Self-Assessment of Adult Social Care

Barking & Dagenham

Adults in Barking and Dagenham who need support are enabled by an exceptionally committed, responsive and stable workforce to lead fulfilling lives and be as independent as possible.

There is a timely and robust approach to social care needs assessments and reviews, driven by strengths-based practice. People who need support do not have to wait for assessments or reviews in a number of areas, and conversations focus on people's stories. A high proportion of people exercise choice by using a direct payment to organise their care. Innovative use of care technology helps people to live independent lives. Communities in Barking and Dagenham can access a range of support to prevent, reduce and delay the need for care and support. Our commitment and support to unpaid carers is clear in our Carer Charter.

People benefit from the support we give to the care market. Robust quality assurance enables good quality support that makes a positive difference to people's lives. Collaboration with health and with the community and voluntary sector is strong and we are on a journey toward integrating with health where it makes sense to do so. We are committed to tackling inequality and are developing robust plans in social care to address this for our workforce and communities.

People are supported to be safe, including through robust support when people are discharged from hospital. Excellent work to safeguard people with complex needs and tackle self-neglect in the borough helps ensure that the needs of our communities are addressed.

A strong organisational learning culture enables collaboration and innovation so that care and support continually improves.

We have operated for a number of years with significant financial pressures, and both the Covid-19 pandemic and cost-of-living crisis have had a big impact on our services and the communities we serve. We face risks around market sustainability whilst trying to meet the increasingly complex needs of a changing and ageing population. Our success has been to manage these risks whilst continuing to provide good support.

Our most significant risks are around our capacity to manage a future increase in demand and complex needs and financial risks arising from budget pressures. The areas we are working to improve and to manage these risks include:

- Moving to a more targeted offer of prevention in every local area.
- Developing our offer of reablement and short-term support.
- Moving from engagement towards co-production, being community-led in all we do.
- Improving our response to adults at risk of abuse or neglect by developing a Multi-Agency Safeguarding Hub.
- Improving how we work with working-age adults with a disability who need support by redesigning the service.
- Planning for more bed-based capacity in the borough to meet the demands of a growing, changing and ageing population.

This self-assessment explains in more detail what we do well in adult social care and where improvements are needed, how we know this, and our future to maintain or improve this. The next page providers an overview of the borough to put this in context.

Facts and Figures

- 2,845 adults received long-term support throughout 2021-22.
- 8,000 people work in adult social care in 2021-22.
- 44% of people received homecare, 21% of people received support in a care home and 29% of people organised support with a direct payment.
- We have 10 care homes for older people and 11 care homes mainly for adults with a learning disability, mental health or substance misuse issue.
- 113 homecare providers were registered in the borough as of June 2023. 13 providers are on our commissioning framework.
- 64.5% of survey respondents in the 2022-23 Service User Survey reported being extremely or very satisfied with their care and support.
- 246 carer assessments were completed in 2022-23. 1,000 carers were supported.
- 6419 contacts were made with the Adult Intake Team in 2022-23, of which 26% led to an adult social care or safeguarding referral.
- 1239 referrals to adult social care were made in 2022-23
- 1511 safeguarding concerns were raised in 2022-23. 252 enquiries started.
- In 90% of cases, the risk was reduced or removed following a safeguarding enquiry.
- We support a higher proportion of our older residents versus the London average, impacted by high deprivation levels.
- The cost of support per person getting support in Barking and Dagenham is lower than the London average.

1.2 About Barking and Dagenham

Barking and Dagenham is a fast-growing, vibrant, innovative, and diverse borough in East London. Approximately 219,000[i] people live here - an increase of 18% in ten years - and the population is expected to continue to grow in future.

We are one of the most ethnically and culturally diverse communities in England: 16% of the population are of a Black African ethnic background – the highest proportion in England – and 10% of residents are of an Asian Bangladeshi ethnic background. 45% of our residents are Christian and 24% are Muslim. A comparatively high proportion of residents have a gender identity different to the identity assigned to them at birth.

Barking and Dagenham is a comparatively young borough, with over a quarter of the population aged under 16[ii]. Our older population is comparatively small: 9% of residents are aged 65 and over. The diversity of the borough changes with age: 29% of those aged 16-64 are of a White British ethnic background, compared with 71% of those aged 65 or over.

The borough faces some significant challenges. Residents experience some of the highest levels of deprivation in the country: The borough ranks 17 out of 152 local authorities in England on overall deprivation[iii]. This picture is interwoven with comparatively high unemployment rates, fuel poverty and debt. There are also high levels of domestic abuse in Barking and Dagenham, and tackling this is a priority for the local authority.

We have high levels of population 'churn' and a significant number of residents arrive in Barking and Dagenham after seeking asylum or via refugee schemes[iv]. This can impact on people's understanding and trust of the support available to them – something we continually try to address.

Our plan for the future of our borough aims to address challenges and build on opportunities. The vision is to make Barking and Dagenham a place people are proud of and where they want to live, work, study and stay. Our 2023 Corporate Plan sets seven priorities to meet this vision, available here.

1.3 Health and wellbeing in Barking and Dagenham

There are significant health inequalities and challenges in the borough. Healthy life expectancy from birth was 58 years for men and 60 years for women in 2018-20, compared to a London average of 63.5 and 64 years respectively. This is impacted by deprivation levels and other wider determinants. Levels of physical inactivity, the proportion of adults living with overweight or obesity, and air pollution levels are all significant issues for adults.

The self-reported health of the population is worse than most places in England, and 30% of households have at least one person who identifies as disabled – the highest proportion in London[v]. Barking and Dagenham ranked first in 2019 in terms of prevalence rates for heart disease, COPD, lung cancer and strokes for all London boroughs. The modelled prevalence of common mental health disorders is higher than the national average, whilst GP recorded prevalence and the proportion of adults in contact with mental health services is below the national average[vi]. The prevalence of multiple unhealthy behaviours and health conditions makes supporting individuals more complex. This self-assessment describes how the local health and care system is addressing this.

The North East London Integrated Care Strategy describes six cross-cutting themes that align to our local plans[vii]. These include themes on tackling health inequalities, putting a greater focus on prevention and co-production with local people. The 2023-28 Barking and Dagenham Joint Health and Wellbeing Strategy focuses on three themes: Best start in life, living well and ageing well[viii]. The priorities in the strategy include improving outcomes for people with long-term conditions, addressing unhealthy weight and smoking, preventing and addressing domestic abuse and addressing wider determinants of health.

Section 2: Working with People

2.1 Assessing needs

Support is being made easier for people to find and access.
People who need support can phone our Adult Intake Team via a single phone number, email or speak to staff in two local 'community hubs'[ix]. Carers can also contact our Carer Centre. The team support a high number of residents: 6,400 got in contact in 2022-23. Feedback is that staff are responsive, but we have also heard feedback from residents and partners that it can be difficult to get hold of the right person or team after initial contact. We are making improvements to how people find and request support as a result: The 'front door' of social care in the Adult Intake team will be reshaped so teams are easier to get hold of, there is more joint working with health and a bigger focus on prevention. We are developing an online self-assessment option over the next year. We will also promote, develop and have more community hubs in every local area to make it easier for residents to get help and advice on their doorstep.

Eligibility thresholds are communicated and applied in a largely clear and consistent way.
People can find clear online information explaining the assessment process, what to expect, people's rights and how to appeal against a decision via our complaints process. Staff explain this to people in-person. We are going to make this information more accessible by producing printed information, including in easy read and in community languages. Largely consistent use of eligibility thresholds is enabled through staff training and supervision. This was a theme of good practice in 65 case file evaluations carried out in early 2023. Staff use of eligibility thresholds continues to be monitored through supervision and routine case file evaluations.

Assessments are comparatively timely, and work is underway to further improve this.
Comparatively few people wait for a social care assessment, and we continue to monitor this[x]. 88 people waited for a social care assessment in 2022-23 - lower than the England average described in a 2022 ADASS report. Our Crisis Intervention Service and Discharge-to-Assess approach mean no-one is left without support whilst waiting. People who need an Occupational Therapy assessment are more likely to wait, impacted by recruitment pressures and high demand. There were 626 outstanding assessments as of June 2023. A project is aims to address this by developing more trusted assessors and a bigger focus on prevention.

We put an emphasis on people's wellbeing and strengths and stories.
People's wellbeing, self-determination and strengths is a core focus. Our approach to 'strengths-based practice' is described in our Practice Standards[xi], supplemented with training[xii]. The Adults Strengths-based Practice Social Work Forum[xiii] enables our Social Workers to share and develop good practice and to act on insights. We will further embed our Practice Standards in how we work and will monitor this via case file evaluations and supervision. The wellbeing principle in embedded in our work: The staff approach is described in our Practice Standards[xiv]. Supervision and our case file evaluations look at the application of this principle on an ongoing basis. We will do more in future to understand the impact of our approach and how people experience it.

Care and support plans are regularly reviewed.
78% of people getting long-term support over 2021-22 had a review of their care and support, well over the London average of 59%. We continuously work to monitor and improve this. In 2022-23, support did not change for 73% of people after a review. Care increased for 7% and decreased for 21%[xv]. We have recently heard from people who need support that reviews over the phone do not make it easy to have a meaningful conversation[xvi] and have reaffirmed with staff the expectation that annual reviews be face-to-face.

