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# Decisions of the Adults and Health Overview and Scrutiny Sub-Committee

26 October 2023

Members Present:-

AGENDA ITEM 2

Councillor Philip Cohen (Chair)  
Councillor Caroline Stock (Vice-Chair)

Councillor Richard Barnes  
Councillor Alison Cornelius  
Councillor Ella Rose

Councillor Gill Sargeant  
Councillor Lucy Wakeley  
Councillor Woodcock-Velleman  
(Substitute for Councillor Rishikesh  
Chakraborty)

Apologies for Absence

Councillor  
Rishikesh Chakraborty

## 1. MINUTES OF THE PREVIOUS MEETING

It was RESOLVED that the minutes of the meeting held on 28 June 2023 were approved as an accurate record.

## 2. ABSENCE OF MEMBERS

Apologies were received from Cllr Chakraborty, who was substituted by Cllr Woodcock-Velleman.

## 3. DECLARATION OF MEMBERS' PECUNIARY INTERESTS AND OTHER INTERESTS

Cllr Cornelius declared an interest in relation to Items 8 and 9 by virtue of the fact that she is Vice Chair of the Eleanor Palmer Trust (appointed by the Eleanor Palmer Trust Board).

Cllr Barnes declared an interest in relation to items 8 and 9 by virtue of the fact that he is a council-appointed Trustee of the Eleanor Palmer Trust.

Cllr Cohen declared an interest in relation to Items 8 and 9 by virtue of the fact that he is a Trustee of the Valentine Poole Charity.

Cllr Sargeant declared an interest in relation to Item 7 by virtue of the fact that she is a Trustee of the Colindale Community Trust in Grahame Park.

#### **4. REPORT OF THE MONITORING OFFICER**

None.

#### **5. PUBLIC QUESTIONS AND COMMENTS (IF ANY)**

None.

#### **6. MEMBERS' ITEMS**

None.

#### **7. EMERGING MODEL FOR INTEGRATED HEALTH AND CARE**

The Chair introduced Mr Dan Heller, Neighbourhood Programme Lead, North Central London Integrated Care Board (NCL ICB) to speak to his slides which were published with the agenda.

Mr Heller reported that the decision to develop a Neighbourhood Programme with dedicated resources was made by the Barnet Borough Partnership Executive Board in October 2022.

Mr Heller noted that he was appointed to his role in March 2023, and works in partnership with colleagues from Barnet Council, Barnet, Enfield and Haringey Mental Health Trust, Central London Community Healthcare NHS Trust, Primary Care colleagues, the voluntary sector and others. In February 2023 a neighbourhood workshop event had been held including 80 system leaders from settings across the Borough to hear about the excellent work going on at the local level.

It was agreed to use a pragmatic approach by following the infrastructure of the Primary Care Networks (PCN) for neighbourhood working, as well as a hyperlocal approach to developing initiatives to address health and wellbeing challenges in an area. In addition non-geographically bound projects were being undertaken to identify local health challenges and bring together colleagues to address these.

In October 2023 a second workshop was held with clinical directors from all seven PCNs to take the ideas further into the planning stage. A small funding pot has been made available from the ICB to use for pilots to test out initiatives within PCNs. One of the conditions of being granted funding is that the work is in partnership with another organisation. Several PCNs are currently putting pilots together in Barnet.

Mr Heller noted that Grahame Park is the test site for the hyperlocal approach, in partnership with the Grahame Park Strategic Group. He added that he is working with Rachel Wells (Barnet Public Health) and he is also Co-chair of Grahame Park Estate Adults, Health and Wellbeing Working Group to lead this initiative. The group will review what is already available for residents, consider the health challenges and possible solutions. Housing comes up as a big issue in the area and a meeting has been set up between housing and health colleagues to talk at a strategic level on this. Mental health is also a big theme, as is communication. There are many interventions available for Grahame Park residents but language barriers and digital exclusion often prevent residents from access. Effective communication can help to solve this.

The Chair asked what the main difference is with this approach, to other models of care and what the implications for Barnet council might be. Mr Heller responded that the joint working between Primary Care and the voluntary sector is largely new, as is the opportunity to receive funding, and the funding models that will make the work sustainable. The current work from NCL ICB around Long Term Conditions, which is locally commissioned, is the first time Primary Care has been required to provide funding initiatives in the voluntary sector and this is potentially transformative. The Executive Director, Communities, Adults and Health added that trials on bringing healthcare out of hospitals and into the community have had varying degrees of success – this has been driven by the Fuller Stocktake on Primary Care and some aspects of this are well embedded in Barnet for the first time, such as the Ageing Well Multidisciplinary Team across the Borough. Patients meet with Consultants in Geriatric Medicine, Specialist Frailty Nurses, Dementia Nurses, Social Prescribers and others to consider a resident with complex needs or their carer, and then put plans in place. The new structure also provides an opportunity to ensure that across the Borough different organisations receive a more rapid and community-specific response. For example this is happening with the Colindale Communities Trust in Grahame Park, with a weekly onsite service. It also provides an opportunity to address prevention earlier on and deal with issues such as social isolation, housing and finding work. The approach offers many opportunities across a range of council services.

Cllr Rose enquired what plans are in place given that the funding is non-recurrent and given the pressure on the council's budget. Mr Heller responded that one of the questions asked when expressions of interest are invited, is around other pots of funding that the proposed work will be linked to, as part of trying to ensure sustainability. The Executive Director, Communities, Adults and Health noted that there is no dedicated funding through NHS commissioning and no additional funding for services at a neighbourhood level, but the initiatives detailed on the slides continue to be funded. She added that there is a potential for this work to identify more need for social care and increase demand, but also it could prevent more complex conditions developing due to earlier intervention.

Cllr Sargeant asked whether some of the co-located services will be in the new health centre on Aerodrome Road. Mr Heller responded that some of them will be there (the Integrated Hub). There will also be services in the community such as health and wellbeing drop-in for parents in a school, and other places where a relationship of trust has already been built with residents.

Mr Heller noted that the pilots will start in early 2024, with up to one year to carry them out. The learning from the Grahame Park pilot would help to inform the next projects in other wards where needed. He noted that the Grahame Park Adults Health and Wellbeing Group and the Strategic Group will take some time to undertake the project – at their meeting the following week they will discuss housing and health and support for tenants, as well as information sharing with health providers.

Cllr Stock enquired about isolated residents and how these would be reached, particularly some who may not speak English and that services may not be aware of. Mr Heller responded that the several PCNs have highlighted housebound and frail residents who live alone as a priority. Pilots may be proposed around these, and the Neighbourhoods Programme works alongside other council programmes such as Ageing Well. The Executive Director, Communities, Adults and Health noted that GPs usually know which patients are housebound and the council is aware of many from the childhood vaccination programme. This could be an opportunity to connect people with

others. Mr Heller added that the social prescribers in Barnet have an excellent data capture system to record the learning from their interventions to feed back to GPs. Also he noted that there are organisations in Grahame Park that do lot of translation already and one of the benefits of connecting those organisations with Primary Care is that you enhance the opportunity to include those residents who may be isolated.

The Chair asked how housing-related health problems were being tackled. Mr Heller noted that this is at an early stage with getting to know new tenants through visits, with health colleagues involved in the process. Also one of the suggestions for a co-location project for Grahame Park is a space where the housing team and the Mental Health Trust can come together for a drop-in session. Also social prescribers are speaking to residents and sharing information about damp and mould.

The Director for Public Health noted that one of the challenges is getting engagement from residents who are suffering mental ill health and for example substance abuse, but it is positive to have involvement from Primary Care. The Integrated Hub in Colindale will be a positive step.

Mr Heller agreed to report back to the Committee when some of the pilots have been up and running.

**Action: Scrutiny Officer**

**RESOLVED that the Committee noted the Neighbourhood Model Programme in Barnet.**

## **8. ADULT SOCIAL CARE ANNUAL COMPLAINTS REPORT 2022-23**

The Executive Director, Communities, Adults and Health reported that councils have a statutory requirement to operate an adult social care complaints procedure and to produce an annual report on that procedure. The Head of intelligence, Business and Systems, LBB joined the meeting via the Teams link.

Cllr Cornelius enquired how the complaints about staff employed by care providers and the council and their communication would be rectified, and which department in the council the complaints are about. The Executive Director, Communities, Adults and Health responded that the staff are within the adult social care part of the Communities, Adults and Health Directorate, and could be occupational therapists, social workers, or financial assessment officers. Where a complaint about a provider is sent to the council the provider is asked to investigate, and the council will take further action if the outcome isn't satisfactory. It is expected that the care provider carries out any additional training required.

The complaint could be about a care provider going to someone's home or in a care home. One of the themes of complaints for home care is people not arriving on time and not following the agreed care plan. These don't include safeguarding concerns, which may be received as a complaint but are dealt with under a safeguarding process which is separate to the complaints process.

Cllr Cornelius enquired why more cases were upheld this year and what is being done to change this. The Executive Director, Communities, Adults and Health responded that there have been some changes to the team, to funding for care for people leaving



hospital, and there have been concerns about difficulties in getting continuing healthcare funding. The national funding regime for social care has changed and there is no longer a free year of care as there was previously. She added that every complaint is investigated thoroughly and carefully and there is no single trend in the type of complaints received. The team is committed to learning from complaints.

Cllr Wakeley asked whether there are reasons why complaints are withdrawn, and whether the investigation stops in if a complaint is withdrawn. The Head of Intelligence noted that sometimes complaints are quickly resolved and so are withdrawn.

Cllr Sargeant asked whether there is general awareness that people have to fund their own social care. The Executive Director reported that information is provided at first contact with residents, verbally and with leaflets. She agreed that the general public think that social care is free like the NHS.

The Chair noted that some of the complaints are following discharge from hospital. He asked whether the post-discharge reviews should improve this, how would they work and whether this is a long-term plan. The Executive Director responded that she hoped it would help. Barnet has had the highest level of social care hospital discharges and the highest level of discharges into rehabilitation beds in London, consistently since 2019. It is important to ensure patients go home with support and have a review of their needs so that they don't lose functioning.

A Member noted that there is an overrepresentation of complaints from white people and enquired whether enough is being done to show how people can make compliments and complaints particularly in underrepresented groups. The Executive Director noted that the complaints procedure is promoted to residents but more can be done. Recently the team has begun real-time feedback surveys as people go through care and support planning, which provides another opportunity for complaints and compliments.

**RESOLVED that the Committee noted and approved the Annual Complaints Report 2022-2023.**

## **9. QUARTER 1 2023/24 ADULT SOCIAL CARE REPORT**

The Executive Director, Communities, Adults and Health presented the performance report.

The Chair asked what key issues the new contract will deal with. The Executive Director reported that Medi quip, NRS and Millbrook are the equipment providers. Barnet had a contract with Millbrook which signalled its intention to move out of London. Barnet plans to transition to the London Consortium Contract which has recently been taken over by NRS and provides health and social care equipment to over 20 London Boroughs and is funded by the ICB.

Cllr Stock asked whether families are contacted about deceased relatives' equipment so that this can be recycled, as there is a need for equipment. Beds in particular are sought after. The Executive Director reported that efficiency of recycling equipment is one of the contract performance measures but currently it doesn't always work well. The council is keen to recycle equipment as much as possible whilst remaining aware of the sensitivities involved. A Member asked whether providers are required to report on

recycling rates. The Head of Intelligence, Business and Systems noted that this could be included with future reports.

