groups to improve practice, people's experiences and outcomes. For example, the advocacy service had been invited to address the concerns around long waiting times to access the service.

Practitioners in the local authority's Prevention and Wellbeing service demonstrated their commitment to delivering a strength-based service. Staff told us how they helped a person who initially presented as lonely and distressed. Staff were able to build a relationship with the person to find out what mattered to them using a strength-based approach; they introduced them to a local group and through their engagement with others, this had helped alleviate the person's loneliness and their wellbeing had improved, without the need for ongoing support from formal services.

We heard how the local authority worked in collaboration with partners to deliver preventative services. For example, frontline staff told us about a group for women who had a learning disability, which was set up to provide a safe space to discuss themes around relationships, personal stories and sex education. The group was well attended and staff identified that further focus was needed around obtaining feedback, to continue creating a safe and preventive service. We heard of good collaborative practice when working with housing, for example, when supporting women experiencing domestic abuse to access safe housing. A partner organisation praised the local authority in supporting asian women, particularly around domestic violence and mental health needs.

The local authority demonstrated a commitment in supporting people to access employment opportunities, for example through their 'BOOST' employment and skills support service, which created job opportunities for disabled people and promoted recruitment within the local adult social care sector. Furthermore, the local authority had launched a new Carved employment scheme, working alongside partners, with one person having found a job. The local authority's innovative approach to recruiting for Carved employment roles had been praised by voluntary community sector partners and participants, including the candidates themselves. Similarly, the local authority worked with partners to deliver 'Bright Futures' employment programme, which provided tailored employment support to people with learning disabilities and autistic people. Partner organisations told us the main issues raised to them by people they support were related to employment and lack of social activities, however they told us the Bright Futures project funded by the local authority had been helpful. However, we were told by partner organisations that they were not always aware or informed about funding opportunities available to them to help them continue to support people.

The council's Cabinet member for adult social care told us there was a strong focus on prevention work and referenced the Dementia Friendly Barnet Strategy and Carers Strategy as particularly good examples. They were positive about the strength of the relationships with local voluntary, charity and faith sector organisations and how the local authority involved them as key partners to deliver prevention activity. A particular strength was the work with the Jewish community in Barnet to understand and support their specific needs.

Frontline staff told us about the positive impact of having a specialist Dementia Support team based within the Prevention and Wellbeing team. For example, dementia specialists offered training and drop-in sessions for unpaid carers who supported people living with dementia. Staff highlighted a potential gap regarding people's ability to access services due to limited community transport, particularly for people who had mobility needs and limited support networks, and which potentially had an impact on their overall wellbeing and ability to maintain independence. National data showed that only 56.85% of people reported they spend their time doing things they value or enjoy in Barnet, which is lower than the England average of 69.09% (ASCS, 2024). Further work is needed to understand the reasons for this and any correlation with barriers in respect of public transport.

The Prevention and Wellbeing team had focused on getting to know the diversity within the community. This knowledge had been used to promote and develop new culturally and sensitive services for the broad range of people living in the borough. For example, families of Somalian descent in the Colindale area were supported to set up a mental health support group specific to that community group.

We also heard how the local authority's support in the development of the Barnet Wellbeing Hub followed the 'social prescribing' model. Social prescribing model connects people to activities, groups, and services in their community to meet the practical, social and emotional needs that affect their health and wellbeing. The hub supported partners to reach out to communities who would not necessarily ask for support relating to their wellbeing needs. For example, refugees and asylum seekers had been supported at the wellbeing hubs with information and advice. In recognition for delivering an innovative approach, in 2024 Barnet was awarded 'Borough of Sanctuary Award' for welcoming people seeking sanctuary and providing people a place to stay. This demonstrated the local authority's approach to collaborating with partners to improve people's health and wellbeing.

Provision and impact of intermediate care and reablement services

The local authority collaborated with partners to deliver intermediate care and reablement services. The reablement service was provided to people to prevent deterioration in their well-being and to avoid unnecessary admission to hospital, and to people who were being discharged from hospital to regain their independence.

There was a standard six-week reablement window for people on discharge from hospital, but this was flexible depending on the person's needs, progress and availability of physiotherapy and other therapeutic assessments. Care technologies were used to support people to manage their own care needs, for example medication management tools. Staff told us this helped to promote people's independence as part of their reablement goals. National data supported this evidence as 76.37% of people who have received short term support in Barnet, no longer require support, which is comparable to the England average of 77.55% (Adult Social Care Outcomes Framework, 2023, ASCOF).

Frontline staff working with the hospital integrated discharge team, which included reablement services reported a strong focus on prevention and hospital admission avoidance. They demonstrated clear connections between all staff involved in discharge and reablement pathways where there were good formal transfer arrangements to different teams; this included clear assessment processes to understand and meet people's needs. This was supported in our discussions with health partners, who told us the integrated approach led to positive outcomes for people as they were able to return home in a timely way and supported to remain independent and in their own homes. We were told about a particularly positive outcome for a person with a hearing impairment who was provided with suitable equipment, which had enabled them to live independently at home.

National data showed positive outcomes from the reablement/ rehabilitation offer, with 4.60% of people over 65 receiving reablement/rehabilitation services after discharge from hospital in Barnet, which is higher than the England average of 2.91% (ASCOF, 2023). Also, 92.96% of people over 65 in Barnet are still at home 91 days after discharge from hospital into reablement and rehabilitation, which is higher than the England average of 83.70% (SALT, 2024).

There was a clear focus on strength-based, individualised hospital discharge assessments in reablement services. Staff worked with health professionals to reduce over-prescription of support for people to maintain and increase their independence following discharge, with appropriate clinical and social care input. Frontline staff told us they provided a proportionate service to meet the persons needs and were confident in challenging healthcare professionals where there was suggestion to over prescribe services. Staff also told us they had good access to specialist teams to support specific reablement needs, for example access to neurology, which supported timely discharge and appropriate goal setting for people. Frontline staff worked with care homes and supported living establishments to provide staff training and workshops around the ongoing assessment of a person's progress towards reablement.

Access to equipment and home adaptations

People could access equipment and minor home adaptations to maintain their independence and continue living in their own homes. For example, a person told us the hospital staff and supported living staff worked effectively together, to provide them with grab rails in their home quickly, which had reduced the risk of them falling. This evidenced the local authority's approach to assess and provide equipment promptly to enhance people's safety, and a collaborative approach to working with people and partners to promote independence, and to prevent, delay and reduce the need for care and support.

Frontline staff explained an efficient process, eligibility and means tests relating to Disabled Facilities Grants (DFG). Feedback was provided promptly from the teams managing the DFGs, often on the same day, through letters and follow-up discussions.

The local authority had invested in trusted assessor training, whereby frontline staff had the skills to assess and provide low level equipment. This approach enabled people to access equipment in a timely way, without the need for a specialist Occupational Therapist assessment; this supported them to maintain their independence and continue living in their own homes. Where staff had identified the need for specialist equipment, they were able to contact the Occupational Therapy (OT) team for specialist advice and support.

Frontline staff told us they worked in a collaborative and holistic way, for example conducting joint OT and social worker assessment visits.

Advice, information and support was provided to keep people safe if they were waiting for equipment. Non-urgent referrals were assessed based on level of risk with a maximum of a 2-day waiting time. At the time of submission 330 people were waiting for a non-urgent OT assessment. The median waiting time was 37 days. The maximum waiting was 236 days. The median waiting time for an OT assessment over the past 12 months was 16 days and maximum 236 days. The local authority had been working to improve waiting times for OT assessments with additional recruitment, which included a specialist learning disability OT. This investment in staffing had resulted in a drop in average OT assessment waiting times by almost 50% between January and June 2024.

The local authority had commissioned a new equipment provider in April 2023. However, due to challenges from the previous provider there was a delay and backlog in fulfilling equipment orders. An improvement plan had been implemented which was overseen by the Care Quality team.

Provision of accessible information and advice

People could not always easily access information and advice on their rights under the Care Act and ways to meet their care and support needs. A person told us they had a social worker previously who was very responsive but after they no longer supported them, they were unsure who to contact in adult social care. Equally, another person told us they were unsure who to telephone at the local authority, which department to speak to about their concerns, though the person knew how to make contact with other departments in the local authority.

This is reflected in national data which showed that only 62.20% of people in Barnet who use services finding it easy to find information about support, lower than the England average of 67.12% (ASCS, 2024). Also, 51.46% of carers in Barnet found it easy to access information and advice, which is also lower than the England average of 59.06% (SACE, 2024).

A recurring theme was the lack of guidance provided to unpaid carers. For example, one unpaid carer expressed frustration at not knowing how long it would take to arrange for a paid carer for the person they supported, and they felt extremely let down due to the absence of guidance. Some unpaid carers were not aware of the services available, for example details for the contracted carers partner. The local authority had identified the quality of information and advice available to people was an area which needed development and improvement.

As part of the actions to improve the information and advice offer, and the prevention agenda, in 2023/24 the local authority worked in collaboration with local Voluntary Community Sector (VCS) organisations, where 51 new community initiatives and drop-in sessions for Barnet residents were established for people to access information and advice. The local authority also managed an information forum for over 40 VCS groups, which showed a commitment to improving experiences for people through a collaborative approach. Furthermore, the local authority invested in a Financial Resilience Transformation Programme, which was launched in January 2024, which had supported people who were experiencing financial challenges, through leaflets and information, which were posted on social media, bus shelters, and particularly targeted to those areas of low financial resilience.

The local authority had acknowledged the accessibility benefits of producing 'easy read' leaflets and had plans to work on a 'Living well with Dementia' information leaflet, which was due to be coproduced with people and partners. Another area of improvement the local authority had focused on was around sharing of information with people who faced digital exclusion. Digital exclusion is when people are not capable of using or benefitting from using the internet. For example, the local authority's proactive co-production group called People's Voice had supported the local authority with making their website content simpler, easier and faster for people to use. Furthermore, the local authority had used the findings from their Age Friendly Barnet Survey Baseline Report, to develop a strategy and action plan. Working with a commissioned partner, the work looked at seven key areas that could impact the way that people age, from ageism and intergenerational inclusion to transport, housing, employment and volunteering opportunities, to make Barnet an age-friendly borough.

Frontline staff also told us they had updated and refreshed the content for the local authority brochure to ensure it was accessible and informative for everyone. This showed the local authority's efforts to make information accessible and available to all people in the area when and how they needed it, irrespective of their needs and communication methods.

Direct payments

The local authority was committed to using direct payments to improve people's choice and control about how their care and support needs were met. However, feedback we received from people and unpaid carers identified some gaps. We consistently heard people were unaware of direct payments and other available support options, showing people were not fully informed about the resources they could access. Even when unpaid carers were aware of available options, such as direct payments, they often found the process difficult to manage.

Overall, the uptake of direct payments was equitable across the local population. National data supported this particularly for older people, with 18.26% of people aged 65 and over accessing long-term support receiving direct payments in Barnet. This is higher than the England average of 14.8%. Additionally, 28.33% were receiving direct payments compared to the England average of 26.22% (ASCOF, 2023).