People who need support work with well-trained staff.
We prioritise staff learning and development so people are supported in the best way possible. 42 training courses were attended by 864 adult social care staff in 2022-23[xvii] on topics including positive risk-taking, trauma-informed approach and behaviours that challenge. 69% of staff who provided feedback strongly agreed and 31% agreed that they gained skills or knowledge through training positively influence the way they carry out their jobs[xviii]. The annual learning and development offer is agreed with managers, using areas for development and local priorities to agree this.

People are supported through advocacy to speak out on how they are supported.

Advocacy is offered and well-used in Barking and Dagenham. 240 people used advocates in Care Act assessments in 2022-23, and a further 129 used independent mental health advocates[xix]. Case file evaluations in early 2023 identified advocacy as an area of good practice.

Co-production and gathering feedback is an area for improvement.
Every assessment and support plan should be co-produced with people who need care and support. Our Practice Standards set out our approach to this. 96% of people getting homecare or a direct payment contacted over 2022-23 said they were very involved in deciding their care plan[xx]. We need to improve how we monitor this through supervision, case file evaluations and consistently gathering feedback on people's experiences. This will be set out in a planned Co-production Plan.

People can appeal against an assessment decision by speaking staff or making a formal complaint.
Our website and staff explain people can ask for an assessment decision to be reconsidered through speaking to the practitioner and/or by making a complaint. One person made a complaint about the outcome of a reassessment in 2022-23. Complaints and lessons learned are monitored at Operational Management Team meetings and our Adults Improvement Board.

Carers are recognised and supported.
Carers are offered separate carer assessments by practitioners or via a referral from the Carer Centre. 246 carers had an assessment in 2022-23: Activity is monitored through performance reports[xxi], case file evaluations and supervision. 69% of respondents in the last Carer Survey reported always or usually being involved in discussion about the person they care for, above the London average of 61%. There is always more to do to reach more carers. The 2022-25 Carer Charter Action Plan is our plan to continue to identify and support carers, described more in Section 5.1.

People are supported to have choice and control over their care and support.
Many people report having good levels of choice over support: 66% of respondents in our last service user survey said this, higher than the London average of 61%. A high proportion of people organise their support through a direct payment: 29% of people in living in the community had this in 2022-23[xxii], above the London average of 25%. A review into client contributions in 2022 found issues with how some people understood direct payment roles and responsibilities. This led to a full review of the system informed by feedback from staff, Personal Assistants and providers. We redesigned our Direct Payment Support Service as a result to reflect what people told us was most important: Simplicity, transparency, hands-on support and comprehensive reviews. The Direct Payment Support Service is currently out for tender[xxiii]: It addresses issues found in the review and prioritises support to direct payment holders, with an emphasis on recruitment support. New resident information on direct payments and new staff training is now available and more is being developed.

An accessible and transparent framework is used to charge people for care and is being reviewed.
People are informed of our approach to charging via staff and via our accessible online policy. There is no separate process for people to appeal against a financial assessment decision: The policy explains that people can speak to the Financial Assessment team or make a complaint. In 2022-23, 54 complaints were raised in adult social care overall[xxiv]. The charging policy is being reviewed and an updated policy is due to be in place by 1 April 2024. Developing new, printed information to residents on charging will be looked at as part of this following feedback from partners and carers that communication on charging is an area for improvement. In the meantime, we are improving communication on what people can expect to pay by working on an online calculator that is due to be published in autumn 2023.

We are improving how we work with adults with a disability by reconfiguring the service.
Improvements are being made to the service supporting working-age adults with a disability. The service has moved from being an all-age service to a separate service for adults to ensure good levels of management capacity and oversight. We have increased staff capacity in the team overall and are recruiting a permanent team after relatively high use of agency staff. A desktop review of cases and practice was carried out in June 2023: This recommended improvements on how information is recorded on our Liquid Logic system and improvements on how reviews are carried out. These are being taken forward through a Disability Service Improvement Plan.

2.2 Supporting people to live healthier lives

Information and advice related to support is improving.
People can phone, go online or visit a local Community Hubs to get information and advice. These innovative hubs run from local buildings, enabling residents to get in-person information on social care, housing, benefits and more. Council staff, including social prescribers, work alongside partners to offer holistic support. Our Community Hub model was commended in a 2022 peer review[xxv] and the impact can start to be seen in feedback: 63% of respondents in the last service user survey said information and advice is easy to find, an improvement on the year before and in line with the London average. Feedback is that not everyone is aware of Community Hubs[xxvi] and we will continue to raise awareness. We will expand the number so there is one in each of our 19 wards and strengthen joint working with health. Hubs are central to our aim of developing community-led support in each local area so residents can connect with each other, with the CVS and services to get help at an early stage. We are also improving resident printed information following feedback that this is sometimes preferred, and improving how easily people can get hold of the right person or team by phone.

People get effective and holistic information and advice at the 'front door' of adult social care.
When people who need support contact our Adult Intake Team, staff use our innovative OneView system to support residents in a holistic way: The system brings together data from five service areas including housing, benefits and adult social care. It provides a single view of a person that enables staff to support residents in a truly person-centred way[xxvii]. The effectiveness of this approach can be seen in quarterly monitoring reports: In 2022-23, 69% of those in contact with the Adult Intake Team resulted in signposting, information and advice; 15% resulted in a referral to adult social care[xxviii]. We are working with health to create a shared set of data and hope to have this in place by next year. Insights from data will then be used to target interventions at those at risk of developing health and care needs.

Carers can access a range of information, advice, and support to stay well.
New and existing carers of all ages are supported to stay well through respite, direct payments, information, advice, training and peer support.1000 carers accessed this in 2021-22[xxix]. Our most recent Carer Survey compares positively with London averages on the proportion of carers who are positive about control over their lives, looking after themselves and feeling safe[xxx]. Much of the preventative support offered to carers of all ages is provided through our local Carer Centre, working closely with health partners. We will continue to work with partners to identify and support more carers at an early stage: The 2022-25 Carer Charter and Action Plan is our plan to address this.

Many activities are available to support healthier lives, but they are not always known or targeted.
People have access to a wide range of good quality, universal activities and services that support healthier lives. The activities address issues identified in our JSNA, including support with physical activity and healthy eating – often provided by our vibrant voluntary and community sector (described more in Section 4.2). Staff feedback and case file evaluations indicate that these activities aren't always well-understood, and people aren't always connected with them in assessments and reviews - partly as they aren't articulated in one place. Activities are now being mapped[xxxi], alongside work to improve the consistency of information and advice given to communities. We will work across the partnership to target activities at groups identified through insights and our JSNA to be more at risk of poor health and/or developing care needs, ensuring activities are available in each local area.

We understand social isolation in the borough and are taking action to improve this.
Our JSNA describes social isolation needs and how this is community concern. 25% of respondents to our last carer survey reported feeling socially isolated, 15% of respondents to our last survey to people with support needs reported often or always feeling lonely, and loneliness a common concern in interviews carried out with 16 people leaving hospital in 2021[xxxii]. A range of initiatives to tackle social isolation are provided through our voluntary and community sector. We fund befriending and community activities and are starting a pilot with the community and voluntary sector to proactively contact 100 people at risk of social isolation. The impact can start to be seen in feedback: The proportion of people with care needs who have as much social contact as they want has risen over the last two years to 42%, above the London and England average for 2021-22.

Equipment and adaptations aim to reduce or delay the need for care and support.
People can access a clear and comprehensive offer to support them to live independently at home. This includes our handyperson scheme, our offer of equipment in the home and our approach to major adaptations - articulated in our Aids and Adaptations Policy. The policy allows us to enact six new

additional grants to the current mandatory Grant usage, enabling more residents with disabilities to stay in their own home, in an environment that is better adapted to meet their needs. Our new care technology offer strengthens this approach: It is described next and is part of a wider move toward evidence-based, proactive, and targeted interventions to reduce and delaying care needs.

People are supported to live independently through technology-enabled care.
People have access to a wider range of innovative technology that supports their independence. We have changed over the last year from offering only Careline to offering a wider range technology-enabled care focused on data-led prevention. Our offer now includes a range of sensors, alerts and voice-activated technology: 627 new residents have been connected, and over 3,000 residents are being support overall[xxxiii]. All residents receive a call six weeks after having technology to get feedback: As of May 2023, 79% reported equipment improved their independence at home, 80% said it improved their quality of life and 79% said it had improved the quality of life for family and/or carers. A culture of ‘technology first’ is promoted, and 164 staff completing care technology training in 2022-23. We are prioritising predicative analytics, gathering data from technology to enable proactive interventions to prevent things like falls and ill-health from extreme weather. Our aim is to integrate data and insights from care technology into OneView, enhancing holistic support to residents. Our procurement proposal and service specification and our digital roadmap describe these plans[xxxiv].

We are developing a more cohesive prevention strategy.
We have a range of preventative initiatives that are well-used (for example, there were 4,600 referrals from GPs to social prescribers in 2021-22). We are now pulling these together and will articulate our approach in a more cohesive strategy: This will set out our future plans to prevent, reduce and delay care needs. As previously mentioned, preventative activity is currently not targeted at the groups most at risk and the outcomes of activity are not always clear. Our future approach will address this and is being developed with health partners. It will be articulated in an Adult and Communities Partnership Plan owned by our Adult Delivery Group[xxxv], part of our place-based partnership.