**Action: Head of Intelligence, Business and Systems**

Cllr Woodcock-Velleman noted the positive direction and asked what is being sought in the tendering process to continue to see improvements. The Executive Director responded that they look for good value for money and ongoing improvements, that all staff are properly trained in enablement and can work with occupational therapists. The team also looks for areas of innovation that are introduced via the tendering process and is looking for quality, innovation and value for money.

The Chair thanked the Head of Intelligence for the engagement with residents and feedback that he has managed to receive from them.

**RESOLVED that the Committee noted and reviewed the progress, performance and risk information 2022/23.**

## **10. TASK AND FINISH GROUPS UPDATE**

The Chair invited Cllr Stock to provide an update on the Primary Care (GP) Access Task and Finish Group. Cllr Stock thanked the Scrutiny Officer for the written summary provided to her including notes from several GP Practice site visits. She invited Cllrs Sargeant and Barnes, Members of the Group, to contribute.

Cllr Stock noted that the ICB is aware of the difficulties residents are experiencing in accessing GPs and are introducing initiatives that will improve access in the future. Evidence the group has gathered has shown that the public needs to be made more aware that there is a much larger demand now on GPs and appointments than historically and given that the population is getting older and many have complex medical conditions this is adding to the pressure on Primary Care. In addition GPs are getting older and many are retiring early, partly due to the heavy workload.

One of the Group's recommendations will be that the ICB and council communicate with patients on the above, and inform them that there are Allied Health Professionals available, where it is not essential that they see a GP, such as musculoskeletal practitioners, nurse consultants and social prescribers who can offer longer appointments and often more appropriate treatment. Cllr Stock added that the Group wants to learn from best practice and also to improve communication on modern Primary Care and the best way for residents to access it, which in current situation and into the future will not include as many face-to-face GP appointments. One of the most frustrating issues for residents is the phone system but this should be improved by the ICB by early 2024 in all 48 Barnet GP Practices as part of the National Access Improvement Plan. As part of this residents need to be reminded of the enhanced appointments at the weekend and evenings and how to access these.

Another recommendation by the Group is likely to be around ensuring fair funding for Barnet compared to other NCL Boroughs. Given the large number of care homes in Barnet, far greater than many other Boroughs, the Group has discussed the potential to appoint geriatricians to help support Primary Care.

Cllr Stock noted that the Head of Governance had advised that the Group could spend a few weeks longer than the allocated time if essential to ensure that they have sufficient information to get a good result.

A Member noted that many residents mention new developments such as in Whetstone, and whether sufficient spaces to register for GPs will be available in the future given the increase in population. Cllr Stock responded that the Group is trying to learn from good practice and will mention concerns about new estates and regeneration in its report, as there are areas where people are very concerned that they cannot register with a GP. Given that some GPs are due to retire it is even harder to predict availability. Cllr Stock noted that the scope for the Group needs to be limited, but at the least it will be communicating with residents to ensure that they know how to access Primary Care.

A Member noted that Dr Nick Dattani had provided information on the number of full-time GPs but many Practices had part-time GPs, and many had almost no full-time GPs. This made continuity for patients even more difficult. The Member stated that a new development, Millbrook Park, would have no additional GPs as the advice from the health authority had been that there were sufficient in the surrounding area. It is often found that on the ground the experience for residents differed to the figures provided.

Cllr Sargeant added that the Group would not be able to revolutionise the system but could recommend practical, simple steps for improvement. She noted that the meetings had been very productive.

**RESOLVED that the Committee noted the Task and Finish Group update.**

## **11. NORTH CENTRAL LONDON JHOSC**

The minutes of the meeting of the JHOSC held on 26<sup>th</sup> June were noted. The Chair asked the Committee to inform him or Cllr Stock of any topics they would like to be raised at the JHOSC.

Cllr Cornelius noted that the last meeting was not quorate as LB Camden and LB Barnet had had not representation. She asked whether Cllrs Cohen and Chakraborty would be at the next meeting. Cllr Cohen responded that he would attend the next meeting but there had been problems getting agreed dates for this. If Cllr Chakraborty cannot attend he will ask Cllr Stock whether she can attend. Cllr Cornelius noted that Cllr Stock would not be able to vote as she is not a member of the JHOSC but previously the Chair and Vice Chair had been members on JHOSC.

The Overview and Scrutiny Manager noted that any changes to the JHOSC membership would need to go to the Constitutional Working Group and be agreed by Council. The Chair noted that he and Cllr Chakraborty try to attend as often as possible but may occasionally miss a JHOSC meeting. He was keen to involve Cllr Stock as the discussions at the meetings are important.

**RESOLVED that the Committee noted the minutes of the JHOSC.**

## **12. FORWARD WORK PROGRAMMES: ADULTS & HEALTH OSC AND HEALTH AND WELLBEING BOARD**

The Scrutiny Officer noted an amendment to the published Forward Work Programme: the Screening Programme update would be moved to May 2024 from January 2024.

Cllr Cornelius enquired about the increase in the London Living Wage to £13.15 which would affect care homes in Barnet. She requested a piece of work on rates paid by the council to care homes - whether this is a flat rate and whether care homes receive the same rate. Given that the council is a major part of adult social care funding provision how is it going to pay more to care homes.

The Executive Director, Communities Adults and Health responded that the team could report to the Committee on its approach to fees and care homes. Care homes are not paid the same rate by the council. A minimum sustainable price is offset and the council will not pay below this, but will go above it. Barnet was one of the first councils to have this policy. The price is set using data from care providers, and is set together with the four other north central London Boroughs. An independent analyst sets the minimum sustainable prices depending on the type of care. The analytical model assumes that everyone in the care home is funded by the local authority and includes a modest amount for profit (approximately 5%), and is based on costs evidence from providers. The Executive Director agreed to bring details about the commissioning approach to a future meeting. Cllr Sargeant requested that this includes the issue of difficulties finding placements for nursing care due to recruitment and retention problems in Barnet. The item would be added to the meeting on 6 March 2024.

**Action: Scrutiny Officer/Executive Director, Communities, Adults and Health**

**RESOLVED that the Forward Plans and amendments were approved.**

**13. CABINET FORWARD PLAN (KEY DECISION SCHEDULE)**

The Committee received the Cabinet Forward Plan.

**RESOLVED that the Committee noted the Cabinet Forward Plan.**

**14. ANY ITEM(S) THAT THE CHAIR DECIDES ARE URGENT**

The Chair noted that a statement had been sent to the Committee from the Barnet, Enfield and Haringey (BEH) Mental Health Trust prior to the meeting on Chase Farm Hospital and a recent finding of rack concrete within one of its buildings. Reassurance had been given by the Trust that the building is safe. The Chair/Scrutiny Officer would write to thank the Trust for the statement and to request to be kept informed of any further news on the building.

**Action: Scrutiny Officer**

The meeting finished at 8.44 pm

## Adults & Health Overview and Scrutiny Sub-Committee Actions Log

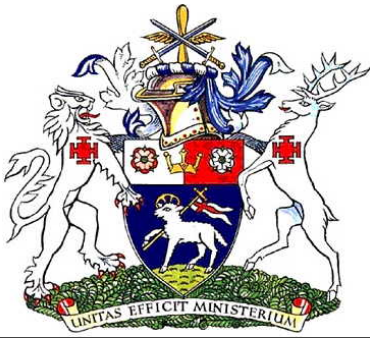
2023-24

Meeting Date/Reference	Action	Assigned to	Due Date/Completed	Response
28.06.23	Forward information to the committee on Barnet's 'Dementia Friendly' accreditation	Assistant Director Public Health	Completed	Senior Public Health Strategist emailed the committee on 03.07.2023.
28.06.23	Community equipment recycling (both adult social care and NHS) to be added to the A&HOSC Forward Plan	Principal Scrutiny Officer	Completed	Added to the 'to be allocated' section of the Forward Plan.
28.06.23	Add progress reports on Task and Finish Groups relating to A&H to the Forward Plan	Principal Scrutiny Officer	Completed	Added as a standing item to the Forward Plan for each meeting
28.06.23	Circulate Health and Wellbeing Board Forward Plan with each A&HOSC agenda	Principal Scrutiny Officer	Completed	Added as a standing item to the Forward Plan for each meeting
28.06.23	Add forecast of where people are due to be moving into Barnet/new major developments to the Primacy Care Access Task and Finish Group Scope	Principal Scrutiny Officer	Completed	Added to the scope ahead of T&F meeting 19.10.23.
28.06.23	Seek additional Conservative Group Member for Discharge to Assess Task and Finish Group	Principal Scrutiny Officer/ Conservative Political Assistant	Due Jan 2024	Ongoing due by Jan 2024 ahead of the Discharge to Assess Task and Finish Group
28.06.23	Initiative process to appoint an advisor with lived experienced to the Sub-Committee	Principal Scrutiny Officer/Executive Director, Communities, Adults and Health	Completed	Officers have carried out an open recruitment process including an engagement event. Two advisors (Health and Adult Social Care) have been appointed.

## Adults & Health Overview and Scrutiny Sub-Committee Actions Log

2023-24

26.10.23	Add Neighbourhood Model pilots to A&HOSC Forward Plan	Principal Scrutiny Officer	Completed	Added to the 'to be allocated' section of the Forward Plan.
26.10.23	Write to Barnet, Enfield and Haringey Mental Health Trust to thank them for the update on RAAC concrete at Chase Farm Hospital and ask for updates in the future if there are further news.	Principal Scrutiny Officer	Completed	Email sent to BEH Mental Health Trust on 15.01.24.
26.10.23	Commissioning for care homes to be added to the agenda of AHOSC, 6 <sup>th</sup> March 2024	Principal Scrutiny Officer	Completed	Added to the 'to be allocated' section of the Forward Plan.
26.10.23	Recycling rates for equipment to be included in future reports on adult social care performance	Head of Intelligence, Business and Systems	March 2024	To be added to future Adults Social Care updates



## Adults and Health Overview and Scrutiny Sub-Committee Meeting

<b>Title</b>	<b>Report on Immunisation Programmes Delivery in London Borough of Barnet</b>
<b>Date of meeting</b>	24 <sup>th</sup> January 2024
<b>Report of</b>	Dr Janet Djomba, Deputy Director of Public Health <a href="mailto:janet.djomba@barnet.gov.uk">janet.djomba@barnet.gov.uk</a>
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Appendices</b>	Appendix A – Immunisation Programmes in London Borough of Barnet- full paper
<b>Officer Contact Details</b>	Bhavita Vishram, Public Health Strategist, <a href="mailto:bhavita.vishram@barnet.gov.uk">bhavita.vishram@barnet.gov.uk</a>  Dr Janet Djomba, Deputy Director of Public Health, <a href="mailto:janet.djomba@barnet.gov.uk">janet.djomba@barnet.gov.uk</a>

### Summary

This report outlines the delivery of immunisation programmes in Barnet. It provides information on:

- Uptake of vaccines across different population groups
- Roles and responsibilities of partners: Barnet Public Health, NCL ICB and NHSE
- Activities that partners are undertaking to improve immunisation uptake

Whilst immunisation uptake in Barnet is generally higher than in neighbouring boroughs, it is not sufficient to provide herd immunity from vaccine-preventable diseases. We have implemented several targeted interventions over the last years which have resulted in a positive trend. However, there are still challenges remaining, including reaching out to communities that are harder to engage with, and access to certain data.