Frontline staff shared some positive examples where they had promoted direct payments. For example, a member of staff provided an unpaid carer with a direct payment, where they were able to purchase a two weekly respite service, which met their assessed need as well as the person they were supporting. Furthermore, staff told us the direct payment team was highly efficient and responsive in handling benefits checks together with direct payments, and referrals for direct payments were processed quickly with no delays.

Frontline staff told us there was recent commissioning of a new direct payment support service with specific emphasis on providing a payroll service and to increase the availability of personal assistants. This was in response to the recognition that most people used their direct payment to purchase from home care providers, rather than from a personal assistant. This initiative demonstrated the local authority had taken steps to understand and remove barriers for people using direct payments and to enhance the direct payment offer.

Equity in experience and outcomes

Score: 2

2 – Evidence shows some shortfalls

What people expect

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

The local authority understood its local population profile and demographics. It analysed equalities data on social care users and used it to identify and support practice to reduce inequalities in people's care and improve experiences and outcomes. The local authority adopted a coproduction and engagement approach to understanding their population. Progress was ongoing to reduce inequalities and there were identified areas of focus to improve support for people.

The local authority identified area for improvement was pathways of support for autistic people and people with neurodivergence. We received feedback that improvement was required in in this area: autistic people and people with neurodivergence who did not meet the diagnostic criteria to access the multi-disciplinary learning disability team instead were supported by other frontline staff. This reduced opportunities to access an integrated service with health partners. An unpaid carer told us neurodivergent people who did not qualify for access to learning disability services struggled to get support from the local authority, and this highlighted the risk of potential disparity of support for people depending on diagnosis.

There was ongoing investment to improve outcomes for autistic people and there was a comprehensive action plan which reflected Barnet's Autism Strategy recommendations. A senior leader told us every frontline team had an 'autism champion' and staff were now supported to access specialist training. There was also a commissioned provider to support with autism screening, signposting and referrals.

Awareness of inequalities within the borough was evident throughout staff and leadership teams. For example, a senior leader told us inequality was present due to socio-economic disparities amongst ethnic minorities and hard to reach groups and there were actions in place to reduce socio-economic exclusion in the borough, not all of which were a direct responsibility of adult social care. Leaders also recognised the challenges of diversity and increasing levels of need within the borough, with a significant particular increase in people with learning disabilities in Barnet, this being the highest in London. Leaders were aware of community groups who were at risk of inequality, including asylum seekers.

The local authority utilised data and insights to assess their population and evaluate the equity of their access to services, especially across different ethnicities and people with differing support needs. A disproportionality report completed by the local authority highlighted specific themes, for example, over 61% of people who used services were over the age of 60 and those that identified as Black or Black British were 2.1 times more likely to use services. This insight supported the local authority to target its activity and to build trusted relationships across services through engagement with identified groups and partner organisations to better inform its work to reduce inequalities

The local authority adhered to its Public Sector Equality Duty under the Equality Act 2010 in implementing its Care Act functions. There were equality objectives and a co-produced, well-resourced strategy to reduce inequalities and to improve the experiences and outcomes for people who were more likely to have poor care. Equality objectives were presented within the 'Towards a Fairer Barnet Roadmap,' which aimed to consider and address the complexities of inequality in the borough and how it was shaped by numerous factors affecting people's backgrounds. This initiative was in its early stages, therefore there was no evidence of impact at the time of the assessment.

The local authority proactively engaged with people and groups where inequalities had been identified to understand and address the specific risks and issues experienced. This was evident at different levels within the local authority. For example, the Adults and Health Overview and Scrutiny Committee membership included two people with lived experience of adult social care, who were full voting members of the committee. A senior leader told us their input to the scrutiny process provided invaluable insight and the local authority had ensured suitable investment was in place to support these roles.

Engagement activity was undertaken to better understand communities where inequalities were present. Council wide research into disabled people's experiences of living in the borough, and use of all public services was commissioned in response to council wide resident survey results, which indicated less satisfaction across key indicators for disabled people as compared to people without a disability. The research showed positive experiences of adult social care and identified areas for improvement in relation to wider experience of life in the borough and universal services. The local authority planned to use recommendations from this project to help inform their Equality Strategy Action Plan. A partner told us the local authority was working hard to engage with their communities to better understand their experiences.

Targeted strategies were developed by the local authority to address known inequalities. For example, within the borough it was found black people were twice as likely to access mental health social care support services, in comparison to white people, and this increased to three times more likely for those in the 20 to 39 age range. A local authority mental health workstream, working with health partners, had actions to tackle these inequalities and to improve access to mental health services including a new Front Door and Wellbeing Pathway, an 18-25 pathway, early intervention and preventative services, and community engagement. A partner organisation told us there had been a positive impact from the Prevention and Wellbeing team as people could relate to staff who were recruited from different cultural backgrounds. However, they also told us further work was required to make mental health services more culturally appropriate and accessible across the borough.

Partners who represented marginalised groups told us they had opportunities to engage with the local authority. The local authority's 'People's Voice' forum involved over 200 people from the community with lived experiences of adult social care. The local community was also represented on the involvement board with representation from 12 different community groups. The board oversaw and advised on engagement approaches and helped the local authority to consider how it engaged in meaningful ways with people from different backgrounds. A good example of the positive impact of engagement was the development of a language toolkit for staff to use when working with people from the South Asian female community.

Partners organisations explained housing and homelessness was a concern due to limited housing availability, and the quality of available housing was not always adequate. Homelessness was also reported as being quite prevalent in the borough particularly in more deprived areas. Frontline staff told us there were significant challenges in sourcing housing for people with learning disabilities due to perceived risks of them not being good tenants from within the private sector. The integrated learning disability team had a housing officer whose role was to promote stronger working relationships with housing services and to support people to access suitable accommodation. This joined up approach was having a positive impact on people's wellbeing. While funding was recognised as a barrier for new housing in general, housing projects were ongoing to increase provision for people, particularly people with learning disabilities and autistic people. Relevant strategies were in place to tackle housing and homelessness concerns.

The local authority was tackling potential inequalities experience by people living with dementia and their unpaid carers. Additional relevant strategies were developed in collaboration with voluntary partners and local communities, for example, a co-produced 5year Dementia Strategy had involved participation from 140 people living with dementia and their unpaid carers. The local authority was committed to having a 'dementia-friendly' borough, with over 20 dementia-friendly locations already in place. Leaders and staff reflected on the importance of this work.

Commissioning decisions were guided by equality impact assessments, which took demographic details and inequalities into account. The authority evaluated that its commissioning approaches, including those for specialist housing, positively impacted adults from all ethnic backgrounds. A person we spoke with reflected this, they told us how happy they were with the support they received in specialist housing, which had undergone an equality impact assessment. The local authority continued to strengthen their approach to equality impact assessments to ensure the effect of decisions, policies and strategies on different sections of the community were carefully considered.

The local authority provided care providers with access to training resources to help them become more culturally aware and inclusive in their work. Care providers told us this allowed them to give culturally appropriate care and be mindful of preferences of the people they supported, including the LGBTQ+ community. Clear expectations were set for care providers by the local authority for equalities, diversity and inclusion and this was set out in their service specifications and contracts. This included a requirement to develop a diverse and well-trained workforce, as well as delivering services which were person-centred, sensitive, and appropriate for diverse communities.

Staff from the local authority responsible for carrying out Care Act duties demonstrated a strong understanding of the area's cultural diversity and how to engage effectively. The local authority also maintained a diverse workforce that mirrored the community they served. There were a range of staff networks which supported staff of diverse backgrounds and offered support and advice on specific issues. Staff teams were supported to access mandatory cultural competence and unconscious bias training. Staff and people being supported gave examples of accessing culturally appropriate support. A frontline staff member told us how they advocated for a person they supported in hospital to access culturally appropriate food, which increased their appetite and supported them to stay well. Similarly, a person told us how they were supported with culturally appropriate food preparation, something they were not able to complete without support. When commissioning care for individuals, the local authority used information in people’s care plans about their cultural requirements to identify care providers who could meet their particular needs.

Inclusion and accessibility arrangements

Feedback on accessibility and inclusivity arrangements for people with hearing impairments, including those who used British Sign Language (BSL), was negative. The local authority acknowledged the accessibility issues encountered by individuals with hearing loss and had made investments to enhance improvements for this community. A project was undertaken to engage with individuals with hearing loss, including British Sign Language (BSL) users, to gather feedback about their experiences. As a result, improvements were made to the information available on the website, and ongoing efforts were put in place to provide BSL translations for website materials. The engagement process also highlighted a knowledge gap among staff and managers regarding the needs of people with hearing loss. In response, the local authority organised deaf awareness 'lunch and learn' sessions, showing a commitment to improving outcomes for the deaf community. Additionally, a 'live' interpreter service was introduced, enabling access to BSL interpreters through the local authority's website or over the phone, facilitating conversations for people with hearing loss. A frontline staff team also provided a successful example of assisting a person with hearing loss in accessing their assessment and subsequent support.

The local authority had a specialist sensory team who assessed people who had a visual impairment, a hearing impairment or both. Staff assessed eligibility for equipment to support people to retain independence, stay safe and maximise wellbeing in their own homes. They also signposted people to specialist organisations for support where appropriate. While this was a positive preventative approach, a partner organisation told us there were no specialist social workers for individuals with hearing impairments, and they provided additional support during more complex assessments. The specific needs of people with hearing impairments were explained by the provider to the social worker undertaking each assessment, but feedback indicated that staffs lack of experience impacted both the timeliness and quality of the assessment outcomes.

Frontline staff recognised the importance of interpreters in ensuring inclusive support for individuals. They reported that access to telephone interpreters through a commissioned service was generally fast, though delays could occur when dealing with less common languages. In such cases, staff used alternative methods, like mobile phone translation applications, to gather basic information and support assessments until a professional interpreter could be involved.

Commissioned partners supported the local authority to promote accessibility and inclusivity for people. Frontline staff told us they had access to using easy read material and Makaton when communicating with people with learning disabilities to ensure they could participate. An unpaid carer who supported a person with a learning disability told us the person's assessment had been very inclusive with all information explained to the person in a way in they could understand.

The local authority recognised the challenges of digital exclusion and the restrictions this placed on people on accessing information and support. A 2023 Barnet 'State of the Borough report' identified 74.2% of those facing deprivation in the borough are also likely to be considered digitally isolated or excluded and 11% of people in the borough had never used the internet compared to 7% in London. The local authority had a 'Digital Inclusion Plan' which included a range of projects and steps to improved digital access and literacy within the area. This included being part of the London Office of Technology and Innovation Digital Inclusion Project to identify areas at considerable risk of exclusion and improve inclusion across the borough. The local authority website facilitated a read aloud function, adjustable font sizes and colours and translation where required to support a range of people to access it. A digital support officer also assisted staff and people to access a range of accessibility tools. A partner recognised the local authority had completed work on digital inclusion but felt this was a key issue for their community members, especially where their first language was not English.