We are developing a new approach to reablement.
We focus on creating a ‘reablement ethos’ across everything we do. For example, supported living for people with mental health issues focuses on empowering people to maximise their independence. The Crisis Intervention Service has been our main short-term support: A six-week, community-based service to ensure everyone in immediate need of support gets this. We know the outcomes for people going through the service could improve: In 2022-23, 55% of people completing short-term support had less or no support, compared to a London average of 73%, and 81% older people were at home 91 days after hospital discharge to crisis intervention[xxxvi] (these metrics are likely also influenced by our Crisis Intervention Service being open to all). As a result of this, we are developing a reablement short-term service focused on empowerment and helping people get back on their feet. We piloted an integrated reablement service between January and March 2023, and over 70% of people supported did not require ongoing care.[xxxvii] We are extending the pilot to March 2024 to enable further analysis. We continue to develop a ‘reablement ethos’ across services, including in the new homecare retender and in support available to people following hospital discharge[xxxviii].

Adults with a learning disability are well-supported to live independently in the community.
Adults with a learning disability and carers are supported through a range of services to live independent lives. The proportion of adults aged 18-64 with a learning disability living on their own or with friends and family is comparatively high at 89% for 2022-23, above the London average of 77.5%. This continues to be monitored to ensure performance is maintained. We want to support more adults with a learning disability into employment: A dedicated employment worker is supporting this.

Work is underway to understand the increasing proportion of older people moving to care homes.
The proportion of older people moving into care homes is going up, with 821 admissions per 100,000 of the older population in 2022-23[xxxix] compared to a London average of 401 in 2021-22. Staff feedback is that this is being influenced by increasingly complexity and acuity post-Covid-19, pressure on unpaid carers and the prioritisation of getting people discharged from hospital via the Hospital Discharge Fund. To address this, we are developing a more robust approach to reablement, described earlier in this section. We plan to provide intensive, wraparound homecare as an alternative to residential care for those discharged from hospital[xl], and are also developing a pilot reablement model in residential care. Work will be carried out to understand and address the drivers behind these trends in more detail.

2.3 Equity in experiences and outcomes

There are strong Council-wide commitments to equality that we apply to adult social care.
People are supported by staff committed to equality and diversity. Our 2023 Corporate Plan describes our commitment to put this at the heard of everything we do. It sets three equality objectives: Addressing structural inequality, providing leadership in the community and fair and transparent services. Progress against objectives is regularly reviewed and will be reviewed again in the next year[xli]. Our commitment is reflected in what we expect from the organisations we commission, described in Service Specifications[xlii].The commitment is also reflected in our approach to our workforce: We were one of seven local authorities across London to pilot the Workforce Race Equality Standard in 2020, and are developing a programme of work to continue to develop this. Our 2022 Anti-Racist Framework[xliii] articulates the commitment across social care, public health and education to promoting equality for our workforce and residents. New staff are required to complete training on equality and diversity, mental health awareness, sexual orientation and trans and non-binary awareness.

Whilst this does not give the full picture, some of the impact of this work can be seen in our annual Residents Survey: In 2021, 82% of respondents said their local area is a place where people from different backgrounds get on well together – up from 72% in 2017.

We will develop priorities and objectives that are specific tackling inequalities for people who need care and support over the next year as part of our overall vision and improvement plan for adult social care.

Inequality in Barking and Dagenham is well-understood.
People are supported by a council that has a detailed understanding of local communities. Our analysis of the 2021 Census sets out that we are a young and diverse borough with a high levels of population 'churn', as detailed in Section 1 of this self-assessment. Our understanding of health inequalities is described in our JSNA and annual Public Health Director Report[xliv]: The wider determinants of health including income, work and housing are challenges facing many in our communities. The risk of long-term conditions increases with age and with deprivation, and people of South Asian or Black African ethnic backgrounds are at a higher risk of developing many long-term conditions and experiencing worse outcomes compared to people of White ethnic backgrounds. Life expectancy is lower than average for people with serious mental health issues and for people with a learning disability.

We understand equality of access in some health and care services. The Public Health Director report[xlv], for example, describes the profile of people accessing local health checks, weight management and stop smoking services; and sets out actions to target underrepresented groups. We will improve our understanding of inequalities in adult social care specifically in terms of access, experience and outcomes: This is a priority for the coming year.

Barriers to getting care and support are understood and are being addressed.
We use research and insights to understand barriers to support. Research indicates that barriers include lack of information, perceptions of cultural inappropriateness and normative expectations of care[xlvi] – particularly impacting people of Asian, Black or minority ethnic backgrounds and people who identify as LGBT+.

As noted in Section 1.1, we have high levels of population 'churn' and a significant number of residents arrive in Barking and Dagenham after seeking asylum or via refugee schemes. Staff feedback is that people new to the borough may have less awareness of where to get support and that people fleeing harm in their country of origin can mistrust statutory services. We recognise that this mistrust may be exacerbated by the political history in the borough, by the findings of the recent review into the Met Police and the Stephen Port inquest. Feedback is that residents often first go to community, voluntary and faith groups for support and advice. We work with local groups and individuals to address this and help build trust, including working with our B&D Collective.

The support we commission is informed by our understanding of inequality.
People get support that has been designed with inequalities in mind. Service specifications[xlvii] describe the support that we commission: These set out the needs of our local communities and how support will be provided in a way that is inclusive. Service specifications and procurement reports are accompanied by Equality Impact Assessments[xlviii]. Providers are expected to have Equality and Diversity in Service

Delivery policies and provide support that is accessible and inclusive[xlix]. Our next Market Position Statement will describe in more detail how the diverse needs of people will drive the future design of care and support in the borough.

Work to make care and support more inclusive is developing.
People who need support can contact us in-person at one a local Community Hubs, over the phone or online. Community Hubs in particular are designed to reach the most marginalised, including people who are digitally excluded. Residents and partners tell us that mistrust of public services can be a barrier to getting in contact: One of the ways we are tackling this is through working with the community and voluntary sector via the B&D Collective. Residents tell us that not having English as a first language can be a barrier, so we have both an interpreting offer (via a contract valued at an estimated £175,000 per year) [l] and a strong offer to support people with English skills. Residents tell us that sight or hearing loss can also be a barrier, and our contract with the Language Shop Limited supports residents in this area. Through the B&D Collective, the local community organisation Ultimate Counselling was appointed to lead on resources to better support residents who have No Recourse to Public Funds and did so by engaging with 157 local residents with lived experience of this.

Support is more inclusive through having a workforce that reflects the diversity of our communities: In 2021-22, 78% of the Barking and Dagenham workforce was of a Black, Asian or minority ethnic background, 74% were female and 26% were male, whilst the average age was 45[li].

The barriers to support that people experience are addressed in assessments and plans.
People who need care and support drive their assessments and plans, and discussions include considerations of protected characteristics. Support plans are tailored around these discussions. Our case file evaluations seek assurance that information has been communicated in an accessible way, that there is evidence of anti-discriminatory practice and that protected characteristics have been considered in interventions and case work: Positive practice has been found in relation to this[lii].

We seek out insights on people's experience of equality and discrimination and act on these.
Staff ask people who need support about any experiences of discrimination, the extent to which diversity is respected and support is inclusive. This happens during staff visits to assess the quality of commissioned providers[liii]. Findings are written up and an action plan to address any issues is agreed with the provider and monitored. People are also asked during regular 'spot check' phone calls to people getting homecare or a direct payments: In 2022-23, 760 people were asked 'do you have any cultural needs?', and of the 21 that did, 19 said these were being fully met[liv].

Work has started to identify people more likely to receive poor care locally.
We have carried out work to understand equity in access, experience and outcomes in Barking and Dagenham. Analysis indicates that in 2022-23, there was a slight underrepresentation of people of an Asian/Asian British ethnic background for older people accessing adult social care and a more significant underrepresentation of people of an Asian/Asian British ethnic background and people of a 'White Other' ethnic background for working-age people. Likewise in safeguarding: 2022-23 data indicates an underrepresentation of people of an Asian/Asian British and Black/Black British ethnic background in safeguarding concerns and enquiries, particularly pronounced when looking at adults aged 16-64.

We have gathered national insights on equity of experience and outcomes, including research that people of Black, Asian or minority ethnic backgrounds and people who identify as LGBT+ can experience poor care. We are agreeing a number of equality objectives and plans to address this. We will gather local insights on inequality and improve how the protected characteristics of people who need support is recorded on our Liquid Logic system. We will set this against our robust understanding of local communities and health inequalities to see the whole picture and take action.

We will improve how we listen to groups of people most likely to experience inequality.
We work well with people at an individual level to understand inequality – as evidenced through case file evaluations – but limited work is carried out to listen to groups of people most likely to experience inequality and those who are seldom-heard. This will be developed over the next year through a planned Adult Social Care Co-production Plan. This and the insights described in the last section will be used to develop clear priorities and a plan to improve the experience and outcomes for people who are more likely to have poor care.

Section 3: Providing support

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3.1 Care provision, integration and continuity

We have a detailed understanding of our communities.
As mentioned in Section 2.3, our understanding of the needs of our communities is detailed in our analysis of the 2021 Census, in our JSNA and annual Public Health Director Report[lv]. This informs the support that we commission, evidenced in Service Specifications[lvi]. Our next Market Position Statement will describe how the diverse needs of people will drive future support in the borough in the medium to longer-term. We are developing plans for more community-led commissioning, focusing on what communities want and need and working with the voluntary and community sector to address this.