## Recommendations

1. That the Committee note the report
2. That the Committee provide feedback to the report

### 1. Reasons for the Recommendations

#### INTRODUCTION

- 1.1 There has been no update on immunisation in Barnet since the Adults and Health Overview and Scrutiny Sub-Committee has been established. For the first presentation we decided to provide a comprehensive overview of the immunisation programmes and the partners who are commissioning and delivering them. **The full report is added as Appendix A.**
- 1.2 Section 7a vaccination programmes are population-based, publicly funded immunisation programmes that cover the life course and include:
- Routine childhood vaccination programme for 0-5 years,
  - School-age (young person) vaccinations,
  - Adult vaccinations (including in pregnancy and older age),
  - Seasonal COVID-19/flu vaccination programme

#### ROLES AND RESPONSIBILITIES

- 1.3 The Department of Health and Social Care (DHSC) provides national strategic oversight of vaccination policy in England.
- 1.4 NHSE is responsible for commissioning national vaccination programmes in England under the terms of the Section 7a agreement.
- 1.5 The UK Health Security Agency (UKHSA) undertakes surveillance of vaccine-preventable diseases and leads the response to outbreaks of vaccine-preventable diseases.
- 1.6 ICBs provide opportunities for improved partnership working across NHSE (London), local authorities, voluntary and community sector partners to improve vaccination uptake and reach underserved areas and populations.
- 1.7 Local authority Public Health delivers population health initiatives including improving access to health and engagement and promotion of vaccinations overall.

#### IMMUNISATION UPTAKE IN BARNET

- 1.8 For almost all childhood immunisations Barnet coverage exceeds NCL average with immunisation uptake rates ranging from 80% to 90% which is similar to the overall London Region take up of immunisations.
- 1.9 The Barnet school aged vaccination programmes have lower uptake rates compared to NCL and London.
- 1.10 Barnet has the highest uptake of COVID autumn booster within NCL , with highest rates among care home residents and people aged over 65 years.



1.11 Data collection, especially on childhood and school aged immunisation, is complex and is presenting one of the challenges to delivering immunisation programmes.

1.12 A strong focus for Barnet, NCL and London is to increase childhood vaccination coverage overall to pre-pandemic levels and to identify the communities which are persistently missed from vaccination and other health services. A particular risk in 2023 is the sub-optimal childhood MMR1 and 2 coverage (below 95%) which increases the risk of preventable measles outbreaks. To reduce the risk of poliovirus transmission, focus also remains on identifying and supporting underserved communities of Barnet and London.

## **2. Alternative Options Considered and Not Recommended**

2.1 The committee doesn't provide feedback. We don't recommend this option as we believe that the Adults and Health Overview and Scrutiny Committee can provide feedback and steer which will support and improve delivery of immunisation programmes

## **3. Post Decision Implementation**

3.1 We will consider the committee's feedback and implement as appropriate. We will continue delivering immunisation programmes in collaboration with our partner organisations.

3.2 We will provide an update on the delivery of immunisation programmes as per committee's advice.

## **4. Corporate Priorities, Performance and Other Considerations**

### **Corporate Plan**

4.1 The delivery of immunisation programmes is contributing towards the area "Caring for People" of Barnet's corporate plan. Specifically, it's supporting following outcomes:

- Tackling inequalities
- Family friendly
- Living well

Whilst immunisation uptake isn't included in outcome measures, the indirect impact is important.

### **Corporate Performance / Outcome Measures**

4.2 Uptake of MMR and flu vaccine are outcome measures of the Joint Health and Wellbeing Strategy and included on the in the Public Health Dashboard which provides intelligence for strategic decision making. Data on immunisation uptake is also collected and reported regionally (NCL ICB) and nationally.

### **Sustainability**

4.3 Not applicable.

### **Corporate Parenting**

Where looked after children and care leavers are within eligible groups for vaccinations, we work with our partners to prevent inequalities in access to vaccination programmes.

### **Risk Management**

- 4.4 A risk related to immunisation is included in the Public Health Directorate risk register as “Influencing NHS England about immunisations services”
- a) Immunisation services are commissioned by NHS England and therefore there is a risk of failing to influence NHS England to improve local services. This could lead in low vaccine uptake and could result in potential outbreaks of childhood infectious diseases.
  - b) The inherent risk is rated as medium high and the residual risk is currently medium low.
  - c) Control and mitigation measures include:
    - Barnet Flu and Immunisation forum meetings are held quarterly to monitor and support childhood immunisation and flu uptake,
    - Liaising with CCG/CLCH/ council services on specific areas, such as complex settings,
    - Updating the Childhood Immunisation Action Plan,
    - IPC Childhood immunisation inequalities monthly task and finish group is in place.

### **Insight**

Data on immunisation uptake is collected and published on regional and national level. High level data is available for local authorities via specific platforms. For detailed local data that cannot be obtained from those sources, we are liaising with NCL ICB and NHSE. Details about immunisation data are presented in the Appendix (Chapter Data on immunisation uptake).

### **Social Value**

- 4.5 Barnet Public Health doesn't commission services or provider to deliver immunisation programmes.

## **5. Resource Implications (Finance and Value for Money, Procurement, Staffing, IT and Property)**

- 5.1 Supporting immunisation programmes is included in Public Health work plan, therefore resources (staff and finance) are included in the Public Health Directorate financial and business planning. External funding has been available and used for specific, time limited projects.

## **6. Legal Implications and Constitution References**

- 6.1 Health protection, which includes supporting immunisation programmes, is a statutory duty for Local Authority Public Health teams:
- The Director of public health (DPH) is responsible for all of the local authority's duties to take steps to improve public health.
  - The DPH is responsible for exercising the local authority's functions in planning for, and responding to, emergencies that present a risk to public health.

This is published under section 73A(7) of the National Health Service Act (the 2006 Act) as guidance to which local authorities must have regard, and is included in the Council Constitution.

6.2 Scrutiny of public health functions is one of the responsibilities of Adults and Health Overview and Scrutiny Sub-Committee. This is outlined in Part 2B of the Council's Constitution: [COMMITTEES \(modern.gov.co.uk\)](http://modern.gov.co.uk).

## **7. Consultation**

7.1 The report has been prepared jointly with partners. No consultation has taken place.

## **8. Equalities and Diversity**

8.1 Considering and protecting equalities and diversity is at the heart of delivering immunisation programmes. We are using evidence, expertise and intelligence to address any inequalities and ensure we reach all eligible population groups.

## **9. Background Papers**

9.1 National Health Service Act 2006 [National Health Service Act 2006 \(legislation.gov.uk\)](http://legislation.gov.uk)

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Classification: Official

# Immunisation Programmes in London Borough of Barnet

**Prepared by:**

**Barnet Council Public Health Directorate**

**NHSE (London) Immunisation Commissioning Team,**

**North Central London Integrated Care Board**

**UK Health Security Agency, NECL Health Protection Team**

**Presented to:**

**Barnet Adult Health and Overview Scrutiny Sub-Committee,**

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## Aim of the report

Members of the Barnet Health Scrutiny Committee are asked to note and support the work that system partners across London, including NHSE London, the Local Authority (LA), and the Integrated Care Board (ICB) are doing to increase vaccination uptake in Barnet.

This paper provides an overview of [Section 7a](#) vaccination programmes in the London Borough of Barnet. It includes vaccine uptake and an account of what NHS England (NHSE) London region and system partners are doing to improve vaccine uptake across the different target groups.

## Background

The World Health Organisation (WHO) states that vaccinations are one of the public health interventions that have had the greatest impact on the world's health. Vaccination is also one of the most cost-effective public health interventions. High immunisation rates are key to preventing the spread of infectious disease, protecting from complications and deaths. Childhood immunisation in particular helps to prevent disease and promote child health from infancy, creating opportunities for children to thrive and get the best start in life.

Section 7a vaccination programmes are population-based, publicly funded immunisation programmes that cover the life course and include:

- Routine childhood vaccination programme for 0-5 years
- School-age (young person) vaccinations
- Adult vaccinations (including in pregnancy and older age)
- Seasonal COVID-19/flu vaccination programme

The full immunisation schedule can be found in the [Green Book](#) and as a summary table [here](#). Changes to this schedule are regularly reviewed and recommendations are made at the UK Joint Committee on Vaccination and Immunisation (JCVI).

The European region of the WHO currently recommends at least 95% of children are immunised against diseases preventable by vaccination and targeted for elimination or control, specifically, diphtheria, neonatal tetanus, pertussis, polio, Haemophilus influenzae type b (Hib), hepatitis B, measles, mumps, and congenital rubella.

There is an expectation that UK coverage rates of all routine childhood vaccinations up to 5 years of age achieve 95%.

## Roles and responsibilities

**The Department of Health and Social Care (DHSC)** provides national strategic oversight of vaccination policy in England, with advice from the independent JCVI and the Commission on Human Medicines. They also set performance targets.

**NHSE** is responsible for commissioning national vaccination programmes in England under the terms of the Section 7a agreement, National Health Service Act 2006. NHSE is accountable for ensuring that local providers of services deliver against the national service specifications and meet agreed population uptake and coverage levels. NHSE is also responsible for monitoring providers' performance and for supporting providers in delivering improvements in quality and changes in the programmes when required. A summary table of NHSE responsibilities can be found at appendix 2.

**The UK Health Security Agency (UKHSA)** undertakes surveillance of vaccine-preventable diseases and leads the response to outbreaks of vaccine-preventable diseases. They provide expert advice to NHSE immunisation teams in cases of vaccination incidents.

**Integrated Care Systems (ICSs)** have a duty of quality improvement, and this extends to primary medical care services. ICBs provide opportunities for improved partnership working across NHSE (London), local authorities, voluntary and community sector partners to improve vaccination uptake and reach underserved areas and populations. NHSE (London), alongside ICBs, local authorities and others, are working to progress delegated commissioning for vaccination and screening.

**Local Authority Public Health** delivers population health initiatives including improving access to health and engagement and promotion of vaccinations overall. Barnet Public Health is chairing the Barnet Health Protection Forum which has the role of overseeing immunisation delivery and monitoring communicable diseases.

[Section 73A\(1\) of the 2006 Act](#) gives the Directors of Public Health, amongst other, responsibility for:

- all of their local authority's duties to take steps to improve the health of the people in its area,
- any of the SoS's health protection or health improvement functions delegated to local authorities, either by arrangement or under regulations. These include services mandated by regulations made under section 6C of the 2006 Act, and functions exercised in pursuance of joint working and delegation arrangements, or other prescribed arrangements, made with another body by virtue of sections 65Z5 or 75 of the 2006 Act,
- exercising their local authority's functions in planning for, and responding to, emergencies that present a risk to the public's health.



## **Commissioning of vaccination programmes**

Pre-school and adult vaccinations are usually delivered by GP surgeries. They are commissioned through the NHS GP contract. Five core GP contractual standards have been introduced to underpin the delivery of vaccination services: a named lead, provision of sufficient convenient appointments, standards for call/recall programmes and opportunistic vaccination offers, participation in nationally agreed catch-up campaigns, and standards for record-keeping and reporting. One of the five Quality and Outcomes Framework (QOF) domains is childhood vaccinations and shingles vaccination, rewarding GP practices for good practice.

School-age vaccinations are commissioned by the seven regional NHSE teams and delivered through school age immunisation services (SAIS).

Vaccinations are also provided by maternity services, some outreach services, and community pharmacies.