Frontline staff provided examples of proactively supporting inclusivity and accessibility for people. The Prevention and Wellbeing Team visited local libraries and local wards and shared translated posters to encourage people to access support. In some cases, staff shared information such as images of themselves, so people in communities would recognise them and find them more approachable. In another example, a frontline team told us how they altered the words used during engagement with people to make it more appropriate for people from communities where they may be a stigma attached to seeking support. This supported accessibility to local authority services and showed a good understanding of the communities being supported.

Feedback from partners relating to inclusion and accessibility arrangements was mixed. For example, partners told us when people's first language was not English, they were less likely to be aware of the support the local authority offered. A partner told us they were not aware of the local authority using interpretation services to support contact with their community group. They felt language was not adapted to support the people and communities the local authority engaged with.

A partner told us they had reported that information on the local authority website was not accessible, lacking appropriate language options, whereby they had to translate it themselves to support people. When requesting information in other languages on behalf of people they represented, they often felt it was seen as an inconvenience although support varied across departments. However, there were examples of the local authority offering information in a range of languages, such as the adult social care user survey. There were also website accessibility customisation tools which allowed translation of text into over 100 different languages.

A partner fed back interpreters for people who had hearing loss could not be booked for urgent matters and the wait for support was at least 3 weeks. This meant people requiring BSL support were not receiving assessments in a timely manner. There were also concerns about adequate provision to support people with hearing impairments due to increased cost. A partner gave an example of a person receiving less commissioned support from the local authority than required due to the extra cost of the specialist support. They felt this practice was increasing inequality for people with hearing loss**.** Frontline staff also told us there was a need for more BSL provision within the homecare market to support people.

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

We may not always review all quality statements during every assessment.

Care provision, integration and continuity

Score: 3

3 – Evidence shows a good standard

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

The local authority commitment

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Key findings for this quality statement

Understanding local needs for care and support

Data from the Joint Strategic Needs Assessment (JSNA) was used to gain insight into current service usage and the needs of the local population, helping to identify unmet needs and guide general or targeted interventions. For example, the local authority recognised the borough had an increasingly diverse and growing population, a stable projection of children and young people, and a gradually increasing working-age population. More apparent was the significantly increasing older population. The area's ethnic diversity was expected to continue expanding which reflected its vibrant and multicultural character.

The local authority was able to highlight links between loneliness and poor mental and physical health through the use of data and was working on targeted plans to help people stay connected to their communities, friends, and family. Health partners reported the JSNA was being refreshed in collaboration with the local authority to inform the newly developed Ageing Well and Dementia plans.

The data from the Adult Social Care Survey 2022-23 was also analysed by the local authority to enhance understanding of the care and support needs of individuals and communities. Themes in the survey indicated people did not have as much social contact as they would like, subsequently the local authority had plans to investigate ways to improve the existing daytime opportunities offer and had plans to support with high rates of loneliness, which was also highlighted in the survey. Furthermore, the local authority had demonstrated the importance of using the data both at an operational and strategic level, through the implementation of a small data team, who developed performance dashboards to support operational teams to understand the care and support needs of people and communities.

The Adult Social Care Engagement Strategy and Charter 2022 was developed in collaboration with 300 residents and unpaid carers. This strategy highlighted the local authority's vision and commitment to improve services and experiences for people through engagement and coproduction. The local authority had a proactive community focused group called People's Voice, who met at community drop-ins with representatives of the local authorities Involvement Board, which provided an opportunity to listen to feedback from people to improve services. Staff told us the People's Voice Community was seen as an asset to the local authority as they proactively targeted and supported minoritised and marginalised groups, for example they had worked with the deaf community, substance misuse services, and prioritised community groups in the West of the borough where there was higher deprivation. We heard some positive feedback from people living with a visual impairment, who valued the support provided by the local authority in accessing the community, particularly the introduction of a form-filling service, which had a positive impact on people's overall wellbeing.

The local authority demonstrated valuable contribution from the People's Voice Community, as they participated in staff recruitment and contributed to training programmes for adult social care staff. The local authority had supported an increase in participants, which increased by 28%, from 189 to 241 over the past 12 months. The People's Voice Community had also supported to develop a new feedback survey in 2023, which included the 'Think Local Act Personal' 'I' and 'We statements' to enhance the local authority's understanding of strengths and areas for development. People reported positive experiences with their interactions with staff. For example, 98% people reported the "practitioner treated me with respect and as an individual" and 97% people reported "The plan I developed with (my practitioner) helps me to live the life I want and do the things that are important to me." Interrelated, the local authority had reviewed the Community Participation Strategy and the Equality, Diversity, and Inclusion Strategy, which reflected the feedback received.

Market shaping and commissioning to meet local needs

The local authority intended to shape and develop the market, so people had access to a diverse range of local support that was safe, effective, affordable and high quality to meet peoples care and support needs. For example, people had access to services that meet the specific cultural needs of Jewish people, which was particularly relevant as 14% of the borough's population was Jewish. We heard how the care providers recruited people from cultural and ethnic communities and there were effective working relationships with care providers through the local authority's Care Quality team. This aided understanding and demonstrated the local authority's ambition to provide quality and diversity of care provision, particularly the delivery of culturally specific care provision.

The local authority's commissioning strategies were co-produced with partners and people in the local community and were aligned with the strategic objectives of partner agencies. For example, the local authority had shown an integrated approach with Public Health in delivering The Dementia Friendly Barnet Partnership, which was established in 2019, where they worked collaboratively to adapt environments, and enabled people living with dementia to live as independent and enjoyable life as possible. This was significant, as the borough had 4,387 people living with dementia and this figure was expected to increase to 6,402 by 2035. The initiative had encouraged local businesses to become Dementia Friends. Subsequently, in September 2023, there were 15,808 Dementia Friends in the borough. Furthermore, 'Understanding Dementia' training had been commissioned by Public Health and sessions had been successfully delivered throughout the year.

In 2023 the local authority launched a Mental Health Charter which was coproduced with 300 people and with partner organisations. The purpose of the charter was to guide key local authority partners, statutory bodies, and businesses to support the mental health of people living in the borough, and plans were made for people to be involved in monitoring progress of the Charter throughout the year.

The local authority had shown commitment to improve services following the feedback from people. For example, autistic people shared frustration, as services for them were often grouped with learning disability services, and this had been shared with the commissioning team to inform future planning of specialist services with an understanding of autism. Furthermore, the Equalities, Diversity and Inclusion Inequalities Action Plan 2023 detailed the local authority's ambition to develop an autism hub and its impact, through involving autistic people in commissioning of services to ensure everyone had a voice in commissioning universal services. Similarly, The Barnet All Age Autism Strategy Action Plan, was initiated in 2019 and was refreshed annually as a joint plan across children, adults, health and care. Workstreams and objectives to strengthen services and pathways for autistic people were monitored as part of the commissioning approach.

There was evidence the local authority's strategies were aligned with the housing strategic objectives through the Right Home Commissioning Strategy Review March 2024. This strategy highlighted the continuation of work with the adult social care and housing departments in identifying the people who could benefit most from access to extra care housing. At the time of the assessment, 4 further step-down flats had been designated and a further 3 were under consideration. This joint approach demonstrated the local authority's ambition to provide support options for people with care and support needs. For example, supporting people with a range of short-term needs, who were stepping down from hospital, people trialling extra care or for people with no recourse for public funds, who would otherwise be in a care home or hostel.

The local authority had the highest number of asylum seekers in contingency accommodation than any other North London Council (NLC). For example, in 2023, 1760 asylum seekers were in receipt of support in the borough, accommodating the 5th highest number of all London boroughs. Furthermore, the local authority delivered an integrated approach with partners to support asylum seekers accessing health and care services as part of The Barnet Borough Partnership Health Inequalities programme, which further supported NLC to influence the development of the Asylum Seeker Health Locally Commissioned Service.

Through partnership working with housing departments the local authority showed commitment to promoting independence, choice and control for people, through expanding the provision of extra care housing, demonstrating an effective alternative to residential care, where the local authority invested £15 million to long-term plans, to develop an additional 227 Extra Care units, which at the time of the assessment had progressed to accommodating people in 2 extra care units. This showed the people in the borough benefited from a diverse array of supported accommodation, assisted living and extra care services.

The local authority acknowledged gaps in provision and had plans to develop more capacity accommodation-based services for people who required specialist support, particularly people living with very complex needs resulting from dementia, mental health, and autism. Through partnership working with housing, there were also plans to build and improve the quality of adapted housing for people with a disability. A person told us they felt like home in their new supported accommodation and described the carers as being wonderful and that they felt blessed.

The local authority had good understanding of the diverse and vibrant local 'voluntary community sector' (VCS), where they had invested more than £2million into commissioned voluntary services, and the sector was seen as a trusted partner. Engagement with VCS organisations had reinforced strong trusting relationships which had contributed to the development of services. For example, the Prevention and Wellbeing Team collaborated closely with partners and co-located the service at three drop-in sites in the community, showing a collaborative and proactive approach.

As part of the 'Equity, Diversity, and Inclusion Action Plan' the local authority had worked with the VCS sector, where they had co-facilitated workshops in community settings to explore language and stigma for different communities in relation to health and social care services, particularly around mental health and learning disability. This example demonstrated the local authority's approach to working collaboratively with people and partners, where commissioned models of care and support were delivered in line with recognised best practice. This approach showed the local authority commissioned for outcomes rather than commissioning tasks or services and care providers had flexibility to deliver the service in ways met people's preferences. Similarly, the local authority engaged well with care providers to ensure its commissioning and contracting arrangements supported continuity and enabled them to develop sustainable business models. For example, frontline staff told us by collaborating with care providers, they ensured the cost of care was transparent and fair. There was a balance between cost and quality when setting fee levels with care providers.

Ensuring sufficient capacity in local services to meet demand

There was adequate local service provision to meet demand including homecare and residential settings, however, there was work to do, particularly around providing specialist respite provision for unpaid carers. We received mixed feedback from unpaid carers who told us they had benefited from respite services, whereas some told us they did not feel there were sufficient services to meet the needs for those they cared for, so they saw no point in having an assessment, and expressed the need for the local authority to be more appreciative of people's complex needs.

Frontline staff also told us there was a need to develop placement and step-down provision, particularly for people with complex dementia and mental health needs, however they shared there was sufficient capacity for most unpaid carers to have access to replacement care for the person they supported, in both planned and unplanned situations, through homecare and residential respite provisions. The local authority understood the gap around respite provision and was making efforts to reach out to unpaid carers and seldom heard groups; to influence positive change, this was through the coproduced Carers Strategy and the proactive People's Voice Community.