We engage on our commissioning plans with the people impacted by them.
People who need support, carers, health partners, housing and other stakeholders engage with us to design support. Plans for adults with a learning disability or autism, extra-care supported housing for older people[lvii], for care technology[lviii], for direct payment support[lix] and for community equipment[lx] are examples of this, described in Service specifications and tender documentation. Work is underway to recommission homecare, develop reablement, further strengthen care technology and strengthen support to people when they leave hospital. Our planned Adult Social Care Co-production Plan will describe how we will move from engagement and consultation towards co-producing support in future.

A stable, supported workforce in the local authority helps ensure continuity of care.
Local authority staff are well-supported in their roles in a range of ways, as described in the latest Investors in People report and gold accreditation[lxi]. This is explored in more detail in Section 5. As a result of this support, the workforce is stable and retention levels are good (the turnover rate in 2022-23 was 12%). Positive staff feedback is reflected in the most recent Social Work Health Check[lxii]. We are now working towards platinum Investors in People accreditation[lxiii].

The care market is well-supported to provide continuity of care.
We understand and support our market well. Having identified a risk on the viability of providers, research on homecare sector viability[lxiv] was commissioned in 2021. The research found that a significant amount of resource was being used by providers on recruitment. A Social Care Action Plan[lxv] was developed from the research. We have partnered with Care Provider Voice to provide recruitment support to all providers in the borough: They find job applicants, match candidates and work with a local college to offer pre-employment training. The job brokerage resulted in nearly 300 job offers over the course of 2022-23 across Barking and Dagenham, Havering and Redbridge.

Career progression and retention is supported through training and access to the Care Certificate: Providers can access free e-learning and uptake is monitored.[lxvi] Work is now starting to provide independent business advice to providers, and to promote flexible working options to support recruitment and retention[lxvii]. The recruitment, retention and skills of Personal Assistants are supported through the Direct Payment Support Service, after research identified this as an area to improve[lxviii].

Overall, as a result of this work data shows that whilst vacancy rates in Barking and Dagenham are similar to the London average, retention compares positively: The turnover rate in Barking and Dagenham adult social care sector in 2021-22 was 12% - the second lowest in London and well below the average of 25%[lxix]. We will continue to implement the Social Care Action Plan going forwards.

The care market is supported to be financially sustainable.
Support to the sector to be financially sustainable is described in our Market Sustainability Plan and Uplift Policy[lxx]. We increased our rates for 2023-24 for our older adult care market by 16.2% compared to the year before – one of the largest uplifts in northeast London. We are committed to paying London Living Wage and are implementing this. Direct payments were recently uplifted to ensure all Personal Assistants are paid at least the London Living Wage. We also supported the workforce in 2023 through the cost-of-living crisis: local providers could bid for up to £1,500 per organisation to support staff with items including food vouchers and travel cards: 40 providers accessed funding benefitting 800 care workers. We will continue to work with partners over the coming year to identify funding opportunities to help support residents and providers.

One provider has handed back a contract in the last 12 months, explained more in Section 4.1.

We engage well with the market to provide support that promotes independence and choice.
We engage well with providers through Care Provider Voice and through local provider forums. In 2022-23, 85 providers attended our first bi-annual forum open to any provider registered in the borough. A forum specifically for providers of mental health and disability support is being established. A newsletter is regularly sent out. We engage with the community and voluntary sector more broadly through the B&D Collective, collaborating to better support communities and residents. Our 2022 peer review commented on the trusting relationships between commissioners and providers, and feedback from providers is consistently positive about the level of engagement and the open, collaborative relationship between commissioners and providers. In addition, providers are represented via Care Provider Voice in policy decisions made by the committee-in-common of Barking and Dagenham Integrated Care Board Sub-Committee and Health and Wellbeing Board, described in Section 3.2.

Robust quality assurance helps people get good quality support.
Our approach to quality assurance includes reviewing data weekly, gathering fortnightly feedback from 20 people who get homecare or direct payments, and annual in-depth staff visits to assess the quality of commissioned providers (more frequently if needed). 58 visits to providers took place in 2022-23[lxxi]. Findings are written up based on this visit[lxxii], and an action plan to address any issues is agreed with the provider and monitored[lxxiii]. Monthly reports describing provider risk and concerns are reviewed at a Provider Risk and Concern meeting, with relevant remedial action agreed and taken. Our approach was affirmed by the 2022 peer review that found ‘strong quality assurance processes between commissioners and providers’[lxxiv]. We will continue and develop this approach in future.

Over 2022-23, five providers were rated ‘red’ under our risk assessment process and were subject to an intensive improvement plan and heightened level of inspection. Four providers were rated red then suspended from taking new people. Three providers remain suspended as of June 2023[lxxv]. Placement suspensions is shared with London ADASS, who share with relevant boroughs. The effectiveness of intensive improvement plans and support can be seen with Chaseview, which moved from being rated inadequate by CQC in November 2022 to rated good in June 2023[lxxvi].

The quality of support is comparatively good.
The impact of the work described in this section is that the quality of care homes and extra-care supported housing is generally positive: A comparatively high proportion are rated good by CQC[lxxvii]. The proportion of homecare providers overall who are rated good by CQC is lower than the London average[lxxviii], however, this is impacted by there being a comparatively high number of homecare providers overall in the borough (113 as of June 2023). 13 homecare providers are on our commissioning framework, of which three are registered in the borough. 12 of the 13 are rated good by CQC as of June 2023. In addition, we have a good level of supported housing in the borough and a small amount of shared lives provision[lxxix].

People who need support are comparatively positive about their experience of support.
The impact of the work described in this section is reflected in the positive feedback received on people’s experience of care and support. 64.5% of survey respondents in the 2022-23 Service User Survey reported being extremely or very satisfied with their care and support: An increase on the year before and above the London average for 2021-22 of 58%. Of the 806 homecare and direct payment users who received ‘spot check’ phone calls to gather feedback in 2022-23, overall satisfaction levels were above 90% and 97% said carers treat them with dignity and respect[lxxx]. Carer satisfaction levels were below the London average in our last survey, and the Carer Charter and action plan seeks to address this.

We will look at developing more bed-based capacity in the borough.
We are highly likely to need more, local bed-based capacity in future given our growing and ageing population and the closure of Chaseview care home. This includes support to people with high and/or complex needs, and support for newer communities reaching older age. We will work with housing colleagues to plan for this and articulate these plans in a Vulnerable Housing Strategy.

There is more to do to understand the impact of different types of support on people who need it.
We understand the impact of support in some areas, but not all. In the last survey sent to people who need support, 89% said support helps them have a better quality of life and 79% said it helps them

have control over daily life. We will improve how we gather and use data on the impact of support through collecting insights from care technology and from providers, analysing data on our innovative OneView platform and doing more to analyse the views and experiences of people who need support.

3.2 Partnerships and communities

Strong partnership working at a strategic level helps services work seamlessly for people.
The governance and accountability structure enables strong partnership working, shared learning and collaboration. The Integrated Care Board membership includes our Cabinet Member for Health and Social Care Integration, representing outer North East London local authority partners. Our Barking and Dagenham Integrated Care Board Sub-Committee met as a committee-in-common with our Health and Wellbeing Board for the first time in June 2023, taking forward joint working in a coordinated way. Members include Healthwatch and Care Provider Voice. The delegated decision-making and accountabilities of the committee-in-common are described in their respective Terms of Reference[lxxxi]. The Barking and Dagenham Executive Group drives partnership priorities forward, and the Adults Delivery Group delivers these[lxxxii]. A group to deliver shared priorities on long-term conditions and a group looking at proactive care has recently been established, reporting to the Adults Delivery Group[lxxxiii].

We collaborate with health on shared priorities.
The North East London Integrated Care Strategy describes six themes that align to our local adult social care improvement plan[lxxxiv]. These include tackling health inequalities, putting a greater focus on prevention and co-production with local people. Locally, our Joint Health and Wellbeing Strategy has recently been refreshed and an Adult and Communities Partnership Plan for the Adult Delivery Group to deliver is being developed. Our Better Care Fund plan describes our shared objectives within the BCF framework and how these will be met[lxxxv] . We work with health partners on a range of topics including hospital discharge, falls prevention and workforce planning and support (an example of this is described in below). Our new Director of Health and Care Integration post is leading work on this area and we are building up joint partnership capacity. and an aligned structure between the Integrated Care System and our commissioning service on ageing well has been agreed.

We worth collaboratively with health to help people as well as possible.
Two examples demonstrate how people are benefitting from joint work with health. Firstly, we are piloting apprentice nursing associates in Kallar Lodge care home – working with Skills for Care and others – which will lead to apprentices becoming registered nursing associates[lxxxvi]. This is supporting career development and staff retention, whilst enabling people at the home to get relevant health interventions quickly and easily. The second example is the London Care Record: We worked with health and Kallar Lodge to pilot staff in the care home having access to people's health records: Feedback was that this led to more effective care planning, prevention and faster discharge from hospital. The pilot is now being rolled out across the borough.

Staff feedback is that collaborative working with health also takes place well in local areas (through our locality teams) and in the Emergency Duty Team. This includes joint working with primary care, mental health and community health services.

We work collaboratively with health on hospital discharge.
We work well with partners to discharge people safely from hospital. Hospital-based practitioners meet with health colleagues daily to organise this and feedback is that there are minimal delayed transfers of care. We work with Havering, Redbridge and health to run an Integrated Discharge Hub for the three boroughs. Trusted assessors of care needs work in hospital wards to support people to be discharged from hospital without delay. Feedback from partners is that communication problems still sometimes happen when people are discharged from hospital, and we continue to work to improve this.