## **Inclusion and Equity**

The challenge is not just overall immunisation coverage but the variation in coverage across groups, which can increase the likelihood of preventable outbreaks locally. Groups with lower coverage include migrants, urban communities, more deprived communities, and certain ethnic groups.

People migrating to the UK may originate from countries that have different vaccination schedules or lower vaccination rates overall. Individuals may also have missed vaccinations in the country of origin or missed opportunities for vaccination after arrival to the UK.

National vaccine coverage varies geographically, with lower coverage in urban areas and London, compared to England as a whole.

At a national level, there are inequalities by socioeconomic status, with coverage being slightly lower in lower socio-economic groups.

For routine childhood vaccinations, there is no simple relationship between ethnicity and coverage. The relationship varies by immunisation programme and by area. However, coverage in certain ethnic groups does appear to be lower than in white-British children, for example, black Caribbean, Somali, white Irish, and white Polish populations. Some ethnic groups, notably South Asian ethnicities, have broadly similar and sometimes higher vaccination coverage than white children. For MMR (measles, mumps and rubella) these relationships are less consistent, in that coverage in children of white ethnicity could be lower or the same as other non-white groups, thought to perhaps reflect differences with respect to awareness of the MMR controversy.

## National vaccination coverage

Overall, coverage for most vaccines in England is high and comparable with other high-income countries although there has been a small but steady decline in the last few years. Nationally, in 2021-2022, vaccine coverage decreased by 0.2% to 1.1% depending on the vaccine. No vaccines met the 95% target. Coverage for the [6-in1 vaccine](#) amongst children 5 years of age (measured at this age to allow time for 'catch-up' of missed doses earlier in life) decreased from 95.2% in 2020-21 to 94.4% in 2021-22.

## Regional vaccination coverage

Historically and currently, London performs lower than the national (England) average across all the immunisation programmes. Uptake in London has also fallen over the past 6 years and has fallen further than elsewhere in the country.

Every borough in London is below the 95% WHO target. For some vaccines such as MMR, all London boroughs have an uptake below 90%. Two-thirds of all measles cases in 2023 in England were in London.

London has a highly mobile population, a large migrant population, and areas of high deprivation. In London, vaccine uptake is lower in areas of higher deprivation compared with areas of low deprivation across all ethnicities.

## Local vaccination coverage

This report is focusing on local vaccine uptake. We have included childhood vaccinations (for children 0-5 years old) school-age, prenatal, older adults and seasonal programmes.

## Routine childhood immunisation programme (0-5 years)

The routine childhood immunisation programme for 0-5 years can be found at appendix 1. Coverage data for the country, region, ICB and local authorities (LAs) within North Central London (NCL) is presented in table 1.

Overview of COVER data for NCL at 2023-24 Q2

Immunisation	England	London	NCL	Barnet	Camden	Enfield	Haringey	Islington
12m_DTaPIPVHibHepB	↓ 91.3%	↓ 86.4%	↓ 85.7%	↓ 88.0%	↑ 87.5%	↓ 82.1%	↓ 84.3%	↑ 87.7%
12m_MenB	↓ 91.0%	↓ 86.2%	↓ 85.2%	↓ 87.3%	↑ 86.3%	↓ 81.9%	↓ 83.6%	↑ 87.5%
12m_PCV1	↓ 93.4%	↓ 89.3%	↑ 88.2%	↑ 90.3%	↑ 88.6%	↓ 86.9%	↓ 85.3%	↑ 89.8%
12m_Rota	↓ 88.2%	↓ 83.7%	↑ 82.9%	↑ 85.0%	↑ 85.4%	↓ 79.1%	↓ 81.4%	↑ 84.6%
24m_DTaPIPVHibHepB	↓ 92.9%	↑ 88.8%	↑ 88.4%	↑ 89.1%	↑ 89.2%	↑ 86.4%	↑ 88.6%	↓ 89.2%
24m_HibMenC	↓ 89.2%	↑ 82.3%	↑ 79.7%	↓ 81.5%	↑ 79.7%	↑ 77.8%	↑ 80.0%	↑ 78.9%
24m_MenBBooster	↓ 88.0%	↓ 80.8%	↑ 78.2%	↓ 79.6%	↑ 79.1%	↑ 75.7%	↑ 79.0%	↑ 77.3%
24m_MMR1	↓ 89.4%	↓ 82.9%	↑ 79.8%	↓ 81.7%	↑ 80.2%	↑ 78.0%	↑ 80.1%	↓ 78.3%
24m_PCVBooster	↓ 88.8%	↓ 81.7%	↑ 79.0%	↓ 80.5%	↑ 79.3%	↓ 76.5%	↑ 80.1%	↑ 78.6%
5y_DTaPIPV	↓ 82.7%	↓ 72.4%	↓ 66.3%	↑ 72.3%	↓ 63.1%	↓ 65.0%	↓ 63.4%	↓ 63.1%
5y_DTaPIPVHib	↓ 92.8%	↓ 87.3%	↓ 85.6%	↓ 88.1%	↑ 85.8%	↓ 83.3%	↓ 82.0%	↑ 89.9%
5y_HibMenC	↓ 90.2%	↓ 83.3%	↓ 80.7%	↑ 83.5%	↑ 79.5%	↓ 77.8%	↓ 78.0%	↓ 85.6%
5y_MMR1	↓ 92.3%	↓ 85.6%	↓ 82.4%	↓ 85.9%	↓ 80.9%	↓ 79.7%	↓ 80.1%	↑ 85.6%
5y_MMR2	↓ 83.8%	↓ 72.8%	↓ 66.8%	↑ 72.6%	↓ 64.3%	↓ 64.6%	↓ 64.2%	↓ 64.8%

**Key**

- >90% coverage
- 80-90% coverage
- <80% coverage
- ↑ Increase from 2022-23 Q4
- ↓ Decrease from 2022-23 Q4

**Table 1: Overview of ‘cover of vaccination evaluated rapidly’ (COVER) data for NCL ICB and LAs.** Source: UKHSA COVER quarterly data [Cover of vaccination evaluated rapidly \(COVER\) programme 2022 to 2023: quarterly data - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2022-to-2023-quarterly-data)

For almost all childhood immunisations Barnet coverage exceeds NCL average with immunisation uptake rates ranging from 80% to 90% which is similar to the overall London Region take up of immunisations. The exception to this are following 3 vaccinations:

- 24 months MenC Booster
- DTaPIPVHIB 5-year-olds (6-in1)
- MMR 2 5-year-olds

Barnet is not unique in having lower than London average for its childhood booster and similar to the overall uptake across NCL average.

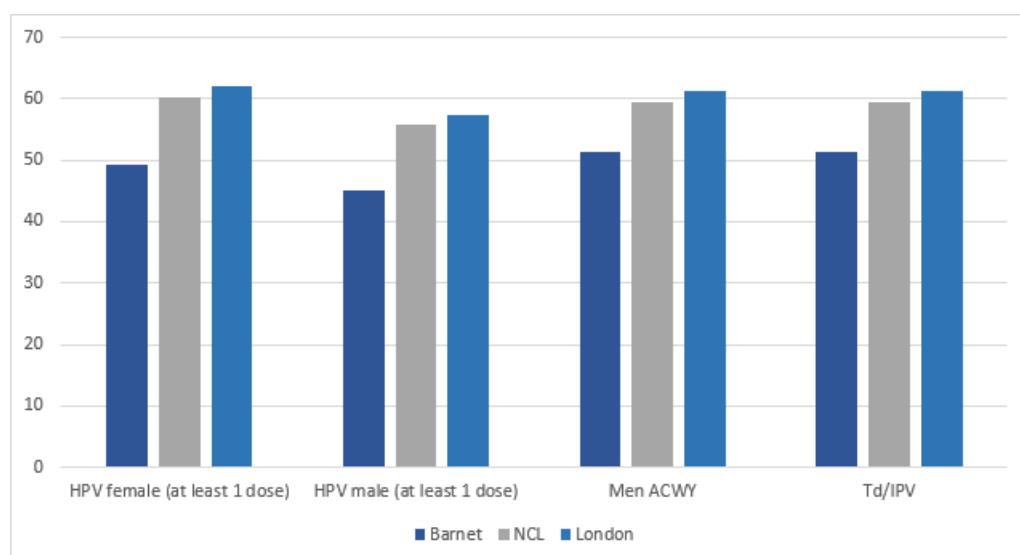
In the most recent data for Quarter 2 2023/24 (July – September 2023) Barnet shows improving trends in coverage measured at 12 months of age for most vaccinations and including the 2<sup>nd</sup> dose MMR by the age 5 years old. However, Barnet has a decreasing trend in coverage across all childhood vaccinations as measured at 24 months of age compared to Quarter 4 2022/23.

## Vaccinations for school-age young people

Vaccinations in this group include:

- HPV vaccine offered to 12-13 year olds (since September 2019 boys receive the vaccine as well as girls). From September 2023, HPV programme moved from 2 doses to one dose.
- Tetanus, diphtheria, polio booster (teenage booster) at age 14/15
- Meningitis ACWY at age 14/15.
- Annual child ‘flu vaccination programme which in 2023/24 covers:
  - Reception to Year 6 in primary schools.
  - Children aged 2 or 3 years on 31 August 2023 (born between 1 September 2019 and 31 August 2021)
  - Some secondary school aged children (Year 7 to Year 11)
  - Children aged 2 to 17 years with certain long-term health conditions.

Uptake of school aged vaccines is presented in figure 3. The Barnet school aged vaccination programmes have lower uptake rates compared to NCL and London.



**Figure 3: Percentage (%) eligible adolescents vaccinated September 2022 – August 2023 in Barnet, NCL ICB and London. Source: UKHSA ‘ImmForm’<sup>1</sup>**

<sup>1</sup> ImmForm data is validated and analysed by the UKHSA to check data completeness, identify and query any anomalous data and describe epidemiological trends

## Seasonal vaccinations

### Influenza (flu)

- The national flu immunisation programme offers protection for those who are most vulnerable from increased risk of illness. It is important in ensuring flu associated morbidity and mortality is reduced to protect those most vulnerable, but it is also a critical part of reducing pressures on inpatient hospital stays during a time when the NHS and social care is under increased demand.
- The London Flu Plan reflects the ambitions of the national programme, in relation to the targeted patient cohorts and desired high vaccine uptake levels. It also refers to the key learning from previous flu immunisation and delivery of the COVID-19 vaccination programme.
- Vaccinations are provided free to those who are at increased risk from the effects of flu. The eligible cohorts are determined based on evidence and published in guidance from the JCVI.
- Considering changes in risk balance from a new COVID-19 variant, flu and COVID-19 vaccination for adults was brought forward for this year to start in September to maximise uptake of both vaccines.
- The latest available UKHSA published uptake data is for the 2022 flu season and performance for an illustrative selection of eligible groups is presented below in Tables 2 and 3.