The local authority provided data, which covered a 3-month period between January to March 2024, showed no waiting lists for people being discharged from hospital waiting for homecare, supported living, residential care, or nursing placements. However, we also saw information that some placements took longer to finalise where the person's needs had increased, and further engagement was needed with their family. Frontline staff also said they did not have delays providing support, however there were some challenges with placement capacity within Barnet and North London for appropriate discharge. The minority of placements that took longer were because of specific complexities unique to individual circumstances. The median timescale for residential placements was 3 days and the median for nursing was 2 days. Staff told us there was insufficient provision of NHS neuro-rehabilitation placements across north London, which had impacted on people being discharged from acute settings.

Frontline staff explained the main gap they had identified was supporting people who did not have a formal learning disability diagnosis. They said those who experienced learning difficulties, particularly autistic people, were at risk of falling between the gaps. Staff also identified a gap in providing specialist services for people who required support with drug and alcohol dependency and suggested the need to create a specialist dual-diagnosed worker role. However, staff told us they felt empowered over the past year to provide feedback to commissioners about the quality of services.

The Cabinet member for adult social care told us some of the challenges faced by the local authority in supporting people aged 18-25 during their transitional journeys. There was growing demand for learning disabilities support which needed extra investment. The Cabinet member acknowledged the strength of the schools and transition services in supporting people with learning disabilities. Frontline staff shared an example of supporting a person that needed intensive support upon leaving the hospital, with no prospects of alternative options, where a property was built to meet their needs. After moving in, the person had settled well. This was a good example of collaboration between the hospital and housing teams to support the person achieve positive outcomes.

The local authority's Market Position Statement demonstrated good insight into the local community needs. Some of the highlighted strategic priorities included increasing the innovative use of care technology, enhancing support for unpaid carers and increasing the development of new services for people with complex needs related to physical health, learning disabilities, mental health, substance misuse and autism.

Ensuring quality of local services

The local authority had one of the largest care home markets in London. As of February 2024, the local authority had 80 care homes, with 2939 beds, where 53 homes supported people over 65. This was the largest care home market in North Central London (NCL). The local authority acknowledged gaps in provision and had plans to develop more capacity accommodation-based services for people who required specialist support, particularly people living with very complex needs resulting from dementia, mental health, and autism. In comparison to the England average the local authority's care home market had higher than average Care Quality Commission (CQC) ratings, with 85% of registered care homes rated as 'Good' or 'Outstanding', which was higher than the England average of 81%.

At the time of the assessment the local authority worked with 65 contracted homecare providers and 71 commissioned care homes. The non-commissioned services were still eligible for the local authority's training and support programme provided by the council's Care Quality Team, where tailor-made workshops and sessions were offered to all care providers. Furthermore, the local authority had plans to increase the number of reablement care providers from 3 to 6, this demonstrated the local authority's approach to increase their preventative offer.

The local authority had the largest number of hospital discharges in London. For example, between 1 February to 31 July 2023, 773 people were discharged per month from hospital (per 100,000 population), which was significantly higher than the average 687 of across London boroughs. Despite this, data evidenced there were no lengthy delays experienced around discharges, due to the availability of care provision, as the local authority had an extensive portfolio of care providers within the borough consisting of home care, residential and nursing placements. Frontline staff said all the referrals for homecare were allocated to a provider within 24 hours and for supported living settings, the target for allocation to a care provider was 2 weeks and this was met for most referrals.

A Care Quality team was established, consisting of Care Quality Advisors and contract management officers who collaborated directly with care providers, registered managers, and staff working within the services. This approach demonstrated a commitment to providing a coordinated service for managing quality concerns and safeguarding risks, both at the individual service level and across the entire care market. Frontline staff reported that effective mechanisms were in place for routine engagement with care providers, addressing all matters related to adult social care provision in the area, including current trading conditions.

We heard brokerage staff worked well with frontline staff when sourcing a suitable range of care providers to offer to people, this included out of hours support, this demonstrated the specialist knowledge of the commissioning teams and as well as the local authority's structured processes towards providing an effective service. This was further corroborated by the CQC's provider regulatory team, who told us the local authority had an efficient Care Quality team that was particularly attentive to the needs of ethnic minorities and diverse communities. The Care Quality team actively monitored care providers, frequently visited locations, maintained excellent communication with the CQC team, furthermore they were proactive in engaging with care providers, knowing the local issues and ensured early intervention to prevent escalation of concerns.

The local authority shared information on commissioning embargoes between 1 February 2023 to 31 March 2024, where 4 services had been subjected to an embargo. 3 embargoes were lifted after the local authority worked through improvement plans and implemented the changes required. One service had a new manager and management structure, and the fundamental issues highlighted related to medication oversight and record keeping. The service that was embargoed was sold and the local authority had been collaborating with new care providers to manage risks, whilst addressing the improvements that were needed.

Ensuring local services are sustainable

The local authority had effective mechanisms for engaging routinely with care providers, both individually and collectively on matters relating to the provision of adult social care in the area. For example, care providers told us they benefitted from the care provider forum, which supported them to identify issues to improve service delivery and they felt the local authority welcomed their views and contribution. An example provided was the informative discussions around the cost-of-living crisis, where resources available for people were shared together with money saving ideas.

The local authority collaborated with care providers so contracting arrangements were person-centred, and supported the delivery of high-quality care, experiences and outcomes for people. Frontline staff told us there was regular dialogue with care providers to understand capacity and demand to get early warning of quality or performance issues so preventative action could be taken. For example, the rate of new referrals to one provider was slowed down when quality issues were emerging. This provided time for corrective action to be taken and quality to return to the right standard.

There was good understanding around the provider market, for example they completed a fair cost exercise considering the high rise in energy costs, where they listened to care providers and recognised a provider uplift was required. This demonstrated the local authority's approach in acknowledging care providers were a business and needed to be sustained. Care providers said the local authority supported them to fill care home voids. One care provider told us some people had lived in their placement for over 20 years and recognised it was also their home, furthermore this reflected the local authority's approach to finding the most appropriate placement, using a person-centred approach.

The local authority understood and mitigated market risks, for example market exits, provider failures and workforce challenges. For example, only one contract was handed back between the February 2023 to March 2024 which related to community equipment due to underperformance, which demonstrated the local authority's ability to sustain the care market.

There was positive collaborative working with care providers to understand current trading conditions to ensure services were sustainable, affordable and provided continuity for people. For example, the local authority supported the sustainability of the care market through their contract monitoring arrangement, and this included looking at terms and conditions for care workers to ensure they were fair, this was further reflected in the local authority's Market Position Statement, particularly on focusing on improving the quality and stability of the care workforce, around providing good conditions and support for social care workforce at all levels. For example, there were specific requirements in respect of paying home care workers for travel time and training.

We heard some positive feedback from care providers who shared the local authority had a clear understanding on the challenges they faced around recruitment and retention of staff, subsequently we heard how the local authority had supported care providers with recruitment of staff. This had helped to improve the capacity of care workers in the local area. Furthermore, the local authority organised recruitment fairs and worked in partnership with external partners such as Department for Work and Pension to boost care sector recruitment.

National data showed a 0.18% rate of turnover of adult social care employees, which was lower than the England average of 0.25%. Similarly, the rate of adult social care job vacancies was also lower at 6.40%, compared to England average of 8.06% (Adult Social Care Workforce Estimates, Skills for Care, 2024).

Partnerships and communities

Score: 3

3 – Evidence shows a good standard

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

The local authority commitment

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

The local authority collaborated strategically with partners to agree and align strategic priorities, plans and responsibilities for people in the area. For example, the local authority's Engagement and Co-Production Strategy and Charter November 2022 was developed in partnership with co-production groups and partners to empower people to share their experience of adult social care. The feedback led to a joint action plan to make effective changes and improve people's experiences.

Senior leaders told us about their strong relationship with the local Integrated Care Board (ICB), as well as the other boroughs within it, which continued to be developed at a strategic level. Senior leaders attended regular ICB meetings allowing frequent input and discussion of local issues. The Cabinet member told us there was effective partnership working between adult social care, health, and public health teams, which was evidenced in the Joint Health and Well-Being Strategy 2021-25.

The joint adult social care and health scrutiny sub-committee supported both areas to see pathways and provision as a whole, rather than separate entities, allowing for effective challenge and scrutiny. We heard the local authority had developed positive partnership working with other local boroughs to consider broader North Central London (NCL) issues. For example, the cross-borough mental health offer was discussed and how that could be further improved to support people's outcomes across NCL.

Health partners told us there was positive and collaborative partnership working with the local authority, with useful links and access to the local authority staff. They shared a joint vision and focus which also involved VCS partners. This helped co-ordinate multidisciplinary care across the system, which supported organisations to use resources more effectively and address health and care inequalities. Healthwatch were involved on strategic boards which gave further insight and validity into shaping strategies and policies, especially around equality.

The Health and Wellbeing Board Joint Executive Group played a pivotal role in overseeing the delivery of the Better Care Fund (BCF) plan. Its delegated responsibilities included budget management, decision-making regarding funding allocation, and ensured the delivery of key metrics and reporting requirements. The group was co-chaired by the Director of Adult Social Services (DASS) and the Director of Place for North Central London Integrated Care Board, and also included senior directors from commissioning and operational sectors, ensuring high-level strategic oversight and accountability. There was also a joint collaborative approach with local system partners such as hospitals, community health services, primary care, voluntary sectors, and housing. Collectively the group monitored progress through direct engagement with service partners or through established meetings like the Barnet Borough Partnership and the Housing Integration Group.

The BCF was used in several ways to support people achieve positive outcomes. One example included the 'Access to Care Pilot,' which was a new joint initiative between Central London Community Healthcare NHS Foundation Trust and the adult social care admissions avoidance team, and aimed to provide a holistic response to reduce unnecessary attendances at A&E.

We received feedback from a partner who attended the Barnet Voluntary Sector Forum, suggesting the local authority could be more actively involved in the forums, despite leading them and deciding the agenda, they felt there was further scope for the forums to be more strategic when discussing funding.

Arrangements to support effective partnership working

Health partners reported a strong focus and ambition with the local authority on prevention where the emphasis had been on using an integrated approach, for example supporting adult social care providers with winter preparation and potential future outbreaks. There was a dedicated 'Making Every Contact Count' lead from Public Health who collaborated with the local authority to ensure the approach was used to best effect. Furthermore, the local authority had appointed a dedicated lead in their corporate Insight and Intelligence team for Public Health data, which was positively welcomed by health partners, as the Public Health data lead worked closely with the data lead for adult social care.

Public Health is a local authority function and is a full part of the local authority, with all public health staff local authority employees. For example, the Director of Public Health was part of the local authority's senior leadership team and reported to the DASS where previously they had reported to the Chief Executive officer (CEO). This joined up relationship was positive towards building a greater connectivity between adult social care and public health functions.