Our BCF plan describes the jointly funded services that support people following hospital discharge, including the 'Home, Settle and Support' service to support residents on their arrival home from hospital and integrated reablement pilot. Our jointly commissioned Home First approach means that people with support needs are discharged home if possible, with a range of support to help their recovery and rehabilitation. A full care assessment takes place between 4-6 weeks later in a person's home to make sure ongoing support needs are met. People who need nursing care to leave hospital can access this quickly, and we work with health and with Havering and Redbridge local authorities on this. People are

supported in nursing care for six weeks to regain their independence. A full care assessment takes place at this point, as part of our 'discharge to assess' approach. People are often then supported to move back home or into residential care. This approach has been successful, and our plans are articulated in our BCF plan. We are also working with health to develop better information and advice to carers when people are discharged from hospital.

We are collaborating more with health partners to support working-age adults.
We work with health partners at a strategic level to highlight the needs of adults with mental health issues and adults with a learning disability, including the Transforming Care programme led by the Integrated Care System. An example of how we work together as a system whilst not being an integrated team is mental health: The estimated prevalence of common mental health disorders is high in the borough, yet the rate of hospital admissions is low because health and care put a focus on responsive, home-based treatment and support. We will continue to collaborate on key issues, including support for adults with autism. We will articulate our plans for future collaboration in the Adult and Communities Partnership Plan for the Adult Delivery Group. We will formalise joint working with health through a Section 75 agreement where it makes sense to do so (currently no Section 75 agreements are in place).

We work collaboratively with the community and voluntary sector to support people.
Our vibrant community and voluntary sector are an important part of our borough. There are 225 charities generating a turnover of £24.5 million, alongside around 5,000 formal or informal organisations with an estimated 46,000 members. The B&D Collective is one of the ways we engage with the sector, enabling collaboration and building capacity to better support residents. An example of this in practice is our innovative Community Hubs – as mentioned in Section 2.2 – whereby the council and CVS work well together to provide information and advice to residents. The Collective enables organisations looking at common issues to come together. They are leading on our Community Locality Leads programme, whereby a community-based infrastructure is being set up to help address health inequalities and the impact of the cost-of-living crisis on residents. To date, work has included over 1500 conversations with residents to discover who they turn to in a crisis, discovering and mapping all the connecting places in the borough, and prototyping with residents.

Healthwatch, the B&D Collective and Care Provider Voice are valued partners. They provide insights on resident experiences and represent the CVS and local care providers on forums including our Integrated Care Board Sub-Committee, Adult Delivery Group and Safeguarding Adults Board.

Good partnership working with neighbouring boroughs improves the support people receive.
We work closely with our neighbouring boroughs, particularly Havering and Redbridge, with joint commissioning and quality assurance arrangements. We share a single major acute provider - Barking Havering and Redbridge University Trust - and a large community and mental health Trust, NELFT NHS Foundation Trust. Some of the support we commission is shared across the three boroughs, as set out in our BCF plan[lxxxvii]. A significant number of out-of-borough placements are in these boroughs. The three local authorities and Newham meet regularly via the 'Quality Surveillance Group' to share learning and insights on the quality of support across the area. We need to do more to analyse trends in out-of-borough placements overall and will do this over the next year. We work collaboratively and with health partners on common priorities: For example, our Hospital Discharge Working Group oversees the management of discharge challenges, trouble-shooting and developments.

New protocols and agreements will clarify roles, responsibilities and pathways in writing.
We will write new protocols and agreements with health in each operational service area to articulate roles, responsibilities, and pathways in writing. Staff feedback is that joint working is strong and that good staff retention levels promote good relationships and consistent practice, however we recognise that having expectations confirmed in writing would be useful. This will be done over the next year.

There is more to do to understand and act on the impact of partnership working.
We will improve how we understand the impact of partnership working via data and insights, including the impact on people who need support. Falls prevention is an example of this: We ranked seventh of all London local authorities for the rate of falls in 2019, and are starting work with health to collect, analyse and use falls data to target preventative interventions. Future plans will be in the Adult and Communities Partnership Plan.

We will strengthen joint working with housing to meet people's accommodation needs in future.
Joint working with housing planners to plan for and address the housing needs of people who need care and support – now and in future – is an area for improvement that we are working on. A Vulnerable Housing Strategy will be agreed and implemented to address this.

Section 4: Ensuring safety

4.1 Safe systems, pathways and transitions

Safety and safeguarding adults is a priority in Barking and Dagenham.
People are supported by a local authority that prioritises safety. For example, we are prioritising supporting people through the cost-of-living crisis, recognising the risks to wellbeing, neglect and safety arising from this. One of the six priorities in our 2023 Corporate Plan is: 'Residents are safe, protected, and supported at their most vulnerable'. We are working to embed safeguarding as a priority across the whole Council, including across housing services that are dispersed across the council.

People who need support benefit from robust planning for emergencies and critical incidents.
Our Corporate Resilience Group plans for emergencies and critical incidents including heatwaves, serious floods and largescale fires – all of which have happened in the borough in the last two years. Adult social care are an active part of planning, ensuring that the needs of those with lived experience of care and support are considered and acted upon.

We work as part of a wider system focused on safety.
We come together with health partners, the police, housing others through our Safeguarding Adults Board (described in Section 4.2), Community Safety Partnership Board[lxxxviii], Children's Safeguarding Partnership and health partnerships (described in Section 3.2) to focus on safety: For example, tackling domestic abuse is a priority across the partnership and associated joint strategies. We address changes in the system that could impact on safety: For example, following the May 2023 Metropolitan Police announcement that they will shortly no longer attend 999 calls linked to mental health incidents unless there is a threat to life, we are both discussing with the police whilst preparing for what this change means for residents and demand for social care.[lxxxix].

There is a strong culture of learning that supports people to feel safe.
We continuously learn about and improve how we do things. Robust learning on safeguarding has been prioritised through peer reviews, external challenge, and external and internal case file evaluations. We have worked with partners to learn from Safeguarding Adult Reviews, Domestic Homicide Reviews and Learning Disability Mortality Reviews. For example, learning from one Safeguarding Adult Review was to establish a complex cases group[xc]: This has been carried out and is in place. A second example is that learning from a Domestic Homicide Review led to a wider Domestic Abuse Commission[xci], and in adult social care this has resulted in raised awareness amongst social workers and practitioners via a Domestic Abuse Quick Guide for Practitioners[xcii]. A third example is case file evaluations: 65 safeguarding cases were reviewed by an external evaluator in spring 2023. Actions to address common themes[xciii] are being taken forward in an action plan. We are now planning further case file evaluations with Safeguarding Adult Board partners. We share learning back with partners: For example, learning from Safeguarding Adults Reviews are shared at the provider forums described in Section 3.1.

People preparing for adulthood are supported to be safe.
Young people with support needs start to plan support and moving into adulthood at an early stage. Two dedicated workers in learning disability and/or autism and in mental health services co-ordinate this. Work is overseen by a Specialist Transitions Panel[xciv]. As described in Section 2.1, we have moved from being an all-age disability service to a separate service for adults to ensure good levels of management capacity and oversight, and the dedicated workers continue to work across both areas. We will confirm the approach to transitions in writing through a local procedure over the next year.

People ready to leave hospital are supported to stay safe.
The Home, Settle and Support service aims to help people feel more safe and secure when they get home from hospital – particularly if they live alone - supporting with things like food shopping, travel and picking up prescriptions. Social work staff phone people discharged home from hospital in the first

24 hours to do a 'welfare check' and follow this up with a full assessment visit after 4-6 weeks. Interviews with 16 people in 2021 with people leaving King George and Queen's hospitals highlighted communication and care planning as two key issues: People did not always know about or feel involved in their care plan, were not always clear on what to expect or who to contact – particularly people with no support networks to help with this.[xcv]. As a result, people are now given clear, printed information[xcvi] on what to expect after being discharged from hospital and who to contact in the event of concerns or changes.

People moving between social care services are supported to be safe.
People who move out of Barking and Dagenham are supported to stay safe through our case transfer process. This involves a multi-disciplinary meeting and working with the person and the local authority area they are moving to. Over the next 12 months we will confirm this process in writing through a local procedure. As mentioned in the last section, we also need to do more to analyse trends in out-of-borough placements overall and will do this over the next year.

Safety is core to what we expect from commissioned providers.
Safeguarding is central to our Service Specifications, setting out expectations that providers are supported to meet. The review of the direct payment system – described in Section 2.1 – identified the need to improve safety assurances for those organising their care through a direct payment. The newly designed Direct Payment Support Service[xcvii] will ensure new Personal Assistants registered on a system we are setting up will have undertaken safeguarding training (existing Personal Assistants will have access to the same training). The service will help people undertake 'right to work' and DBS checks. As described in Section 3.1, we provide a robust, free training offer to providers as part of our approach to ensuring safety. Our Safeguarding Adults Board is looking at developing and assuring a robust safeguarding learning and development offer to all stakeholders in the borough.

Safety is robustly monitored and assured.
'Safeguarding failures' is one of 13 risks on our Corporate Risk Register and is monitored through our risk management approach. The Safeguarding Adults Board monitors risk across the partnership and scrutinises quality and performance data via the Performance and Quality Assurance Sub-group. In summer 2023, for example, this led to the Board requesting information and assurance on the quality of care. The Safeguarding Adults Board will develop a risk register over the next 12 months.

