

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).