Health partners told us the local authority utilised shared budgets and joint funding mechanisms, which included Section 75 agreements. The local authority responsibilities under section 75 agreements included covering learning disabilities services and implementing pooled joint working arrangements, such as the BCF, which supported specific pathways to and from hospitals. Health partners told us since 2022 there had been no section 75 or pooled budget arrangement between the local Mental Health NHS Trust and the local authority, furthermore the trust hosted local authority staff in some teams, for example the learning disability team.

Impact of partnership working

The local authority monitored and evaluated the impact of its partnership working on the costs of social care and outcomes for people. This informed ongoing development and continuous improvement. For example, the local authority supported The Healthy Heart programme, which was co-produced with Healthwatch, partners and people to improve heart health. There had been particular focus on supporting high-risk communities, for example addressing the issue of high blood pressure in African, Caribbean and South Asian communities, through peer-to-peer support from trusted and reliable staff who understood and were part of those communities. Learning from feedback from these communities that the Healthy Heart programme was working, had influenced wider conversations linked to access inequalities, particularly issues relating to English as a second language, digital exclusion and access to primary care. A health partner told us the partnership approach in the borough was among the most effective in addressing cardiovascular health issues and the programme received formal recognition for helping over 1,600 people in 2 years. This demonstrated the local authority's concerted effort to work cohesively with local communities and borough partnerships, where local needs and priorities were aligned, which further supported them to address risks and challenges through coordinated action and focused objectives.

Working with voluntary and charity sector groups

The local authority recognised the unique contribution of VCS organisations in the provision of care and support and actively promoted their involvement as equal partners. For example, one VCS partner told us without support from the local authority they would not have been able to support people who had been experiencing mental health and domestic violence. We also heard from another VCS partner that they had a good relationship with the local authority and went on to share this had improved over recent years.

Frontline staff told us VCS partners worked collaboratively with the local authority, health partners and community groups to ensure a comprehensive approach to dementia care. Identifying and addressing gaps in services was an ongoing process that involved listening to the needs of those impacted, through regular engagement meetings, forums with unpaid carers, volunteers, and people living with dementia, which provided opportunities for feedback on emerging issues.

Frontline staff told us they held a quarterly forum, where they facilitated networking and collaboration events between VCS, partners, and commissioned services. We heard the forum was well attended by partners and VCS partners, with 141 members invited. The forum offered opportunities for attendees to connect, form new partnerships, share updates on projects and initiatives and learn about each other's work, furthermore this opportunity encouraged open discussions about current and future projects, funding opportunities, and community needs. For example, a person shared they had been working on a small garden patch project, which was aimed at improving community mental health and wanted further support.

The Cabinet member for adult social care also shared there were strong local connections between the local authority senior leaders and an active and connective VCS. Cabinet members felt well-connected to leaders in the VCS, this supported to deliver good practice around information sharing and shared problem solving to respond to local challenges. Examples of collaborative work included supporting older people understand risks of online and telephone fraud to prevent financial exploitation. Furthermore, Cabinet members, acknowledged the changing and transforming landscape of adult social care and the increasing demands and pressures on the local authority provision and finances. In this context VCS organisations were crucial in supporting the community.

Theme 3: How London Borough of Barnet ensures safety within the system

This theme includes these quality statements:

- Safe pathways, systems and transitions
- Safeguarding

We may not always review all quality statements during every assessment.

Safe pathways, systems and transitions

Score: 2

2 – Evidence shows some shortfalls

What people expect

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Key findings for this quality statement

Safety management

Safety was a priority for the local authority. Practitioners we spoke with understood where there were risks to people's well-being across their care journeys. For example, frontline staff told us every month they held integrated meetings with health partners, where they reviewed the dynamic support register, which held a list of people with learning disabilities and autistic people who needed support as they were at risk of hospital admissions if they did not receive the right care and treatment in the community. This approach evidenced the local authority's focus on providing a proactive approach with partners, which kept people safer.

Frontline staff gave an example where a person's health had deteriorated, and the person expressed that they did not want hospital admission. In this scenario staff ensured the person had care and support needs and they worked in partnership with appropriate services to provide specialist intervention. This example demonstrated the local authority's approach to risk management in keeping people safe, furthermore, reflected the importance of acknowledging a person's right to choice, in terms of what they wanted to achieve and how they wished to live their lives.

Health partners told us the local authority and local healthcare providers had joined up systems and processes to ensure safe transition and continuity of care, particularly when people were transferring between services. An example provided was the daily 'Sitrep' meetings held between the acute hospital, community trust and the local authority for discharge of patients, from both acute hospital and community beds, with clear routes for escalation of delays and risks. However, a health partner told us about challenges around the shortage of specialist placements, which included supported accommodation, nursing and care home placements. As a result, this caused some delays to discharge, for example people ended up staying as mental health inpatients when they were clinically ready to be discharged.

Frontline staff told us there was a system to track and assess referrals to the children's transitions team, where they attended weekly multidisciplinary transitions tracking panel meetings, which included managers, health teams, the sub-team working with 16-18year olds and the ICB.

The local authority's information sharing protocols supported safe, secure and timely sharing of personal information in ways that protected people's rights and privacy. For example, the local authority used a single adult social care case management system, where people's details, assessments, records of interventions, and performance information was held. Frontline staff told us they found the system accessible and straightforward to use and had support and training to navigate the system. They had read-only access to people's notes on other local health records systems, for example GP and hospital records, which supported greater understanding of the person's needs in some cases. More work was needed around some teams having direct access to detailed health records. Senior leaders acknowledged this gap and were working on plans to improve access, so staff only needed to use one device to access both health and social care records.

The local authority demonstrated alignment of safety management policies and processes with key partners. For example, the local authority had developed a Provider Failure Policy 2024, which was to ensure adults and unpaid carers continued to receive the care and support they required in the event of provider failure, furthermore the policy addressed service interruptions and included provisions for exercising discretionary powers to meet urgent needs.

Safety during transitions

Care and support was planned and organised with people and care providers in ways that improved people's safety across their care journeys. For example, a person told us when they were discharged from hospital the care, they received was timely and person centred. This was corroborated with frontline staff who shared they had a streamlined transition process, where they informed people and unpaid carers when they were passed to the relevant teams, who subsequently reviewed people's needs and care plans. However, whilst the local authority was taking action to reduce waiting times for care reviews, people had to wait for their care to be reviewed once they had returned home.

Whilst we heard positive feedback around transition from hospital to home, in contrast we heard that at times there were challenges when people were discharged into care homes. For example, some providers fed-back that discharge to assess pathways into residential care were complex as it was not always clear whether placements would be funded long-term by either the local authority or the ICB when residents were initially discharged. The local authority were clear however that funding decisions were backdated to the point of placement.

The local authority evidenced their approach to supporting unpaid carers when people being cared for were being discharged from hospital. For example, the local authority had been working as part of NCL on a Hospital Discharge Carers Project. A carer's partner worked together with 5 carers centres to provide a multiagency approach to delivering individualised support to unpaid carers, through the development of a single digital platform to self-refer and find local support services. There was also an enhanced training offer, to support unpaid carers and support safe discharges for the person, importantly to reduce the possibility of hospital readmission.

Frontline staff told us they could access equipment to support young people in transition to adult services to increase safety at home, for example care technology such as epilepsy sensors and falls watches. The occupational therapy had a resource list for staff and could support young people to access phone applications such as relaxation applications and tactile games and similarly, staff gave examples of using charitable funds to provide accessibility technology such as a robotic arm fitted to a wheelchair.

Safety was evidenced as a priority for the local authority, where a person was supported to move into supported accommodation in a timely way, as there were identified safety risks to the person's wellbeing, in their previous home environment. The person shared their experience with the local authority and housing had been exceptional and they felt at home in their new flat. This example also demonstrated the local authority's ambition to deliver an integrated approach with partners to maintain people's safety.

Specific consideration was given to protecting the safety and well-being of people who were using services which were located away from their local area, and when people moved from one local authority area to another. For example, OTs supported people who were placed outside of the borough in placements or where people had moved in with other family members. This approach meant the person had a named worker who maintained contact with them.

The local authority had processes and pathways which outlined the management of continuity of care arrangements and cross-border placements, ensuring safety through coordination across multiple local authorities. There was quality monitoring of effectiveness to ensure out of area placements were safe and met the person's identified needs. Importantly, the local authorities process incorporated the need for staff obtaining informed consent from the person or their guardians, before sharing personal information across borders.

The local authority's hospital discharge processes and pathways were clear, which mostly ensured people were discharged safely. For example, a person's relative told us the local authority acted quickly to support their relative during a hospital stay and afterwards the person was supported almost immediately and was discharged to a respite placement.

The relative also told us the person was fully supported and given information about their transition between services. We were also informed for some people, when transferred from one hospital to another, communication regarding their discharge planning was not transparent with either the person or their unpaid carer. As a result, they were not given information or choices about available support, sometimes equipment had already been installed in their home without their knowledge increasing the risk to their safety and well-being.

A health partner told us there were clear arrangements to ensure safe transition and continuity of care for people on discharge from inpatient mental health services, where weekly referral meetings were held between health and the local authority teams. These provided an opportunity to discuss and prioritise people for support and intervention. However, the local authority recognised transitions was an area for improvement, particularly in services for young people with experiencing mental health.

Contingency planning

The local authority undertook contingency planning to ensure preparedness for possible interruptions in the provision of care and support. This was demonstrated in the Adults and Health Business Contingency Plan, which was updated in February 2024. It included information, procedures and actions to be taken to ensure an effective, timely response to any localised or major incident, which potentially could impact on people's safety.

The local authority had contingency plans where there was care provider failure, which was documented in the Provider Failure Policy 2024. A senior leader told us where care providers had dropped out of the market, they were able to support people where appropriate through 'Your Choice Barnet' which was the local authority's own care provider. This gave the local authority an option to prevent people from going without the care and support they needed. This demonstrated a proactive response and robust contingency approach, which focused on providing continuation in care and support to people, despite disruptions to services.

We heard contingency plans were not always documented. For example, an unpaid carer told us the person they were supporting had a known risk, but there was not a clear documented plan about how to manage this in their social care assessment.

Safeguarding

Score: 3

3 – Evidence shows a good standard

What people expect

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Key findings for this quality statement

Safeguarding systems, processes and practices

The local authority had a clear and robust approach to safeguarding with a Multi-Agency Safeguarding Hub (MASH) and other reporting networks and metrics to reflect on cases and learning, which had senior leadership oversight. The MASH team consisted of 8 social workers, 4 lead practitioners and a team manager. They worked jointly with the Children's MASH team which included partner agencies such as the police. The MASH operated a duty system for safeguarding referrals which came directly from frontline staff such as social care direct, online enquiries through the local authority website and direct to MASH email inbox.

The local authority worked closely with the local Safeguarding Adults Board (SAB) and partners to deliver a coordinated approach to safeguarding adults in the area. The SAB had made notable progress in recent years, particularly with improving data intelligence and oversight capabilities. Data related to adult safeguarding was analysed quarterly, which enhanced the board's ability to respond to concerns and track performance. This improved data analysis helped the board, and its partners identify areas for improvement and address gaps effectively, whether through partners or collaborative inquiries involving the police.