Geography	Percentage (%) vaccination uptake						
	65 and over	Under 65 (at-risk only)	All Pregnant women	50 to under 65 years and NOT in a clinical risk group	50 to under 65 years and IN a clinical risk group	All 2 year olds	All 3 year olds
NCL ICB	69.3	39.1	35.8	29.1	52.6	37.8	40
London	68.3	40.9	29.9	27.0	53.1	38.2	37.7
England	79.9	49.1	35.0	40.6	60.4	42.3	45.1

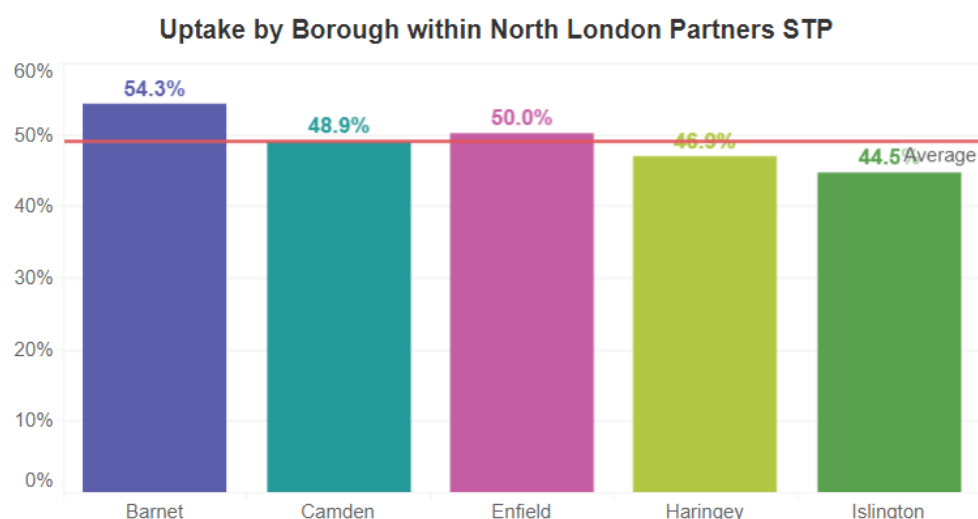
Table 2: Provisional end of February 2023 cumulative percentage uptake data in GP patients for NCL ICB and England on influenza vaccinations given from 1 September 2022 to 28 February 2023. Source UKHSA [Seasonal influenza vaccine uptake in GP patients: monthly data, 2022 to 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/seasonal-influenza-vaccine-uptake-in-gp-patients-monthly-data-2022-to-2023)

Summary of Flu Vaccine Uptake %					
	65 and over	Under 65 (at-risk only)	Pregnant	All 2 year olds	All 3 year olds
LONDON COMMISSIONING REGION	63.7	32.3	24.9	35	35.3
NHS NORTH CENTRAL LONDON INTEGRATED CARE BOARD	61.4	29.5	22.3	31.3	32.2

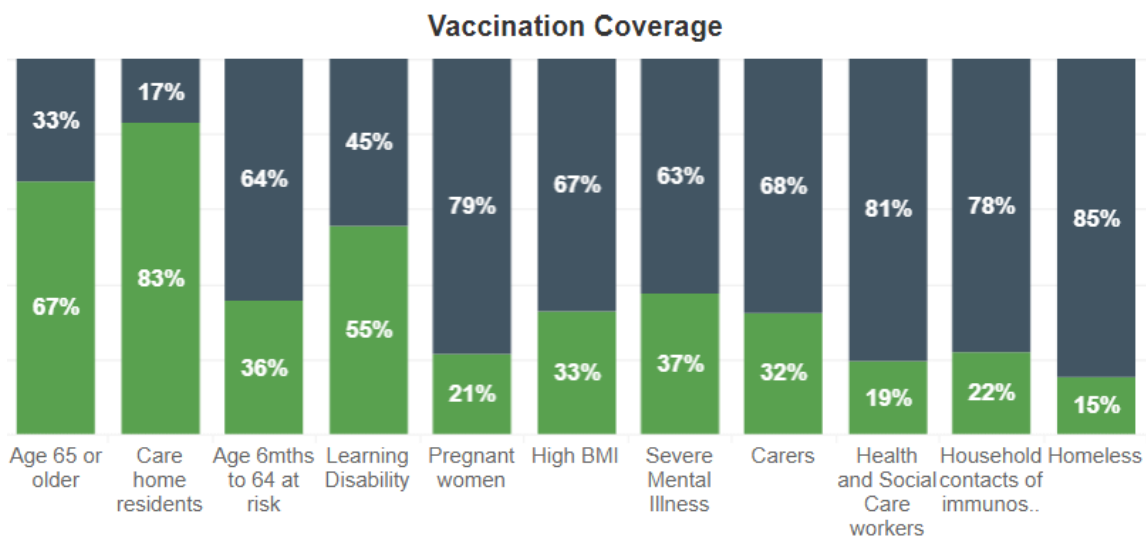
**Table 3: Cumulative Weekly data (week 50): Seasonal flu vaccine uptake in GP Patients (week ending 17<sup>th</sup> December 2023).**

## COVID-19

- A dose of the COVID-19 vaccine is being offered this autumn to people aged 65 and over, residents in care homes for older people, anyone aged 6 months and over in a clinical risk group, and health and social care staff.
- The autumn programme is targeted at those at high risk of the complications of COVID-19 infection, who may have not been vaccinated for a few months.
- Where people are eligible for a flu vaccine, there is an aim to enable co-administration where possible.
- Comprehensive data on COVID autumn booster uptake can be found [here](#).
- Barnet has the highest uptake of COVID autumn booster within NCL (Figure 4), with highest rates among care home residents and people aged over 65 years (Figure 5).



**Figure 4: Uptake of COVID autumn booster across North Central London.**  
**Source: NCL ICB.**



**Figure 5: Uptake of COVID autumn booster in season 2023/24 across eligible groups. Source: NCL ICB.**

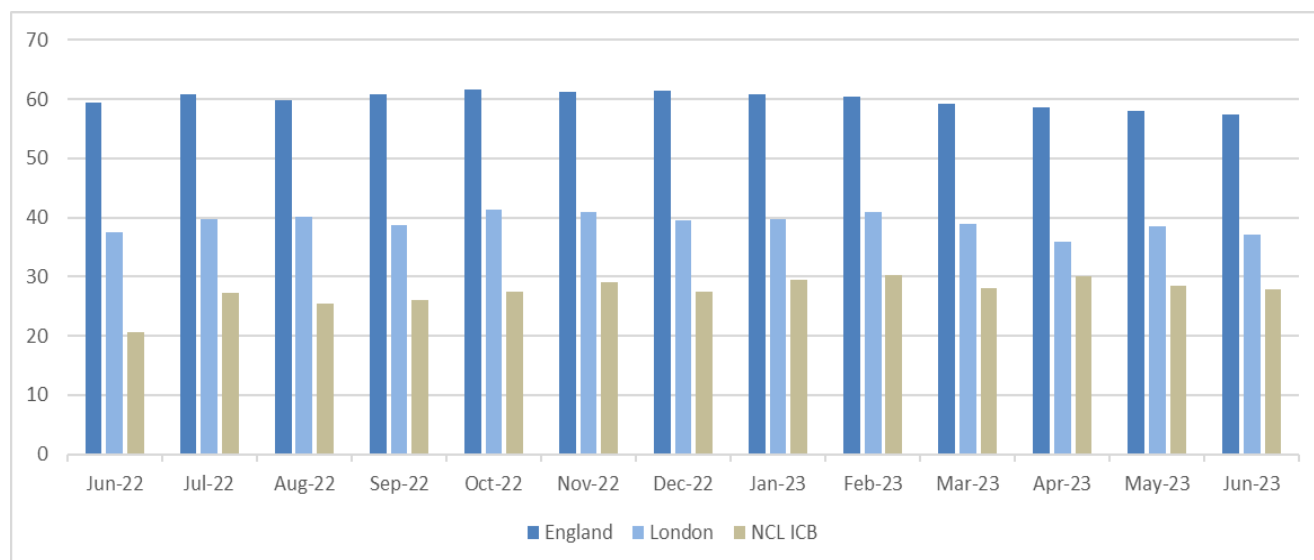
### COVID Vaccination Sites – Barnet

- There were 24 COVID vaccination sites in Barnet during autumn/winter 2023. This is the most sites the Borough has had at any one time during the vaccination programme.
- Three geographic spread of sites were selected based on a national expression of interest process and to ensure that the areas of greatest need (lowest uptake) have sufficient capacity
- As a result of the increased number of sites, we have been able to offer between 20-30k vaccinations per week

## Vaccinations in pregnancy

Vaccinations in pregnancy include:

- Seasonal flu and COVID-19 vaccination
- Pertussis – aimed at providing protection for newborns – see Figure 6 for ICB and regional and England performance.



**Figure 6: Prenatal Pertussis Vaccine Uptake 2022-23 - Monthly GP Collection.**

Data Source: [Pertussis immunisation in pregnancy: vaccine coverage \(England\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/pertussis-immunisation-in-pregnancy-vaccine-coverage-england)

## Other adult (older person) immunisations

Other adult immunisations consist of:

- Pneumococcal vaccine (PPV) at 65 years
- Influenza (covered in seasonal vaccinations) for 65 years and over
- Shingles – 65 years from September 2023 – Shingrix
- Shingles - 70-79 years (plus immunosuppressed) – Zostavax. Shingles uptake has traditionally been challenging nationally. The eligibility starts from 70 years old up until 80 years old.
- Uptake in NCL is currently 38.7%.



## Data on immunisation uptake

### Data sources for local authority stakeholders

Data on immunisation uptake are available from following sources:

- The vaccinations and screening Future NHS page provides a range of vaccination dashboards for local use and can be accessed here: <https://future.nhs.uk/vaccsandscreening/view?objectID=42174992>
- Interactive dashboards on the NHS Digital website on childhood vaccinations here: [Childhood Vaccination Coverage Statistics, England, 2022-23 – NHS Digital](#)
- HealthIntent: NCL ICB digital platform which allows health and care professionals in north central London to provide more proactive care to residents and communities. Reports include, Childhood Immunisation Tool, COVID and Flu Dashboard, Population Health Needs and Inequalities, Elective Waiting List dashboard, NDPP, NHS Diabetes Prevention Programme Dashboard, and Long Term Conditions Case finding dashboard.

### Processing and accessing immunisation data

Data is uploaded into Child Health Information Service (CHIS) from GP practice records via a data linkage system. The CHIS provides quarterly and annual submissions to the UKHSA for their publication of statistics on 0-5s childhood immunisation programmes. This is known as Cohort of Vaccination Evaluated Rapidly (COVER) and these are the official statistics. Annual data is more complete and should be used to look at longer-term trends.

COVER monitors immunisation coverage data for children in the UK who reach their first, second, or fifth birthday during each quarter. Children having their first birthday in the quarter should have been vaccinated at 2, 3, and 4 months, those turning 2 should have been vaccinated at 12/13 months and those who are having their 5th birthday should have been vaccinated before 5 years, ideally 3 years 3 months to 4 years.

There are known complexities in collecting data on childhood vaccinations. Indeed, since 2013, London's COVER data is usually published with caveats, and drops in reported rates may be due to data collection or collation issues for that quarter.

Production of COVER statistics in London involves a range of individuals and organisations with different roles and responsibilities. London has four CHIS Hubs – North East London (provider is North East London Foundation Trust, NELFT), South East London (provider is Health Intelligence), South West London (provider is Your Healthcare CIC), and North-West London (provider is Health Intelligence). These hubs are commissioned by NHSE to compile and report London’s quarterly and annual submissions to UKHSA for COVER.

A ‘script’ or algorithm is utilised to electronically extract anonymous data from the relevant data fields to compile the reports for COVER within the caveats specified. For example, for the first dose of MMR, any child who had their MMR vaccination before their first birthday is not included and so appears unvaccinated.