As described in Section 2.1, we have a robust approach to assuring the quality of support that was commended in a 2022 peer review on ensuring safety. Safety is the core criteria through which providers are risk assessed (for example: providers rated 'amber' are meet the following: 'people who use the service are safe, but care provision may not always meet safety and quality standards'). Information is monitored in-borough at Provider Risk and Concern meetings and with neighbouring boroughs in Quality Surveillance Group meetings. Section 2.1 explains the outcome of this. Safeguarding in practice is monitored via supervision and case file evaluations: Common themes in case file evaluations are being addressed through the Adults Improvement Plan. We are developing how we identify and address any trends in relation to safeguarding and Personal Assistants.

Safety is maintained in the event of a provider closing and the process is explained in our local policy.
Our Provider Failure Policy[xcviii] sets out clear processes to ensure people get continuity of care in the event of a provider closing. The policy was last implemented in summer 2023 following Chaseview care home – run by HC-One - informing the local authority of its intention to close in April 2023, citing financial and resourcing issues. Chaseview is the largest care home in the borough, supporting older people and people living with dementia. We are working closely with residents, families, HC-One, health partners and other relevant councils to agree alternative homes for residents impacted by closure and to ensure their safety. Regular updates are provided to our Safeguarding Adults Board.

People are comparatively positive about feeling safe and the impact of support.
The impact of the work described in this section is reflected in the positive feedback received on how safe people with support needs feel in Barking and Dagenham: 70% of survey respondents reported feeling safe in 2022-23, above the 2021-22 London average of 65%. 83% of respondents said support helped them feel safe and secure: An increase on the previous year and similar to the 2021-22 London average of 82%. Similarly, in the last carer survey, 82% of respondents reported having no concerns about their personal safety compared to a London average of 76%.

4.2 Safeguarding

We will raise awareness, so more residents know what safeguarding is and how to raise a concern.
People are informed about what safeguarding is and how to raise concerns is on our website and by staff explaining this (for example, in Community Hubs). Feedback from a group of people with lived experience of safeguarding from across London is that there is more to do to raise awareness of safeguarding, and local feedback is that mistrust of services can be a barrier to people coming forward. We will develop more information and will raise awareness overall, targeting seldom heard groups and working with community and faith groups. Our Safeguarding Adults Board will progress this and is planning a Safeguarding Conference in October 2023 that will be open to everyone.

We are improving the response when a safeguarding concern is raised by developing a MASH.
Safeguarding concerns are usually first raised with our Adult Intake Team, part of the Community Solutions service. This is a clear and accessible 'front door' for people to raise concerns. 1510 concerns were raised in 2022-23, representing 23% of all contacts that year[xcix]. A theme from 65 case file evaluations in 2023 was that concerns are promptly considered and sent to relevant teams[c]. However, a common theme in staff feedback, in our 2022 peer review[ci] and in 2023 Partners in Care and Health findings[cii] is that concerns are sometimes triaged by the Adult Intake Team and reviewed again by another team when referred. This partly explains the low conversion rate from concerns to enquiries, which was 17% in 2022-23[ciii] (feedback is that another issue impacting this is enquiries being carried out but mis-recorded as concerns in error). Learning from this and feedback that this process risks being disjointed and to strengthen joint working with partners[civ], we are now developing a Multi-Agency Safeguarding Hub as a new 'front door' for safeguarding concerns. We expect this to be in place over the next 12-18 months.

People subject to safeguarding concerns and enquiries are supported in a timely way.
A theme from 65 safeguarding case file evaluations in 2023 was that the majority of cases were addressed within policy and procedure timescales[cv].

Deprivation of Liberty Safeguarding (DoLs) applications are timely compared to the London average.
We partnered with University of Bournemouth to increase the number of trained Best Interest Assessors in our workforce, and as a result have no backlog of people in residential or hospital settings waiting for DoLs assessments. We are working to make the same improvements for people in community settings. The proportion of DoLs applications completed in 21 days was 29% in 2022-23, compared to a London average of 24% for 2021-22. Assessments often take longer due to complex cases and waiting for partner information, and timescales are a common challenge across England.

We concentrate on improving lives and protecting the right to live in safety through our practice.
People are supported through safeguarding concerns and enquiries by staff that are responsive and practice-led, improving people's lives whilst protecting their right to live in safety. This has been a common theme in case file evaluations, 2022 peer review[cvi] and in 2023 Partners in Care and Health work[cvii]. Our Principal Social Worker works with Safeguarding Adult Managers across adult social care, and safeguarding is everyone's business. Good staff retention levels and good policy, procedure (pan-London and local[cviii]), practice standards support this – all of which were commended in our 2022 peer review. Case file evaluations have found inconsistent staff practice on safeguarding that could impact people's experiences and outcomes. Staff training, supervision and the development of the MASH section aim to address this. As noted in the last section, learning from case file evaluations[cix] is being taken forward in an action plan: This includes developing staff legal literacy and changing our Liquid Logic IT system to improve the recording of practice.

People with complex needs are safeguarded effectively following learning.
We have developed and reviewed an approach to supporting people with complex needs who are subject to safeguarding concerns in response to learning from a Safeguarding Adult Review. A Safeguarding Adults Complex Cases Group meets to support staff to safeguard people with complex needs, including young people transitioning to adult services. The group enables effective information

sharing between partners and it identifies, monitors and reviews risks related to people with the most challenging needs. Our 2022 peer review[cx] found the group works well and is an example of good practice, and that the response to high-risk safeguarding cases was rapid and responsive. Likewise, the 2023 Partners in Care and Health work[cxi] highlighted that the approach to complex cases is valued.

The approach to tackling self-neglect and hoarding has improved after work with partners.
We strengthened our approach to safeguarding people at risk of self-neglect and/or hoarding in response to partner feedback, themes arising from Safeguarding Adult Reviews and because neglect or acts of omission are the biggest single risk type in safeguarding enquiries. The Safeguarding Adults Board analysed the characteristics of people involved in self-neglect enquiries in February 2022 and subsequently included a description of risk factors and characteristics in the recently updated Self-Neglect Policy and Hoarding approach. Staff training on this is offered, and in 2022-23, 21 staff completed training on the law and good practice on self-neglect and hoarding. The impact of this can be seen in the proportion of safeguarding enquiries with self-neglect as the main risk, dropping from 12% in 2021-22 to 8% in 2022-23. We continue to monitor practice through case file evaluations.

People are supported to participate in safeguarding processes, and we continue to develop this.
People are supported through advocacy to participate in safeguarding processes: Between 2020-23, 100% of people who lacked capacity had an advocate available during safeguarding enquiries[cxii]. A common theme in the 65 case files evaluated in 2023 was that the views of the adult at risk of abuse or neglect was consistently sought and recorded[cxiii]. In 2022-23, 93% of people going through a safeguarding enquiry were asked if they would like to express their desired outcome[cxiv]: This is higher than the London average of 86%, but work continues to improve this so that everyone is asked.

Joint working with partners happens to improve safeguarding.
We work with partners on the best way to safeguard adults at risk. Partnership working is underpinned by clear, multi-agency policy and procedures and information sharing agreements[cxv]. Safeguarding strategy meetings involve partners wherever needed, and out complex needs group includes partner agencies. As previously mentioned, we are developing more joint working when people first raise a safeguarding concern by developing a MASH.

People are supported to feel safe through safeguarding enquiries, and risks are managed.
The effectiveness of work to safeguard adults can be seen – to an extent – in our performance. In 90% cases, the risk was reduced or removed, likewise, 95% of people achieved their desired outcomes when a safeguarding enquiry was concluded in 2022-23 – similar to the 2021-22 London average of 84%. In 2022-23, 9% of safeguarding enquiries were repeat enquiries from the preceding 6 months[cxvi]. We think this reflects the good practice described in this section, although staff feedback is that the complexities of safeguarding can be difficult to demonstrate or explain in data.

There is more to do to understand the views of people who have been through safeguarding.
At an individual level, we will do more to ask people about the impact of the safeguarding enquiry from their perspective, and act on this information. At a strategic level, our Co-production Plan will set out how we will support the Safeguarding Adults Board to carry out more engagement with people, finding out what being safe means to people and how we will move toward co-production.

There is more to do to ensure people are informed of safeguarding outcomes.
A common theme from our 2022 peer review[cxvii], from case file evaluations and from people who need care and support is that we need to improve how we inform people and partner organisations of safeguarding outcomes when a concern or enquiry has started. We are looking at this in more detail to understand where the communication breakdown is taking place and how we can best address this.

We work in partnership with our Safeguarding Adults Board to safeguard people.
Our Safeguarding Adults Board seeks assurance that local safeguarding arrangements and partners act to help and protect adults at risk. Members are drawn from across the partnership and levels of engagement are good. The Board has three sub-committees looking at safeguarding adults reviews, at performance and quality assurance and at complex cases. The SAR sub-group overseas the learning from safeguarding adult reviews in Barking and Dagenham, ensuring that SAR action plans[cxviii] are delivered. The Board is currently refreshing its Strategic Plan and finalising the 2022-23 Annual Report. Feedback from Safeguarding Board partners in June 2023[cxix] was that the Board works well

together, that learning from Safeguarding Adults Reviews is positive, that the response to the cost-of-living crisis has been positive and that domestic abuse resources have improved. Feedback was for the Board to prioritise prevention and community awareness-raising, hearing the voice of the person with lived experience, safeguarding training for staff and stakeholders and tackling the inequalities described in Section 2.3. The Board is considering this in the next strategic plan.