The SAB had developed a decision support tool to help staff and partners to raise appropriate safeguarding concerns and actively supported enquiries for adults at risk. The SAB met quarterly, and included the local authority, partners and the VCS, to review operational and strategic safeguarding practice issues. Sub-groups were also established which enabled partners to come together to provide a collaborative approach and continuous learning and improvement. For example, a hospital discharge protocol was devised, which set out practice expectations of all staff across hospital and community-based services to work together, to reduce risks and promote safety.

Barnet Safeguarding Adults Board Strategic Plan 2023-2026 detailed the local authority's vision for creating a system approach that embodied the principle that safeguarding was everyone's business, particularly emphasising safeguarding was personal to individual needs, risk and aspirations. Actions were in place to implement the priorities in the SAB Strategic Plan, around reducing the severity and prevalence, delivering a whole system approach and developing a culture where safeguarding is recognised as a shared responsibility.

The local authority professionals and quality performance group met quarterly, where the group focused on the Quality Assurance framework, which was chaired by the ICB's Designated Safeguarding lead. The group reviewed core multi-agency safeguarding data and scrutinised reports from the MASH, and assurance reports. The local authority had implemented safeguarding quality assurance procedures, where there were three monthly audits, after each external audit, findings and any themes emerging were shared with the Principal Social Worker (PSW) and Head of Safeguarding, which were subsequently used to formulate any additional support or training offer to individual staff or teams across adult social care.

The assurance gained from external audits was strengthened by open conversations between the VCS and the MASH team and proactive dialogue with the PSW and the Head of Safeguarding, which allowed for in-depth discussions about case complexities. Partner leaders and health leaders contributed by sharing case examples, which helped to identify additional actions needed, which meant safeguarding efforts were continuously improved and tailored to respond to the needs of people.

Senior leaders told us over the past year there had been a strong emphasis on shared ownership of safeguarding responsibilities across the borough. For example, VCS worked closely with MASH frontline staff to review policies, provide training, and ensured insights from the community were fed back into the board's work.

The CQC regional team told us the safeguarding practices in the local authority were well-regarded, with responsive teams that conducted thorough safeguarding enquiries; safeguarding concerns were effectively managed as the local authority exceled at linking health and social care concerns, which involved partners. There was good communication with Healthwatch and within the Care Quality team, which had enhanced their ability to manage risks and improve care quality. Healthwatch had maintained a good relationship with MASH and was part of the SAB and told us they were confident that the local authority was implementing learning from Safeguarding Adults Reviews (SARs).

There was a strong multi-agency safeguarding partnership, and the roles and responsibilities for identifying and responding to concerns were clear. Information sharing arrangements were in place, so concerns were raised quickly and investigated without delay.

Within care provider services, safeguarding training for staff was verified during contract compliance visits, and a dedicated team followed up on safeguarding referrals relating to each provider. Quality alerts were used to identify and address emerging issues early, with themes shared with the SAB. Furthermore, regular information sharing meetings were held with commissioning teams, partners, along with engagement with NCL.

People in the area and partner agencies knew how to raise safeguarding concerns with the local authority and this was done easily. For example, partners told us the MASH team was very approachable and responsive to enquiries with most partners highlighting they had received good advice and support from knowledgeable staff.

One person told us they felt very unsafe and scared where they were previously living as they had experienced abuse. They told us the local authority helped them move to a place where they felt very safe and supported. The person was jointly supported by the housing team to find an appropriate place to stay which demonstrated an integrated approach where roles, responsibilities and pathways within the local authority for responding to concerns were clear and they were used consistently. This example showed the local authority was focused on delivering effective systems, processes and practices to safeguard people from abuse and neglect.

National data showed 89.21% of people who used services in Barnet reported that those services had made them feel safe, this is comparable to the England average of 87.82% (ASCS, 2024). The data was also comparable for unpaid carers in Barnet, with 78.88% of carers who felt safe, compared to the England average of 80.93% (SACE, 2024).

Frontline staff described good relationships with external agencies and told us there was good interagency working to safeguard people. Staff gave an example of working with advocacy services to ensure capacity was considered in a safeguarding case and worked with a VCS partner to raise awareness of safeguarding issues and processes required. Staff told us their relationship extended to internal teams, where they reported excellent working relationships and often invited them to team meetings to update staff on their roles within the local authority.

Responding to local safeguarding risks and issues

There was a clear understanding of the safeguarding risks and issues in the area. The local authority worked with the SAB and safeguarding partners to reduce risks and to prevent abuse and neglect from occurring. The local authority was an active partner in SARs and other serious incident enquiries, and undertook appropriate action to embed learning into systems, processes and practice. The local authority had published two thematic SARs in 2023, which both related to homelessness, subsequently the primary focus had been on how partners had taken forward the learning from the SARs to improve outcomes for people experiencing multiple exclusion homelessness. This showed that lessons were learned when people had experienced serious abuse or neglect, and actions were taken to reduce future risks and drive best practice.

Senior leaders told us across partner organisations there were ongoing efforts to address priorities following the SARs and work was very much still in progress due to the complexities. However, there was strong evidence of improvements in practice. For example, there was close partnership working with the fire service to improve the number of home fire safety assessments being conducted in response to concerns.

Following the SARs there was a range of recommendations, where one was to review the current system for triaging and prioritising high-risk Deprivation of Liberty (DoLs) assessments and expediting authorisations to seek assurance that people at high risk were safeguarded appropriately and lawfully. The local authority recognised the risks to people's well-being presented by DoLs applications, as they were assessed with long delays, which impacted on people's liberty. Due to the high numbers of DoLs a dedicated team was established, which supported to ensure people were allocated according to risk and the team regularly re-prioritised. There were three lead practitioners, all qualified Best Interest Assessors (BIAs). The local authority told us they had 327 DoLs assessments waiting, with a median time of 40 and maximum time of 250 days. The Community DoLs were managed by the case holding teams with no waiting list. To address waiting times, the council had allocated additional budget for DoLs assessment work. For 2024/25, they recruited 2 new internal full-time BIA social work posts which they hoped would help boost productivity and reduce the waiting list.

Learning from SARs was integrated into staff training, and it was evident that this had led to improvements in safeguarding practice. There had also been a review of the current system for case closures and transfers between teams to ensure responsibilities were clear at handover points and to minimise the risk that concerns were not lost, and appropriate and timely action was taken to safeguard vulnerable adults at risk.

Frontline staff told us they were aware of learning which came from SARs and told us themes focused on the need for increased multi-agency working with external partners. However, staff described some challenges for example around police welfare checks due to national changes and they worked hard to address any barriers, through inviting partners to speak at team meetings and events to build understanding and trust.

Staff had completed a homelessness strategic needs assessment and a review of the referral pathway for people with co-occurring mental health and alcohol and drug use, to ensure dual diagnosis services were made available to those who needed them. People who posed a risk of violence to others connected with these needs, were prioritised for access to services. A Homelessness and Rough Sleeping Strategy 2023-2028 further outlined the local authority's plans for supporting rough sleeping in the borough.

The SAB also recognised the need to improve engagement with people who used services, therefore in early September 2023, SAB met with a group that worked with rough sleepers, which lead to a focus group with people to assess if the SAB's efforts were making a difference and what else was needed. SAB worked on themes related to people with learning disabilities and hoarding, which had led to significant developments, especially about how the SAB responded to these issues.

Responding to concerns and undertaking Section 42 enquiries

A Section 42 (s.42) enquiry refers to the action taken by a local authority, in response to a concern that a person with care and support needs may be at risk of or experiencing abuse or neglect. There were clear standards and quality assurance arrangements in place for conducting a s.42 enquiry. There was clarity on what constituted a s.42 safeguarding concern and when s.42 safeguarding enquiries were required, this was applied consistently. There was a clear rationale and outcome from initial enquiries, including those which did not progress to a s.42 enquiry.

Between April 2022 and March 2023, the local authority received 1665 adult safeguarding concerns, which led to 507 safeguarding enquiries. There was an increase in the following year April 2023 to March 2024, of 1718 adult safeguarding concerns, which lead to 793 adult safeguarding enquiries. Despite this increase the local authority informed us they had no safeguarding concerns or s42 enquiries waiting, this demonstrated MASH was effective as all concerns were allocated to social workers responsively, to ensure risks were assessed and safeguarding plans were actioned.

All enquires were recorded under a risk category, together with the location of the safeguard, outcomes and actions taken to ensure a clear oversight of the safeguards in process. The data suggested that when other boroughs placed residents in Barnet care settings, there was a 2.1 chance of seeing a safeguarding concern particularly for those residents with a learning disability. Work was being done to refine the analysis, as this had an impact on increased safeguarding referrals undertaken by Barnet practitioners, which may lead to work that could be undertaken by other boroughs.

The local authority had received 8 whistleblowing referrals between April 2023 and August 2024. These were all anonymous and related to the quality of care in care homes. The care quality and provider safeguarding teams worked together to investigate the concerns. From September 2023 to August 2024 the team received 25 safeguarding concerns in relation to one care provider. This care provider was subjected to CQC's Provider Concerns process, and new placements had been suspended. The provider safeguarding team continued to undertake the safeguarding enquiries in relation to this care provider, whereby 7 had been completed and 18 were still in progress.

Care providers told us the provider-led enquiries for safeguarding concerns enabled them to have a more holistic approach, where they consulted with social workers to complete s.42 enquiries, which made the process quicker as they were able to share the contributing factors. This meant the timescales for cases to be closed had improved. This example showed the local authority still retained responsibility for the enquiries and the outcome for the person concerned even when safeguarding enquiries were conducted by another care provider agency.

Feedback from VCS organisations indicated there was improved engagement with the MASH, and there was confidence in escalating concerns to them, and inter-agency collaboration was robust. However, there was an ongoing issue was the timeliness of responses, as some concerns took longer than the target 3 days, sometimes 4, with data showing a need for further improvement in timeliness of response.

Relevant agencies were informed of the outcomes of safeguarding enquiries when it was necessary to the ongoing safety of the person concerned. Partners told us the learning was shared with them from safeguarding investigations however outcomes were not always communicated promptly and sometimes they had to be chased. One partner told us the local authority had not responded quickly enough to a safeguarding alert they had considered to be urgent; the provider told us they had provided emergency support to keep the person safe whilst waiting for the local authority to respond. The local authority had showed learning from partner's feedback and had rolled out a programme of training to help them better understand what should be raised under the safeguarding process, and a reminder to staff they needed to provide feedback to the referrer.

Making safeguarding personal

Safeguarding enquiries were carried out sensitively, keeping the wishes and best interests of the person concerned at the centre. A local authority senior leader told us measures were being taken to make safeguarding more personal. Feedback from external audits indicated improvements were required, particularly in recording practices. The local authority regularly received updates from these audits, which were being used to inform planning for the following year.