CHIS hubs are commissioned to check the reports run and are expected to refresh the reports before final submission to UKHSA. CHIS Hubs are also commissioned to ‘clean’ the denominator by routinely undertaking ‘movers in and movers out’ reports. This is to ensure the denominator is up to date with the children currently resident in London. They are also expected to account for the vaccinations of unregistered children in London. There are ongoing issues with CHIS hubs keeping up to date with movers in and out which is picked up in contract performance meetings with the NHSE (London) commissioners.

Vaccination data is extracted from London’s GP IT systems and uploaded onto the CHIS systems. This isn’t done directly by the CHIS Hubs. Instead, data linkage systems provided by three different providers provide the interface between general practices and CHIS. Two of these providers – QMS and Health Intelligence – are commissioned by NHSE whilst 4 boroughs in outer North-East London commission a separate system.

NHS (London) Immunisation Commissioning Team receives data linkage reports from QMS and Health Intelligence. This provides a breakdown by general practice of the uptake of vaccinations in accordance with the COVER cohorts and cohorts for Exeter (for payments). This information is utilized by the team as part of the ‘COVER SOP’, to check against the COVER submissions by CHIS to question variations or discrepancies.

While data linkage systems provide an automated solution to manual contact between CHIS and General Practices, data linkage does not extract raw data. General practices must prepare the data for extraction every month. This will vary between practices how automated the process is, but it can be dependent upon one person to compile the data in time for the extraction by the data linkage system providers and should this person be on annual or sick leave, there will be missing data.

General practices have to prepare data for four immunisation data systems – COVER, ImmForm (although this is largely done by their IT provider of Vision, EMIS or TPP SystemOne, all of whom are commissioned by their ICS), CQRS (the payments system run by NHS England for the payment of administration of the vaccine) and Exeter (payments system, whereby practices receive targeted payments for achieving 70% or 90% uptake of their cohorts – these cohorts are different to the COVER cohorts of children). Preparation of data for the systems again will vary between practices but this can be time and resource intensive.

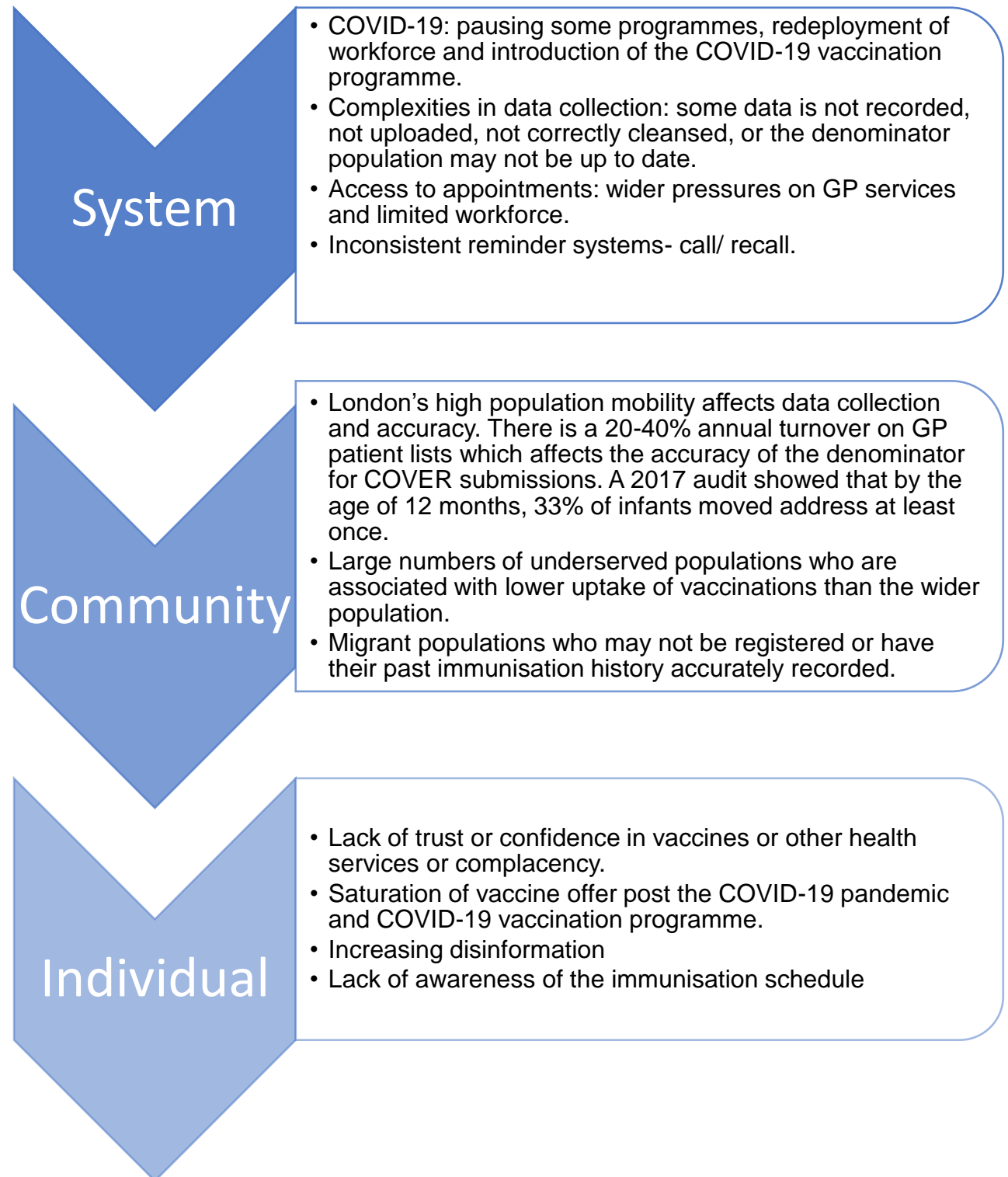
There is also an array of codes that can be used to code the vaccination (if a code different to what the data linkage system recognises is utilised, it results in the child looking unvaccinated) and there are difficulties with coding children who received their vaccinations abroad or delays in information on vaccinations given elsewhere in UK being uploaded onto the system in time for the data extraction.

Whilst NHSE (London) commissioning team verify and pay administration of vaccines that are part of the Section 7a immunisation programmes, they do not commission GPs directly. Vaccination services, including call/recall (patient invite and reminder systems) are contracted under the General Medical Services (GMS) contract. This contract is held by primary care commissioning directorates of NHSE.

For most newer vaccine programmes and for those targeting people older than 5 years vaccination and population data is extracted directly from general practice systems using ImmForm, an online platform.

## Vaccination programme challenges

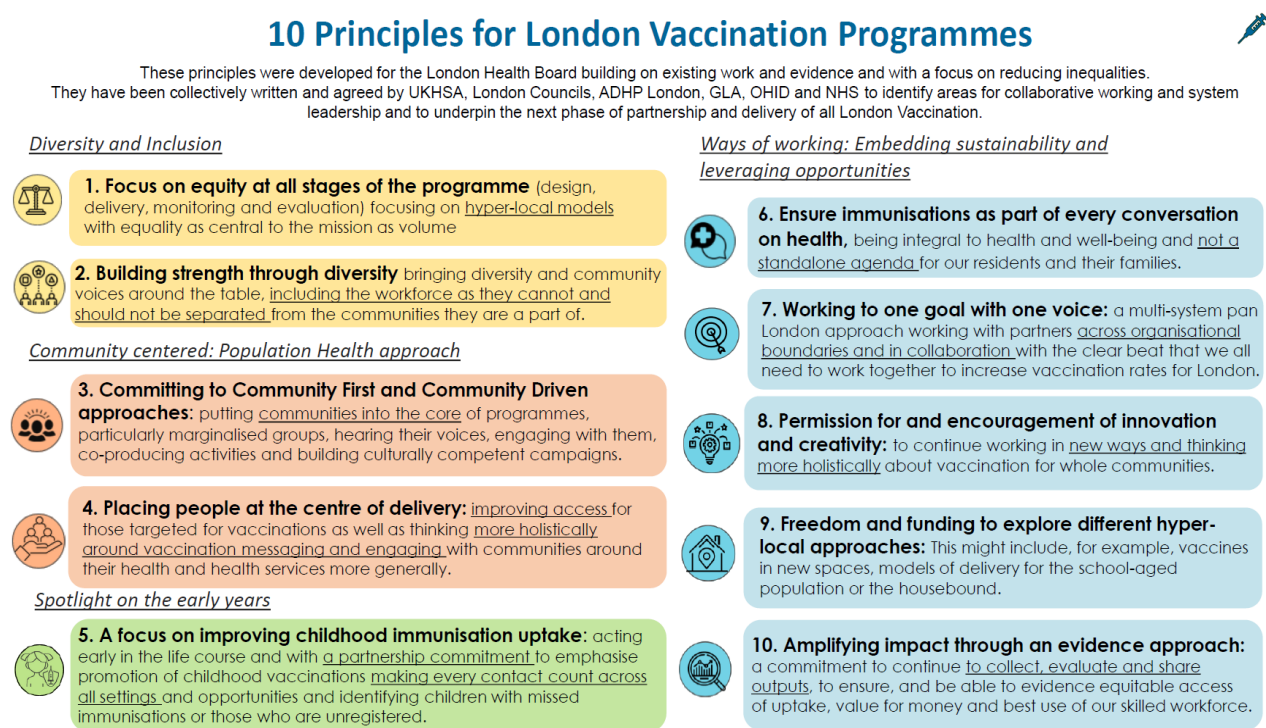
There are several challenges in delivering vaccination programmes, on system, community and individual level:



## Actions to improve vaccination uptake

Increasing vaccination uptake is complex and requires a suite of interventions. Work is ongoing at a national, regional, systems, and place level to increase uptake in Barnet.

The London Immunisation Board, Mayors Health Board, and ICBs have all agreed on the 10 principles for London vaccination (Figure 7). Action will now focus on developing this into a comprehensive delivery approach tailored to community needs and building on Borough-led health initiatives.



**Figure 7: 10 principles for London vaccination programmes.**

A range of cross vaccination programme actions are in place to maximise uptake in line with these principles including:

- An ICB level operational working group regularly discusses delivery of all vaccination and immunisation programmes.
- NHSE London fund immunisation coordinators to support GP practices with a focus on those with the lowest uptake and community outreach work within their relevant boroughs as highlighted by performance dashboard.

## Childhood vaccinations

A strong focus for Barnet, NCL and London is to increase childhood vaccination coverage overall to pre-pandemic levels and to identify the communities which are persistently missed from vaccination and other health services.

A particular risk in 2023 is the sub-optimal childhood MMR1 and 2 coverage (below 95%) which increases the risk of preventable measles outbreaks. To reduce the risk of poliovirus transmission, focus also remains on identifying and supporting underserved communities of Barnet and London. Actions to improve uptake by stakeholder include:

### NHSE

- A national NHSE MMR vaccination call and recall service was implemented between September and December 2022. This promoted the take-up of the MMR vaccine amongst individuals between the ages of 1 to 25 years through letters and texts.
- 23/24 Annual GP Immunisation Campaign. This supports the national drive for MMR catchup and specifically the London Phase 2 MMR/polio catchup campaign. From November 2023 to March 2024 – practices will be required to undertake local call and recall for MMR eligible individuals aged 12 months up to and including 5 years.
- A new national call/recall service will start in January 2024 working through each vulnerable cohort, primary school aged, secondary school age and then 21-25 year olds.
- A regional communications campaign took place across London in March 2023 to encourage the uptake of missed MMR doses. This included media, social media, health ambassadors, translated materials and a MMR Toolkit to GP practices and attendance at local events and community groups
- NHSE London commissioned UKHSA to deliver immunisation training to all vaccinators in London. Vaccinators were trained to build and maintain trust, address parent concerns and queries and deliver a high-quality service.
- Vaccinations have been added to the MECC London [resource hub](#) to facilitate using every available opportunity to engage with the public to increase vaccination.
- A funded regional catch-up programme through the SAIS (for children aged 4-11) led by NHSE and GP practices (for children aged 0-4) led by ICBs is underway to provide DTaP, MMR, and full-schedule catch-up. This programme is focused on targeting under and un-vaccinated children. We anticipate that the first quarter findings and uptake rates for London will be available by January 2024.