Section 5: Leadership

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Dagenham

5.1 Governance, management and sustainability

Strong leadership and political engagement drive responsive, sustainable care.
The leadership of adult social care is stable and experienced, promoting a culture of responsiveness, learning and openness. Our 2021 Investors in People Gold report found staff had a high level of respect for – and confidence in – leaders, managers and each other; and that we continue to invest in building leadership capability across the council[cxx]. Our 2022 peer review found strong, committed, engaged leadership in adult social care, and good management supervision and support. We are committed to increasing the diversity of our leaders and are developing a plan to develop work on the Workforce Race Equality Standard, described later in this section. We have started succession planning[cxxi]. We have strong political leadership with a highly experienced Cabinet Member for Health and Social Care Integration.

Our organisational values reflect how we work.
Our DRIVE values are the guiding principles and standards that staff being to their working life every day. These are: Deliver, respond, inspire, value and engage. Our 2021 Investors in People Gold report found a strong and clearly defined set of core values which underpin our vision and organisational culture, drive our ways of working across the local authority and are being 'lived and breathed' by people across the organisation. To move towards platinum, we are now working to create an environment where people feel genuinely confident about directly challenging colleagues who they believe are not demonstrating behaviours in line with the DRIVE values.

Effective governance enables good management, assurance, and openness.
Our governance structure puts our values in practice. Adult social care is part of the People and Resilience Directorate, covering adult social care, commissioning, children's social care, education and public health. The core component of our governance structure[cxxii] is our People and Resilience Management Group, chaired by our Director of Adult Social Service to ensure effective delivery of Care Act duties and the 2023 Corporate Plan[cxxiii]. The group is accountable to the Executive Board chaired by the Chief Executive. Operational Management Team[cxxiv] meetings govern adult social care and commissioning respectively, coming together frequently and reporting to the People and Resilience Management Group. Regular portfolio meetings take place between senior managers and our Cabinet Member for Health and Social Care Integration. The structure and culture of the organisation encourages learning and collaboration, not a culture of silo working.

The Adult Intake Team – the 'front door' for adult social care described in Section 2.1 - is part of the Community Solutions Directorate. We organised external reviews[cxxv],[cxxvi] on the impact of this structure and are now moving the adult social care functions back into the People and Resilience Directorate as part of a developing Multi-Agency Safeguarding Hub, so that there are clearer accountabilities and more effective governance. Section 2.1 also describes how we have moved from being an all-age disability service to a separate service for adults to ensure good levels of management capacity and oversight.

Comprehensive performance information is understood and acted on to improve care and support.
A dashboard with performance indicators, targets and information on outcomes and pathways is reviewed at quarterly Adult Social Care Performance and Assurance meetings, and at portfolio meetings with our Cabinet Member for Health and Social Care Integration. Information is monitored and action is taken as a result. For example, the number of adults with a learning disability in employment was identified as an area for improvement. A dedicated learning disability supported employment worker was recruited as a result and is now working to support more people into work. Partnership and

local authority information on safeguarding is collated and reported to the Performance and Quality Assurance sub-group of the Safeguarding Adults Board.

Our 2021 Investors in People Gold report found clear alignment between individual, team and organisational performance objectives and KPIs, supporting effective performance management at all levels.

We have developed our approach to articulating and managing risk at a service level.
Our Corporate Risk Register[cxxvii] articulates our key risks and our risk management approach[cxxviii]. Strengthening risk management and compliance is one of the principles articulated in our 2023 Corporate Plan. We have recently developed a departmental adult care and support risk register to articulate the core risks in adult social care and how these are being manged, and these are being overseen by our Adults Improvement Board. As described in Section 3.1, there is a robust approach to managing provider risks. Risk is well-managed at an individual level by staff working with people who need support.

Budget management supports adult social care to be sustainable.
There is a thorough oversight of budget activity to help ensure social care is sustainable. We focus on providing value-for-money in the broadest sense: For example, each contract with providers is required to outline what it contributes to the wider fabric of our community as part of our commitment to social value. The amount spent per person in receipt of adult social care in 2021-22 was slightly below the London average[cxxix] and our spend on short-term care has been considerably below the London average for the last two years[cxxx]: Short-term spend trends is partly due to recording issues, and partially reflective of not having a comprehensive reablement offer. The reablement offer is now being strengthened. No savings have been taken from adult social care over the last 12 months[cxxxi].

We have a stable, supported workforce and continue to prioritise this.
Good staff retention levels and good management support enable good quality support. Our 2022 peer review commented on our stable, committed workforce and good management supervision and support. Our 2021 Investors in People Gold report[cxxxii] found that staff feel well supported in their roles, that the council is genuinely committed to the welfare and ongoing development of its workforce, that the way in which people's skills are actively managed and developed allows individuals to realise their full potential and ensures the organisation retains and nurtures talent. Investors in People commented on the significant numbers of people who talked positively about the career development and progression opportunities at the council.

The diversity of our workforce – reflecting our communities – is our strength, and we are committed to improving the experience of staff from a Black, Asian or minority ethnic background and increasing the diversity of our leadership. We were one of seven local authorities across London to pilot the Workforce Race Equality Standard in 2020, and are developing a programme of work to continue to develop this. Our 2022 Anti-Racist Framework[cxxxiii] articulates our commitment to promoting equality for our workforce and residents.

We are committed to supporting carers and have a clear plan to put these commitments into place.
The Carers Charter 2022-25 describe health and social care commitments to support unpaid carers. The Charter is formed of 'I' statements that were co-produced with carers and stakeholders. An accompanying Carer Action Plan is being carried out, monitored by a Carer Strategy Group. Our 2022 peer review found excellent joint work with carers and carer providers on co-produced support.

One of the main objectives in the action plan is to promote the identification of hidden carers, following feedback and data from the last Census that 14,200 residents identify as carers. Health and social care have improved the identification of unpaid carers by promoting support services in GP surgeries. Staff training on identifying hidden carers was run across partnership organisations in 2022 and is running again in 2023. In 2022-23, this led to 579 new carers identified and recorded at GP practices and 406 new carers being identified via Carer of Barking and Dagenham.

Carers reported a better quality of life than the London average in a number of areas in the last Carer Survey (control over daily life, feeling safe and social contact) but there is still work to do in these and other areas through the Carer Action Plan. Recent feedback is that the availability of respite beds to

enable carers to have a break has reduced over the last year, impacted by an increase in the number of people going into a care home overall: Work is underway to develop the respite market in light of this.

5.2 Learning, improvement and innovation

There is an excellent learning culture in Barking and Dagenham.
Continuous learning is core to our organisational culture and enables continuous improvement. Robust staff training is reviewed every year[cxxxiv] and is based on the needs of our communities and best practice. Trauma-informed practice, no recourse to public funds and cultural competency are all part of the 2023-24 training offer. Our training budget for adult social care is £68,000 – higher than the £65,000 budget in 2021-22.

We invite external challenge and use this to improve what we do. We were the pilot site for a new model of London ADASS peer reviews in 2022. The review recommended the introduction of a new case file evaluation tool. We implemented this and now routinely use them to improve practice and inform things like staff learning and development. A second example is that in early 2023 – following the peer review – we organised for 65 safeguarding cases to be reviewed by an external evaluator in spring 2023. Actions to address common themes[cxxxv] are now being taken forward in an action plan and our Adult Improvement Plan. A third example is that in early 2023, we invited Partners in Care and Health to support us to identify good practice and areas for improvement in relation to safeguarding: Recommendations are being taken forward through our Adult Improvement Plan.

Section 4.1 describes learning with partners on safety. Section 3.2 describes the structure through which learning is carried out and shared with health partners, which continues to develop.

Our approach to learning is recognised by others. Our 2021 Investors in People Gold report commended our emphasis on collaboration and inter-team working to deliver excellent services and support continuous improvement, and our 2023 Partners in Care and Health work commented that we are a self-aware organisation.

We engage in sector-led improvement.
We are active in London and national ADASS work programmes, including in London ADASS Branch meetings. We shared learning back to the sector on peer reviews after being the pilot site in London for a new model. Our DASS will be leading a peer review over 2023-24. Our Principal Social Worker co-chairs the London PSW Network: Through this network we developed and now use a case file evaluation tool and continually share good practice. The ADASS roadmap is now informing future plans and Improvement Plan. Our work with neighbouring boroughs to drive improvement is described in Section 3.2.

A culture of innovation is encouraged and supported.
Our innovation is reflected in our care technology work, in our Community Hub model and in OneView work to enable a holistic view of a person who needs care and support (as describe in Section 2.2). Our 2021 Investors in People Gold commended the way in which the council embraces change and sees this as an opportunity to innovate and continuously move forward.

A current example on innovation is our 'New Town Culture' work to strengthen cultural and creative practice in adult social care. The work is focused around three themes: The voice of lived experience, professional curiosity and direct practice, and aims to develop practice over 2023-24 through continuing professional development and through research and evaluation – partnering with Goldsmiths, University of London.

Feedback from providers, the community and voluntary sector is that they are keen to innovate and reimagine care and support in partnership with us[cxxxvi]. We are continuing to progress work on this.

We gather and use insights to make positive changes and are continuing to develop this.
We use insights from research and best practice, benchmarking, risk, feedback, and information on performance and outcomes to inform our plans. Section 2.1 describes how insights and research on

direct payments led to improvements and a new Direct Payment Support Service. Section 2.2 and 4.1 describes how insights on people's experience of hospital discharge has led to communication improvements and new work to tackle social isolation. Section describes Section 3.1 describes how insights on homecare sector viability has led to work that has improved recruitment and retention in the sector. We have partnered with others to gather these insights (for example, with Care City and Rec Cross) and share learning and plans with others.