Staff were enthusiastic about their role in safeguarding people and gave strong examples of making safeguarding personal and taking a holistic approach to protecting vulnerable people. People had the information they needed to understand safeguarding, what being safe meant to them, and how to raise concerns when they did not feel safe. When people had concerns about the safety of other people, they could raise this through the local authority's website, Social Care Direct via the telephone or supported through partner organisations.

People could participate in the safeguarding process as much as they wanted to, and they could get support from an advocate if they wished. Frontline staff told us they focused on making safeguarding personal using advocacy services and kept the person informed when seeking specialist support from MASH. This approach evidenced best practice and supported making safeguarding personal, where people were assisted to understand their rights, including their Human rights, rights under the Mental Capacity Act 2005 and their rights under the Equality Act 2010. People were supported to make choices that balanced risks with positive choices and control in their lives.

National data showed a positive variation, where 94.00% of people lacking capacity were supported by an advocate, family or friend in Barnet, compared to the England average of 83.38% (Safeguarding Adults Collection, 2024, SAC).

Theme 4: Leadership

This theme includes these quality statements:

- Governance, management and sustainability
- Learning, improvement and innovation

We may not always review all quality statements during every assessment.

Governance, management and sustainability

Score: 3

3 – Evidence shows a good standard

The local authority commitment

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Key findings for this quality statement

Governance, accountability and risk management

There were effective arrangements for governance, quality assurance, performance management and assessing the impact and outcomes of adult social care strategies at all levels within the local authority. Adult social care operated with the council's constitution, scheme of delegation and performance and risk management framework, which gave leaders assurance on the delivery of Care Act duties. The council had a cabinet system of governance since May 2023, having previously been governed by a committee system since 2015. The council had one Overview and Scrutiny Committee, with two subcommittees, one for adult social care and health and the one for Children's services.

Cabinet member described the scrutiny function as a 'critical friend.' Another member told us there were systems and processes in place to support council political leaders discharge their responsibilities, which included weekly meetings between the member for adult social care and the local authority leadership team for information sharing and decision making.

The local authority's political and executive leaders were well informed about the potential risks facing adult social care. These were reflected in the corporate risk register and considered in decisions across the wider council. Members for adult social care were well informed about performance in relation to Care Act duties and any potential delivery risks. They were provided with sufficient information and briefings to enable effective scrutiny and challenge. Sufficient time was allocated for adult social care on the agenda. There was an established, well-connected and cohesive leadership team in adult social care, and the member for adult social care had good awareness of local challenges and felt supported in their role to both hold the adult social care leadership team to account and represent and advocated for adult social care at Cabinet.

Adult social care was prominent in the wider council's resource allocation, and it had the budget needed to deliver Care Act duties effectively. There had been strong investment in adult social care. A senior leader told us there had been an increase in investment in the last year to keep up with demand pressures. They told us there was a willingness to engage around adult social care from the leadership and awareness of preventative agendas. For example, there had been an investment in the age-friendly agenda for the borough and a provider was commissioned to support this initiative.

The local authority employed a hybrid funding structure for adult social care, whereby operational finances were managed locally by adult social care and budget planning was centrally controlled. A senior leader told us adult social care managed this well. These arrangements supported funding support for people. A senior leader in the local authority felt positive about the leadership structures, including at elected member level. They told us there was good member consensus in the borough and this supported adult social care, although there was healthy challenge as well. The senior leader told us decision-making at member level was both person-centred and pragmatic, with a culture of doing the right thing.

Information was used about risks, performance, inequalities and outcomes to inform strategy, allocate resources and to deliver the actions needed to improve care and support outcomes for people and local communities. For example, as part of developing the Joint Health and Wellbeing Strategy, a joint strategic needs assessment was completed in June 2024, which provided analysis of the needs of the population at ward level. A health partner told us this insight had enabled the Health and Wellbeing Board to use the Strategy to target resources to maximise the public health budget and target neighbourhood work. Ageing well and healthy life expectancy was planned to be a significant part of the Strategy, furthermore the Strategy aligned the local authorities 'One Barnet' principle, as well as the local ICB plan on addressing population health inequalities.

The local authority had a clear leadership structure for adult social care which promoted strong oversight and clear line of sight of performance from services up to executives and elected members. A regular statutory report gave leaders and elected members oversight and the opportunity to ask the DASS questions. This showed leaders the direction of travel for adult social care and narrative around the management of risk. Council executives were aware of current key issues impacting on adult social care and it was clear they engaged well with the adult social care leadership structure. Furthermore, the local authority had recently placed the Public Health function under the same directorate as adult social care. A senior leader told us this was an effective arrangement as these functions worked closely together. They told us they felt there was greater potential following the move to this working arrangement. This promoted close internal working relationships, including within the local authority's preventative agenda.

There was a stable adult social care leadership team with clear roles, responsibilities and accountabilities. Leaders were visible, capable and compassionate. Equality, human rights and diversity principles were embedded in the local authority's values, culture and leadership behaviours. Frontline staff told us they felt supported by their managers and the senior leadership team, as they felt listened to, and communication was good. This was further reflected in the high staff retention rates and among staff we spoke with, where staff and leaders had worked for the local authority for over 10 years and a consistent message from staff was that they loved working for Barnet. This was further corroborated by the local authority's Workforce Strategy 2023, which showed that in 2022/23 the Adults and Health workforce consisted of over 400 individuals, approximately 15% of which were agency staff. The service attrition rate was 10.7% compared to an overall council rate of 13.3% highlighting a low level of leavers across the service as a percentage of establishment. Sickness rates in Communities, Adults and Health were consistently below council averages.

Frontline staff told us they found the support from senior leaders at the panel process supportive rather than finance focused. An example provided was where senior leaders agreed funding to support people whose homes required a deep-clean. This example evidenced there were effective arrangements for governance and quality assurance and the leadership team were supportive towards improving outcomes for people.

A senior leader told us about their positive relationships with other senior leaders within adult social care and the wider council. They told us they were proud of the working culture in the local authority and the awareness of staff for wanting to talk their work through with leaders. This supported a wider positive culture and emphasised the accessibility of leaders. We also heard staff were well-connected and actively communicated with each other, leveraging their networks to resolve issues. Staff told us they could approach the DASS if their manager was unavailable, which demonstrated openness to communication and the leadership were informed through cross-communication.

Health partners described strong partnership working with the local authority, with shared management of risk and clear escalation and touch points. They told us they had open and accessible leadership relationships, describing strong informal and formal links between operational teams at the local authority and the local NHS trust. The governance structure of formal delivery board and partnership meetings supported oversight of integrated services and building of strong working relationships. Health partners also told us they shared a joint vision and focus with the local authority, which was based on ensuring good outcomes for people.

The service risk register showed areas of concern and had controls and mitigations along with actions and timelines. The risk register was reviewed each quarter. The highest rated risk was the increased overspend to statutory duties. There were several identified mitigation measures which included increased use of preventative measures and improvements to hospital discharge. Also, the risk register had noted a substantial risk was within triage of assessments, the impact was increase in demand, which exceeded capacity to support, leading to increased time between initial triage and assessments and or reviews. Mitigation measures were in place to recruit to vacancies which were covered by locum staff and there were projects to improve the triage approach.

The local authority had plans in place to address shortfalls in the timeliness of delivery of some Care Act duties. For example, they had invested in additional resources to support with the waiting lists for people waiting for assessments and reviews. At the time of the assessment the local authority was able to evidence an improvement trajectory, however the work was at an early stage and further time was needed to achieve the full impact and demonstrate that the improvements were sustainable.

Quality and performance management arrangements included quality audits of practice, key performance data, customer feedback and learning from thematic reviews. The local authority used detailed statistics and data to understand the needs of the local population, which identified a growth in long term support needs linked to increases in the population. People living with learning disabilities, the ageing population, linked to dementia and changes to hospital discharges since the pandemic required focus, particularly as the local authority had one of the highest hospital discharges in London.

Strategic planning

There was a clear coproduced vision and strategy for adult social care with a fully resourced delivery plan. For example, The Joint Health and Wellbeing Strategy 2021-2025 was coproduced with people through various methods to engage which included surveys, interviews, meetings and events. There was a clear awareness of the needs of the local population, particularly on the need for prevention work with the growing population of older people and adults with learning disabilities and the need to focus on social isolation. The Barnet Community Participation Strategy 2022 was coproduced as part of the local authority's vison to be a listening local authority that placed community participation and engagement at the heart of everything, particularly focused on addressing inequalities and challenges within the local community and shape services. For example, through engagement, design and consultation process with people, partners and the local authority departments, play areas were developed to meet the needs of the local communities.

In 2023 the local authority coproduced a Carers and Young Carers Strategy, with the Partnership Board, which was shaped by the views of over 300 unpaid carers. Since the launch of the Strategy the local authority had successfully co-produced unpaid carers training for social care staff, working with GPs to promote referrals to unpaid carers services, particular focus was around working across organisations to support the mental health of unpaid carers.

The local authority's commissioned carers partner provided carers assessments, support plans, counselling, and practical and emotional support for unpaid carers. All unpaid carers were asked to complete a questionnaire after they had a carers assessment with the carers partner and 89% of responders were satisfied or very satisfied, and 94% said they had been given useful information. Unpaid carers could access a leisure pass which gave free and discounted access to activities as well as access to an Emergency Card Scheme, which offered support to unpaid carers in an emergency and ensured the people they cared for could be looked after in their absence.

There was recognition of the need for good, accessible, affordable housing as a key strategic and operational priority for the local authority, with housing as an enabler for prevention and improving health and wellbeing. There were clear and realistic priorities for housing, based on data and evidence and driven by shared aims between different teams in the local authority which included partners. Local housing demand in borough had increased by 30% in the 12 months prior to our assessment, which put pressure on available housing stock. There were approximately 10,000 housing units available to the local authority. There was a vibrant local market for different housing types, including partners for supported living, however they recognised there was a need for more accessible housing.

The housing department had shared goals with adult social care and there were strong links between housing and adult social care leadership and operational teams. Housing services were co-located in same building as adult social care teams and there was a housing link officer based in the team to provide support and advice on housing matters and a route for escalation of concerns. There were routine forums, governance structures and working groups for information sharing, decision-making and mutual challenge which supported partnership working, good dialogue and understanding between teams. Frontline staff told us this had improved mutual understanding of the different pressures faced by both teams.

The local authority used information from governance about risks, performance, inequalities and outcomes to inform its adult social care strategy. They allocated resources accordingly to improve delivery of Care Act duties and outcomes for people and local communities. The Adults and Health Overview and Scrutiny Sub-Committee had a range of input to inform their agenda. The agenda was a mix of health and adult social care agenda items, such as quarterly performance reports. A Cabinet member told us they were impressed by the level of detail provided by senior leaders, and this supported the committee to see where there had been improvements or reductions in performance. For example, there had been a decrease in the proportion of people receiving reablement after hospital discharge and this was being investigated further by a sub-group of the committee to explore the reasons for this.