## ICB

The NCL System Plan for CYP Imms & Vaccination is focused on 4 key improvements:

- Achieving and sustaining uptake for under 5s
- Catch up vaccinations for age 6-25
- Improving data quality within clinical systems (accurate update of the child's health record)
- Ongoing engagement with communities most at-risk of vaccine preventable disease

The 6 key areas of work are shown in Figure 8.

Partners have worked on a refreshed delivery plan with 6 key areas of work across system and place:

Communication	Engagement	Capacity	Outreach	Transformation	Workforce / Training
Resources to support engagement with un/part vaccinated population e.g. clinical flip-book, resources within family hubs / childrens centres and translated materials	Working with the VCSE and wider networks to lead engagement efforts and gather feedback from communities	Commissioning further capacity to deliver childhood immunisations, including via evening and weekend appointments.	Broadening outreach services delivered by UCLH and PCNs, focussed on communities most at-risk of vaccine preventable disease and delivered in non-NHS settings (e.g. children's centres)	Work in each Borough to establish long term model of delivery to improve uptake beyond the initial 12 month drive. Involves wider system partners including Health Visitors and Maternity services	Training additional clinical and non-clinical workforce.
NCL system communication approach, inc. social media campaign	Tailor operational response to need of the population	Safeguarding against outbreaks with family vaccinations.	Outbreak management plan and policies put in place	Community Pharmacy Vaccination Champion programme	Development of Motivational Interviewing training to be adopted across the system
	Repetition of parent surveys to measure impact / effectiveness	Clinically led call/recall pathways			Commissioning of pan NCL clinical and non-clinical training programme

**Figure 8: 6 key areas of working in NCL System Plan for CYP Imms & Vaccination**

## Local Authority

- Development of a parent/carer survey to assess the barriers and opportunities for vaccinations among parents/carers. The results of the survey alongside the GP engagement survey led to the development of a targeted delivery plan. The survey was subsequently used as a template across NCL.
- Community Vaccine Champions (CVC) programme has been running since Jan 2022, Health Ambassadors and VCS organisations who have received funding through this programme have been engaging with communities with lowest uptake, helping identify barriers to accessing health services, signposting and, promoting wider health services
- Extension of funding for three organisations: BeLifted (Women and young girls), Centre of Excellence (Somali community) and Romanian and Eastern European Hub to support the MMR campaign.

- Supported the London Jewish Health Partnership childhood immunisation campaign for Barnet across, primary, school and communities (Dec 2023)
- Public Health Measles letters were sent to parents before schools broke up for summer holidays and when they returned to schools, the letter had been translated into 7 different languages. There was positive coverage of letters in media highlighting the importance of vaccination.
- Communication activities:
  - Prescription pack advertising: targeting communities by placing vaccine uptake messages on prescriptions packs in 25 pharmacies (near practices with the lowest uptake of MMR)
  - Programmatic digital advertising – multi-step, repetition of various types of vaccination messages aimed at parents in wards with low uptake.
  - CVC co-produced videos highlighting projects developed by grantees.
  - Barnet First magazine, Clearchannel, infographics, social media
  - Translation of various assets in top 6 languages
  - Distribution and dissemination of infographics by Health Champions.

## Adult & seasonal vaccinations

### NHSE

- A GP toolkit (available [here](#)) has been produced in the NHSE London region to support improvements in uptake for the shingles vaccines, along with a range of other resources.
- NHSE commissioners are working to understand a more accurate picture of maternal pertussis coverage in London including areas of low uptake or whether data has not been correctly uploaded onto the GP clinical record.
- A Maternity Flu Action Plan has been completed by each unit in NCL.
- preparation for this season's delivery and a maternity immunisation webinar was held on 20<sup>th</sup> September 2023 for all clinicians delivering vaccinations to pregnant women, whether in primary care or trusts.

### ICB

- There is clarity on system, borough and provider leadership for the programme and representation from NHS and key partners at regional, system (NCL Immunisations and Screening Steering Group) and borough level meetings (Islington, Camden, Haringey, Barnet and Enfield Immunisation and screening groups).
- NCL is planning for system and borough plans to be aligned with the requirements of the national Flu letter 23/24 and Covid-19 System letter 23/24.



- There were 106 sites in NCL delivering COVID & Flu vaccinations with many more delivering Flu vaccinations
- There will be a capacity of approx. 70-110k COVID vaccinations per week (subject to demand and vaccination supply)
- UCLH will continue to delivery outreach vaccinations through the NCL Roving Team and through UCLH Find & Treat
- The NCL outreach 'roving' team, hosted by UCLH, targets our communities which have the lowest uptake of vaccinations.
- It delivers Covid-19 and Flu vaccinations both separately & through co-administration, based on patient choice. The team work closely with 'Place' (ICB borough teams, local authorities and public health) to agree areas of focus, in line with population health approaches to support under-reached communities.

### **Local Authority**

- COVID-19 booster and fly autumn programme promotion (social media, newsletters, Barnet First, Health Champions)
- Pregnant women seasonal vaccination campaign promotion.
- Winter Preparedness event for Adult Social Care managers, advising on vaccination promotion for staff and health protection advice.
- Health fair for people experiencing homelessness, COVID-19 and flu vaccination offered alongside NHS checks, Blood Borne Virus testing, and Smoking cessation services.
- Community Vaccine Champions (CVC) programme: engagement from Health Ambassadors and VCS organisations on COVID-19 booster and flu programme. Health Ambassadors have attended range of events including ESoL classes, conversational cafes, Women's Groups, cooking classes, conferences, Health Beginning Roadshows, and Barnet Talking Therapies.
- Development of Local Health Protection Guidance for Prevention and Managent of Outbreaks in Asylum and Migrant settings. The document outlines the roles and responsibilities of relevant teams within local authorities and partner organisations in the Outbreak/Local Acute Response Prevention and Management process.

## Community Vaccine Champions Programme

In January 2022, Barnet Public Health were awarded funding by the Department of Levelling Up, Housing and Communities, to promote vaccine uptake amongst disproportionately impacted communities affected by the pandemic.

Working with local partners (Young Barnet Foundation, Groundworks), we designed a local approach to develop practical solutions, communication and engagement activities tailored to meet the needs of our local communities. The programme aims to overcome the barriers and myths that prevent people from getting vaccinated by empowering community champions as an approach to build healthier and more resilient communities.

A programme has been developed to offer practical solutions to engage our community on vaccinations focusing on communities with the lowest vaccination uptake in Barnet, focusing on young people, wards with high deprivation, ethnic minorities (Eastern European, Black Caribbean/African and other black communities), faith groups (Ultra-Orthodox Jewish, Muslim, Evangelical), marginalised groups (people experiencing homelessness and asylum seekers and refugees), pregnant women, and people with serious mental health issues or learning disabilities.

We developed five workstreams to achieve our aims:

- **Communications and Insight:** Conducted research on residents' attitudes towards COVID-19 vaccination and developed engagement interventions. Recruited communication and engagement officers to support our health ambassadors and VCS organisations with communication and engagement activities.
- **Voluntary and Community Sector Grants:** Utilised a grant fund to enhance community outreach, encourage a two-way dialogue between local authorities and communities about hesitancies and barriers to vaccination uptake, and build connectively through Health Ambassadors.
- **Extension of Health Champions:** Expanded the initial Health Champion programme by providing additional training and support to address vaccine hesitancy.
- **Asylum Seeker and Refugee Outreach:** Employed a Health Ambassador to work with contingency hotels hosting asylum seekers to identify vaccination barriers and improve uptake.
- **Training:** Equipped champions and ambassadors with the knowledge and communication tools to address vaccine hesitancy.

Eleven VCS organisations were funded, including 6 Health Ambassadors - please see Appendix 4 for a full list of award summary and project outlines.

- Three small grants awarded (£500 – £2000) to hold events and work with pool of Health Ambassadors to undertake awareness/community events.

- Eight larger grants (up to £20,000) to employ a Health Ambassador to support Barnet Council and local NHS to understand local barriers and needs raise awareness of local support and to promote vaccination uptake OR create a project to address one of the target groups and run events across a period of up to 12 months to aid vaccine uptake.

**Embedding the CVC programme in a neighbourhood model to tackle health inequalities:** The CVC programme has shown how we can use Community Champions as a form of two-way engagement to reach vulnerable communities to address systemic health inequalities. The lessons learned below have informed and shaped our work in engaging our communities and will continue to embed these learnings to guide our communications and engagement to reduce inequalities in vaccination uptake. These lessons also reflect the principles of the London Vaccination Programmes (i.e. Building strength through diversity, Committing to Community First and Community Driven approaches, Placing people at the centre of delivery, Ensure immunisations as part of every conversation on health)

**Trust:** The pandemic taught us to work together in new ways, to trust and listen. The programme is inherently based on sharing information for subsequent behaviour change and this can only be achieved from a position of trust, particularly with communities that are marginalised. The programme has shown that building trust is a long-term process, not a quick fix. It needs constant engagement, action, and follow-through and cannot be achieved in short piecemeal projects.

**Using local trusted voices:** Partnering with local VCS organisations, who possess a deep understanding of their communities and have established trusted relationships, is crucial to reaching the most vulnerable. This approach provides an excellent means of gathering feedback from our communities, feeding it into the system, and ensuring that our champions and communities feel heard.

**Broader remit:** By broadening our scope beyond vaccinations, we showed the wide variety of health topics (e.g., cardiovascular disease prevention, healthy eating, cancer screening, mental health etc.) that our champions/ambassadors can cover in public health. This provided the Health Ambassadors the flexibility of reaching their communities as they know their communities best. It serves as a model that can be applied to many public health programmes seeking to achieve behaviour change, particularly to address health inequalities.

**Training/building new capabilities:** The programme helped champions and community groups learn new skills and abilities. The training offered has helped participants to move forward with new skills, funding opportunities, and employment.

## Next Steps

- Phase 2 polio/MMR programme is on track and we anticipate completion of the campaign by Quarter 2 2024. The future focus will include how to embed learning from this catch-up programme into business-as-usual vaccination services.
- As part of Polio Phase 2, funding has been allocated to NCL ICB for additional activities that contribute to:
  - Comms/ engagement activities that raise awareness of the childhood vaccination schedule and the importance, individual and community benefits of vaccination
  - Outreach activities for children aged 1-4 or geographical that make contact with those families whose children are un- or under-vaccinated for their age and offer a vaccination appointment/event
- This must be outside of existing functions, funding routes or mechanisms. NWL ICB are currently drafting the plans for the utilisation of this funding in conjunction with local stakeholders.
- Delivery of a childhood immunisation clinic alongside health promotion event at Stay Club (largest contingency hotel in the borough) in February 2024. Once piloted, the plan is to use the model to deliver clinics to other contingency hotels.
- Delivery of the end of CVC programme report including how we sustain the programme, how do community champions fit within the wider infrastructure (i.e. social prescribing wellbeing champions etc.) and current ICS priorities.
- Working closely with Somali community in the borough to deliver a health event for the community and establishing links with other boroughs to create a London Somali network.
- School Aged Immunisations: A working group has been established with SAIS, LA and NHSE to address improve uptake of school aged immunisations in the borough. The priorities for the year include completing analysis of HPV, MenACWY and Td/IPV data by schools and developing a project to increase HPV vaccination rates for the North Central London Cancer Alliance funding.