There is a clear vision for the local authority in the 2023 Corporate Plan. We are developing a single vision for adult social care over the next six months, co-produced with staff, people who need care and support and stakeholders.

We will improve how we gather, learn and act on people's feedback.
We gather feedback from people who use care and support through the surveys we send out to people who need care every year and from the carers every two years. We gather and view trends on complaints. Our Provider, Quality and Improvement team have volunteers who gain feedback from people who use direct payments and homecare via 20 spot-check phone calls a fortnight. We also routinely gather feedback from people on different types of support, including on care technology.

We are going to do more to systemically gather these insights together, analyse and act on them. We will start gathering and reporting compliments as well as complaints. We will implement new ways of gathering feedback more systematically on people's experiences of assessments, reviews, and safeguarding.

We will develop an approach to co-production in adult social care.
There are good examples of engagement and consultation across the service. Our Service Specifications are informed through engaging with the people impacted by them. Our recent extra care sheltered housing tender went through a large consultation process with residents and a resident was on the tender panel. Likewise, two direct payment users will be on the Direct Payment Support Service tender panel. We engage with groups around the borough, including with Healthwatch and with the Forward Together group supported by the Independent Living Agency , and have worked with Red Cross to engage with people on their experience of hospital discharge. We act on insights from engagement and consultation to improve what we do, as described in this section.

Work on the Carer Charter and Action Plan was co-produced with carers and stakeholders and is an example of good practice and we aim to replicate in other areas. Indeed, our 2022 peer review found good co-production in places and a commitment to strengthening this further.

Overall, we want to develop how we engage with people who need care and support and with carers. We are developing an Adult Social Care Co-production Plan to articulate this.

Document control

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[i] 2021 Census
[ii] 2021 Census: 26.1% aged 16 or under - the highest proportion in England and Wales
[iii] Indices of Deprivation (IMD), 2019
[iv] As of June 2023, there are an estimated 590 people seeking asylum in LBBD, 350 Homes for Ukraine refugees and an estimated 500 arrivals through other schemes. We support an average of 80 individuals subject to NRPF at any given time.
[v] 2021 Census
[vi] JSNA 2022
[vii] Adult Social Care Improvement Plan 2023 (draft)

[ix] Adult intake process map
[x] 2022-23 performance report
[xi] Practice Standards
[xii] 2022-23 staff training details
[xiii] Adults Strengths-based Practice Social Work Forum
[xiv] Practice Standards
[xv] 2022-23 performance report
[xvi] Forward Together views, June 2023
[xvii] 2022-23 Adult Training Numbers
[xviii] 2022-23 Adult Training Feedback Form responses
[xix] Advocacy levels (referrals minus those ineligible) for 2022-23
[xx] Spot-check spreadsheet 2022-23
[xxi] 2022-23 performance report
[xxii] 2022-23 performance report
[xxiii] Direct Payment Support Service Specification
[xxiv] 2022-23 adult social care complaint report (in development)
[xxv] London ADASS peer review, May 2022
[xxvi] Feedback from Forward Together, June 2023
[xxvii] Description of OneView
[xxviii] 2022-23 performance report
[xxix] SALT return: Social care activity
[xxx] Carer Survey results 2022
[xxxi] Current list of healthy lives activities in LBBD
[xxxii] 2021 Red Cross Patient Experience Interviews
[xxxiii] Care Technology Programme Update, May 2023
[xxxiv] To follow in July 2023
[xxxv] Adult Delivery Group terms of reference
[xxxvi] 2022-23 performance report
[xxxvii] 2023-25 Better Care Fund Plan
[xxxviii] Homecare tender and hospital discharge fund plans
[xxxix] 2022-23 performance report
[xl] 2023-25 Better Care Fund Plans
[xli] Progress against equality objectives, August 2021
[xlii] Service specification for extra care, service specification for all-age technology service
[xliii] 2022 Anti-Racist Framework
[xliv] Annual Director of Public Health Report, 2022
[xlv] Annual Director of Public Health Report, 2022
[xlvi] Ageing and Society journal, 2016
[xlvii] All-Age Care Technology Service Specification
[xlviii] Example: All-age care technology Cabinet papers
[xlix] Example: Extra-care service specification

[li] My local area (skillsforcare.org.uk)
[lii] Case file evaluation tools and results
[liii] PAMMS Provider Checklist & Criteria
[liv] Provider Q&I Team spot check spreadsheet 2022-23
[lv] Annual Director of Public Health Report, 2022
[lvi] All-Age Care Technology Service Specification
[lvii] ECSH Cabinet report 1 and Cabinet report 2
[lviii] All-Age Care Technology Service Specification
[lix] Direct payment support service procurement strategy and service specification
[lx] CES Cabinet report and Service Specification
[lxi] Investors in People report.
[lxii] 'The Standards for Employers of Social Work' standards / Social Work Health Check results, 2022
[lxiii] Tbc – our approach to having a workforce strategy – i.e. Social Care Action Plan, ADASS strategy, planned ICS strategy
[lxiv] Providing a viable domiciliary care sector in LBBD, Care City, 2021
[lxv] Health and Social Care Sector Action Plan 2021-24 and Care Sector Action Plan update, February 2023
[lxvi] Grey Matter Learning
[lxvii] Timewise Social Care pioneers report and Timewise Social Care Flexible Job Design training content
[lxviii] Personal Assistants and Direct Payments Research Report
[lxix] Skills for Care Adult Social Care Workforce Data Set, 2021-22
[lxx] Uplift Policy and Direct Payments Uplift Report to Executive Group (agreed option 2)
[lxxi] SAB Quality of Care report, June 2023
[lxxii] PAMMS Provider Report
[lxxiii] PAMM Provider Action Plan
[lxxiv] London ADASS peer review, 2022
[lxxv] SAB Quality of Care report, June 2023
[lxxvi] CQC ChaseView report, June 2023
[lxxvii] LG Inform, as of May 2023
[lxxviii] LG Inform, as of May 2023
[lxxix] As of July 2023, there were 5 long-term and 1 respite shared lives placements in the borough. The Grace Eyre Foundation is commissioned to run this.
[lxxx] Provider Q&I Team spot check spreadsheet 2022-23
[lxxxi] Terms of Reference for Health and Wellbeing Board / ICB sub-committee / committee-in-common
[lxxxii] Terms of Reference for Executive Group and Adult Delivery Group
[lxxxiii] Terms of Reference for LTC group and pro-active care group
[lxxxiv] Adult Social Care Improvement Plan 2023 (draft)
[lxxxv] 2023-25 Better Care Fund Plan
[lxxxvi] Nursing Associates information
[lxxxvii] 2023-25 Better Care Fund Plan
[lxxxviii] 2023-26 Community Safety Partnership Plan
[lxxxix] Sir Mark Rowley Letter briefing, June 2023
[xc] Complex Cases Terms of Reference
[xci] Domestic Abuse Commission
[xcii] Domestic Abuse Quick Guide for Practitioners
[xciii] Safeguarding case file evaluation findings, May 2023
[xciv] Specialist Transitions Panel ToR
[xcv] 2021 Red Cross Patient Experience Interviews
[xcvi] 2 leaflets: 'Hospital Discharge – Information about you & your care
[xcvii] Direct Payment Support Service Specification
[xcviii] Provider Failure Policy
[xcix] 2022-23 performance report
[c] Case file evaluation report, 2023
[ci] London ADASS 2022 peer review findings
[cii] Partners in Care and Health, informal cabinet report, 2023
[ciii] 2022-23 performance report
[civ] Partners in Care and Health, informal cabinet report 2023
[cv] Case file evaluation report, 2023
[cvi]London ADASS 2022 peer review findings
[cvii] Partners in Care and Health, informal cabinet report, 2023
[cviii] User Guide to Adult Safeguarding, Quick Guide to Adult Safeguarding, Safeguarding Practice Standards
[cix] Safeguarding case file evaluation findings, May 2023
[cx]London ADASS 2022 peer review findings
[cxi] Partners in Care and Health, informal cabinet report, 2023
[cxii] 2022-23 performance report
[cxiii] Case file evaluation report, June 2023
[cxiv] 2022-23 performance report
[cxv] Safeguarding information sharing agreements
[cxvi] 2022-23 performance report
[cxvii] 2022 London ADASS peer review
[cxviii] SAR action plans for 'Jack' and 'William' as of June 2023
[cxix] SAPAT summary, June 2023
[cxx] 2021 IIP Gold report
[cxxi] Succession planning report and papers, May 2023
[cxxii] Governance and accountability structure in adult social care
[cxxiii] PRMG Terms of Reference
[cxxiv] OMT Terms of Reference
[cxxv] LGA peer review 2021, and Partners in Care and Health insights 2023
[cxxvi] 2022 London ADASS peer review
[cxxvii] Corporate Risk Register
[cxxviii] Risk Management Approach
[cxxix] LG Inform, 2021-22
[cxxx] LG Inform, 2021-22
[cxxxi] Last MTFS Cabinet report
[cxxxii] 2021 IIP Gold report
[cxxxiii] 2022 Anti-Racist Framework
[cxxxiv] 2023-24 staff training calendar
[cxxxv] Safeguarding case file evaluation findings, May 2023
[cxxxvi] Evidence pack – Provider Focus Group and B&D Collective meeting notes, 17 July 2023