There was a clear focus on day-to-day operational performance data needs. However, there was limited evidence of a clear strategy for data and performance beyond ensuring data quality and ensuring the local authorities new statutory data return was correct and complete. There was limited involvement of the adult's social care performance and data team in informing strategic council priorities, for example in planning for new and changing adult care demands. A separate corporate team led demographic data analysis. The adult social care data team used data from the electronic records system to inform and support some commissioning decisions such as analysing the number of people receiving certain types of care to predict demand and costs.

Further governance arrangements for Care Act Quality assurance were led by the PSW, under the Quality Framework for Adult Social Care, overseen by the Quality Board. Along with a yearly PSW annual report, each operational Head of Service presented to the Quality Board twice-yearly on quality assurance activities undertaken in their service area. Leaders recognised the challenges they faced in the local authority. For example, during industrial action, additional resources were required to support the team and subsequently provisions were put in place help to ensure productivity did not drop and there was no increase in complaints or safeguarding concerns.

Information security

Local authority had arrangements to maintain the security, availability, integrity and confidentiality of data, records, and data management systems. The local authority had information sharing protocols with people who used the services and partner agencies. The privacy notices had been regularly updated and signed off by the Data Protection Officer and Caldicott Guardian. A Caldicott Guardian is the senior person responsible for protecting the confidentiality of people's health and care information. Staff used secure systems to share information with relevant partners where needed. For example, with adult social care, the Health Information Exchange allowed staff and health care professionals to access and securely share a person's medical information electronically.

A health partner told us they had a memorandum of understanding in place with the local authority, which covered information sharing and governance arrangements for staff, who were hosted by health. This was due to be reviewed to make it more robust, especially in relation to electronic records and access to equipment.

Learning, improvement and innovation

Score: 3

3 – Evidence shows a good standard

The local authority commitment

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Key findings for this quality statement

Continuous learning, improvement and professional development

There was an inclusive and positive culture of continuous learning and improvement. There was a range of workforce retention and career development initiatives delivered from the workforce development team, which was managed by the PSW. A senior leader told us there was a strong corporate offer for staff, for example the social work and occupational therapy apprenticeship offer, which supported staff to learn on the job, where they had access to supported placements. The apprentice model encouraged staff to stay with the local authority past their qualification, which further encouraged continuous professional development and retention in the workforce. The local authority offered a fast-track approach to completing a social work qualification through the 'Think ahead' programme.

A senior leader told us they had a skilled and passionate unqualified staff cohort called Assessment and Enablement Officers and many were supported to go onto and complete social work training. Those staff who had embarked on the social work course gave positive feedback on the support they had received from the local authority and how they were enjoying the experience of learning whilst working.

The Assessed Supported Year in Employment (ASYE) programme provided newly qualified social workers with regular supervision with a strong focus on reflective practice, which promoted a positive learning culture and contributed to continuous professional development for staff together with improvement in practice. This was evidenced in an external audit report in February 2024, which highlighted staff who had recently passed their social work apprenticeship with the local authority and were completing the ASYE programme had produced some of the highest quality practice and written work. This showed the effectiveness of practice and of the apprentice scheme, which further highlighted a high standard of training, support, and guidance available to the staff.

Frontline staff told us the local authority had a stable workforce and had particularly good training and development offer, where staff told us they had a chance to blossom. At the time of our assessment most of the staff we spoke with had been employed at the local authority for over 10 years, this included leaders. There was recognition of recruitment pressures within adult social care at senior leadership level. A senior leader told us local and national pressures impacted on the workforce, but they had a strong 'grow your own' programme where staff could be internally developed.

Frontline staff told us they felt supported and valued because the training team was responsive to their specific training needs, where they were given opportunities to which supported upskilling and career progression. For example, a member of staff had embarked on the 'Ignite programme' which focused on developing strategic commissioning skills and capability. Similarly, staff told us they had received funding to complete British Sign Language training, level 1 and 2. The local authority also offered specialist skill set training, for example Best interest assessor, Practice educator and Approved mental health practitioner programmes, which highlighted a strong continuous professional development offer.

Staff consistently reported good access to training and on-the-job support from the workforce development team, however a senior leader shared finding time for staff development had been impacted by service demands, which meant it was not always feasible to set fixed training dates. Therefore, senior leaders had scaled back the workforce development plan to enable staff to focus on service delivery and had instead introduced link workers and practice leads, to provide better intelligence of team learning needs and tailored individual support. This approach was welcomed by staff who told us they benefitted from flexible, targeted and bespoke training for different teams such as 'lunch and learn' sessions on strength-based reporting, furthermore as the trainers delivered the sessions in team meetings, staff felt this did not disrupt service provision for teams, who were already under pressure.

There were multiple learning forums staff could attend, including for subjects such as mental capacity, make safeguarding personal, continuing healthcare and staff wellbeing. At the time of our assessment, we observed a comprehensive list of relevant training events and dates on the walls for staff to access. This showed staff had ongoing access to learning and support to deliver Care Act duties safely and effectively.

Frontline staff told us the training they had received on strength-based practice was highly informative and they had been provided with the appropriate forms, this supported staff to evidence their interventions with people. A staff member told us the strength-based practice was embedded in the local authority's culture. All staff completed level 1 Oliver McGowan training, which was co-delivered with someone with lived experience of autism.

The local authority's learning and development team offered specific carers pathways training for all staff, which had been coproduced with unpaid carers who participated in the training videos and case studies. Unpaid carers had reviewed the training material and participated in delivering the training, which demonstrated a positive approach to coproduction towards influencing best practice.

Organisational culture was positive, where the common feedback from staff was that they felt proud to work for the local authority and strived to support people well. This was mirrored in the support provided to staff. Frontline staff told us about a range of meetings they could access to discuss their specific work and how leaders were accessible and found the time to give them support. Senior leaders and managers were visible and accessible. A senior leader told us they felt the culture was healthy, where staff supported each other. At the time of our assessment, we observed senior leaders sitting with staff in the open plan offices, which supported good working relationships.

Many staff attributed high staff retention to good opportunities for training and development and a creative approach to wellbeing support. Good emotional support for staff included anticipation of potential challenges in daily morning meetings, peer supervision for debriefs and reflective conversations. A frontline staff team also told us they had access to 1 to 1 supervisions and fortnightly reflective sessions which was important for their wellbeing, this supported staff to reflect and learn from their practice and they felt this enabled them to better support people who used services. However, some frontline staff felt they would benefit from clinical supervision provided by NHS staff.

The local authority also acknowledged that Prevention and Wellbeing coordinators who operated in local communities may have felt isolated from the wider team. Therefore, to foster a sense of connection, rotation of team meetings occurred with an aim to bring everyone together regularly. Some smaller groups met weekly to discuss diverse topics and share ideas. There were team chats and a dedicated WhatsApp group for coordinators to stay in touch, collaborate, and support one another.

Frontline staff described an equitable and inclusive environment for staff with 7 staff networks, which supported staff to deliver meaningful initiatives across the wider local authority teams. Each staff network group had a director level sponsor. For example, the Black staff action group and anti-racism support network worked with groups in the Somali community around health inequalities as part of Black History Month. Staff told us they felt empowered to use their identities to create initiatives for people.

Coproduction was embedded throughout the local authority's work. Frontline staff involved in co-production collaborated effectively and frequently through drawing on each other's strengths and expertise. Furthermore, there were specific teams that engaged in community involvement, through capturing people's voices, which lead to positive outcomes for people.

Involvement in The North London Councils (NLC) Adult Social Care Programme has been ongoing since its establishment by the five local authorities in 2017, serving as a platform for advancing partnership initiatives across health and social care within the local authority. The programme had supported the 5 local authorities to deliver improved outcomes and subsequently, had been recognised as good practice nationally, winning the Local Government Chronicle Adult Social Care Award for 2021. This achievement and partnership approach demonstrated the local authority's approach to achieve better outcomes for people.

The local authority has held an annual care provider staff award ceremony every year for the last 10 years, where care providers and employees nominated members of staff for awards, recognising their hard work. Care providers told us employees felt valued, appreciated and humbled to be acknowledged in the work they did.

Learning from feedback

The local authority used multiple ways to obtain feedback from people, staff and partners about their experiences of care and support and delivery of Care Act duties. This informed strategy, improvement activity and decision making at all levels. The local authority had a long-standing people involvement board, which had representation from a wide range of groups and people. There was recent work to further develop the involvement board to diversify the range of voices heard whilst retaining valued expertise.

Frontline staff told us they carried out targeted community engagement, for example by attending food banks and faith celebrations. The local authority developed additional opportunities and roles for people linked to the involvement board, for example two people with lived experience of social care who were recruited as full members of the health and care Overview and Scrutiny Sub-committee. As a result, the people's voice group had grown to over 300 people with lived experience of adult social care services. A member of the committee was positive about representation from people on the local authority scrutiny sub-committee, sharing peoples feedback provided an added level of challenge and perspective to discussions. They provided an example where the local authority had worked with bus drivers to support them to spot people with the signs of dementia and how to support them as there was a risk of people with dementia being rushed. This was aligned with the local authority preventative agenda and aiming to create an age-friendly borough.

The local authority's commitment to improve services was evidenced through their people feedback survey, which was completed following a care and support intervention. The survey was developed with people and staff based on Think Local Act Personal 'I' and We Statements'. The survey showed that overall satisfaction with the assessment and care planning process was high at 93%.

In February 2023, the local authority held a Better Conversation Event to collaborate with people, staff and partners about improvement of language used in adult social care to reflect a strengths-based approach of working. This feedback had influenced change in wording of the assessment form used by social care when assessing need and feedback surveys. The attendees provided positive feedback, expressing that they felt heard and especially appreciated the chance to engage in open, safe discussions with the local authority about the language and assessment process.

Senior leaders encouraged reflection and collective problem-solving and time for this was embedded into practice. Frontline staff told us when staff were leaving the local authority they could access an exit interview with a manager, rather than the human resources department, which gave them the opportunity to give feedback on their experiences to members of the department. This process encouraged learning for leaders. Another example of solution focused approach was feedback from local authority health champions, who told us about their sessions in libraries to discuss health topics with the public were not well attended. To improve engagement, they consulted the Prevention and Wellbeing Team who advised them to reach out to people where they naturally gathered, such as at food banks, community centres, and drop-in sessions, which led to positive outcomes for people who required support.

The local authority had 3 local government Social Care Ombudsman cases, where 1 case was upheld. Recommendations were made and implemented. These included offering an apology, payment of a financial compensation and written reminders to relevant staff that when a person or their representative asked about a retrospective Continuing Healthcare (CHC) assessment, the local authority was required to make the appropriate enquiries with the CHC team to see if this was a possibility. Also, support had been provided to staff in relation to CHC assessments. This included upskilling and training of staff, a joint staff training session between health and social care colleagues, CHC surgeries to support staff in their practice relating to CHC assessments, and written updates to staff.