# Response to Outbreaks and other Health Protection Emergencies

## Roles and responsibilities

### UKHSA

UKHSA has published guidance for outbreak management and control in which roles and responsibilities of key partners are clearly outlined - <https://www.gov.uk/government/publications/communicable-disease-outbreak-management-operational-guidance>

As an executive agency of the Department of Health and Social Care (DHSC), UKHSA:

- provides strong national leadership on public health security and health protection
- ensures a cohesive response across England and the UK's public health functions
- embeds effective clinical, scientific and operational functions in the public health system

UKHSA also has a duty as a Category 1 responder under the Civil Contingencies Act 2004 (CCA) in respect of emergency preparedness and the response and resilience functions for public health.

Under the amended Public Health (Control of Disease) Act 1984 and associated regulations, the majority of statutory responsibilities, duties and powers significant in the handling of an outbreak lie with the local authority, including appointment of a proper officer whose powers include the receipt of notifications. In the majority of local authorities this responsibility is delegated to UKHSA.

### NHSE

All partners have a duty under the Civil Contingencies Act 2004 (CCA) to co-operate with responding to outbreaks/incidents and related activity. Health outbreaks/incidents occur regularly and UKHSA may need assistance from partners for the rapid deployment of significant resources to deliver investigations and interventions to control them.

NHSE-L Mobilise (within existing SAIS contracts) school aged immunisation services in appropriate settings and commission any extra capacity as required, in discussion with other commissioners.

In regional incidents or outbreaks NHSE-London will provide:

- Development of service specifications and guidance
- Participate in Incident Management Meetings (IMTs)
- Provide oversight and support to ensure alerts from UKHSA are actioned

- NHSE EPRR role: If a more complex response is required, coordination and management of information sharing between government/GLA and local health system.

## **ICB**

- Development of a Community Communicable Disease Outbreak Incident Management Policy across the ICS
- This policy will apply when UKHSA notifies NHS Commissioners of a community outbreak or an exposure risk of a communicable disease or health protection hazard requiring local NHS organisations to coordinate a response.
- Management of several small scale outbreaks within local communities. To date, these have included:
  - Diphtheria
  - Hep A
  - MPox

## **Local Authority**

Under section 6 of the Health and Social Care Act 2012, directors of public health (DsPH) in upper tier and unitary local authorities have a duty to prepare for and lead the local authority public health response to incidents that present a threat to the health of the population. In practice, this means that the director of public health (DPH) will provide information, advice, challenge and advocacy on behalf of their local authority, to promote preparation of health protection arrangements by relevant organisations, operating in their local authority area.

In regional/local outbreaks, local authorities provide:

- Appropriate coordination of roles and responsibilities between any responsible or relevant bodies
- Bringing together partners across the system in their patch and signposting to the voluntary and community sector
- Support the dissemination of communication messages to residents
- Participate in Incident Management Meetings (IMTs)
- Local Authorities are responsible for enforcing food hygiene laws and can inspect business at any point in the food production and distribution process
- Environmental Health to support with necessary checks and sampling

## Appendix 1: Immunisation schedule

□ Routine childhood immunisations				
Age Due	Diseases protected against	Vaccine given	Trade name	Usual Site
8 weeks	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Meningococcal group B (MenB)	MenB	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus	Rotarix	By mouth
12 weeks	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Pneumococcal (13 serotypes)	PCV	Prevenar 13	Thigh
	Rotavirus	Rotavirus	Rotarix	By mouth
16 weeks	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	MenB	MenB	Bexsero	Left thigh
1 year	Hib and Meningococcal group C (MenC)	Hib/MenC	Menitorix	Upper arm/thigh
	Pneumococcal	PCV booster	Prevenar 13	Upper arm/thigh
	Measles, mumps and rubella (German measles)	MMR	MMRvaxPro or Priorix	Upper arm/thigh

	MenB	MenB booster	Bexsero	Left thigh
Eligible paediatric age groups	Influenza (each year from September)	Live attenuated influenza vaccine LAIV	Fluenz Tetra	Both nostrils
Three years four months	Diphtheria, tetanus, pertussis and polio	dTaP/IPV	Boostrix-IPV	Upper arm
	Measles, mumps and rubella	MMR (check first dose given)	MMRvaxPro or Priorix	Upper arm
12-13 years	Cancers and genital warts caused by specific human papillomavirus (HPV) types	HPV (2 doses 6 to 24 months apart)	Gardasil	Upper arm
14 years Year 9	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y	MenACWY	Nimenrix	Upper arm



## Selective childhood immunisation programmes

Target group	Age and schedule	Disease	Vaccines required
Babies born to hepatitis B infected mothers	At birth, 4 weeks and 12 months old	Hepatitis B	Hepatitis B (Engerix B/HBvaxPRO)
Infants in areas of the country with tuberculosis (TB) incidence $\geq$ 40/100,000	Around 28 days old	Tuberculosis	BCG
Infants with a parent or grandparent born in a high incidence country	Around 28 days old	Tuberculosis	BCG
Children in a clinical risk group	From 6 months to 17 years of age	Influenza	LAIV or inactivated flu vaccine if contraindicated to LAIV or under 2 years of age

## Adult Immunisation Programme

65 years old	Pneumococcal (23 serotypes)	Pneumococcal Polysaccharide Vaccine (PPV)	Pneumovax 23
65 years of age and older	Influenza (each year from September)	Inactivated influenza vaccine	Multiple
70 to 79 years of age	Shingles	Shingles	Zostavax3 (or Shingrix if Zostavax contraindicated)
Pregnant women	At any stage of pregnancy during flu season	Influenza	Inactivated flu vaccine
	From 16 weeks gestation	Pertussis	dTaP/IPV (Boostrix-IPV)

The complete routine immunisation schedule from February 2022 ([publishing.service.gov.uk](https://publishing.service.gov.uk))

## Appendix 2: NHSE current responsibilities & performance targets

Cohort	Immunisation Programme	Who we commission	National Target
Routine 0-5 <u>imms</u>	Diphtheria, Tetanus, Poliomyelitis, Pertussis, Hib and Hepatitis B (DTaP/IPV/Hib/HepB)	General Practice, Essential Service in GP Contract	95%
	Meningitis B (Men B)	General Practice, Essential Service in GP Contract	95%
	Rotavirus	General Practice, Essential Service in GP Contract	95%
	Pneumococcal	General Practice, Essential Service in GP Contract	95%
	Hib/Men C	General Practice, Essential Service in GP Contract	95%
	Diphtheria, tetanus, pertussis and polio <u>dTap/IPV</u> (pre-school booster)	General Practice, Essential Service in GP Contract	95%
	Measles, Mumps and Rubella (MMR)	General Practice, Essential Service in GP Contract & opportunistic catch up via School Aged Immunisation Providers	95%
Routine	Seasonal Influenza Immunisation for children - Eligible age or risk group	School Aged Immunisation Providers – 8 in London	70%
Routine School- aged	Human Papillomavirus (HPV)	School Aged Immunisation Providers	95%
	Td/IPV (Teenage Booster)	School Aged Immunisation Providers	90%
	Meningitis ACWY (Men ACWY)	School Aged Immunisation Providers	95%
Routine	Seasonal Influenza Immunisation for adults	General Practice (Enhanced Service), Maternity Units, Acute & Community Trusts, Community Pharmacy	Adults under 65 years - 75% Over 65 years & HCW - 85%
Routine Older adults	Pneumococcal	General Practice, Essential Service in GP Contract Pharmacy	75%
	Shingles	General Practice, Essential Service in GP Contract	65%
Selective	Hepatitis B for babies born to hepatitis B infected mothers	General Practice, Essential Service in GP Contract	100%
	BCG for at risk <u>newborns</u>	Community Providers – 11 in London	80%
	HPV for Men who have sex with men	Acute Trusts	No Target
	Pertussis for pregnant women	Maternity Units and General Practice, Essential Service in GP contract	London ambition is 70%
TBC	COVID-19 Immunisation Programme in Development	GPs, Community Pharmacies, Acute Trusts,	100% universal offer

## Appendix 3: CVC programme: Overview of VCS grants

### Barnet Community Fund Vaccine Confidence Grant



Department for Levelling Up,  
Housing & Communities

#### Award Summary

The purpose of this VCFSE Grants programme, which forms the first round of Barnet Community Fund funding, is to increase available outreach and engagement to help Barnet

Council and the local NHS understand local barriers and needs, raise awareness of local support and to promote COVID-19 vaccine uptake, public health guidance and programmes for residents disproportionately impacted by barriers to COVID-19 vaccine uptake as well as other preventative health programmes.

The fund is designed to build connectivity and trust in those groups who need it most, including those from inclusion health groups, young people, and ethnic minority communities; empowering individuals to protect both themselves and those around them.

The Barnet Together Partnership, working with Barnet Council, is happy to announce the award of grants totalling £151,500 to 11 Organisations to undertake this work. Details of the individual projects are below:

Organisation	Amount Funded	Location of Project	Description
The Romanian and Eastern European Hub	£20,000	Burnt Oak / Colindale	<ul style="list-style-type: none"> <li data-bbox="734 313 1372 526">- A digital media campaign: comms materials developed in local community languages to illustrate the importance of vaccinations, dispel myths and share information on upcoming vaccination centres.</li> <li data-bbox="734 526 1372 750">- Zoom event and face to face attendance with health care professionals and leaders of the EE community in local community languages to dispel myths and encourage residents to take up the vaccine</li> <li data-bbox="734 750 1372 1064">- Recruitment of a health ambassador who will deliver key messages around Covid vaccination, signpost people to Covid vaccination centres, support people from EE communities with GP registrations, medical appointments and deliver other key health messages such as those on oral health, diabetes or childhood vaccination.</li> </ul>
SAFA CIC	£20,000	Burnt Oak / Colindale	Using the existing Burnt Oak Community Food Bank as platform to deliver community information events at North Road Community Centre, in partnership with Oak Lodge Medical Centre, as well as to the refugee centre in Colindale. The project will be delivered by a Health Ambassador working in close partnership with existing social prescribing teams.

BeLifted	£20,000	Colindale / Edgware / East Finchley	Using the existing workshops which the organisation runs (debt management, book club, mother and children empowerment group, fitness group), they project will use these existing opportunities to provide information and advice sessions within / at the end of these over 12 months. In addition, 4 vaccine specific events will be undertaken, lasting 2 hours each. The aim is to target younger people, as well as ethnic minorities and those of the Muslim faith.
Exposure Organisation	£5,000	Barnet Wide	The aim of the project is through, a range of activities, including undertaking surveys with young people, running workshops with young people in person, on line and in local schools and colleges in order to collate the young people's personal testimonies, thoughts and visual media into compelling assets, to engage and convince their friends, peers, family members and wider community to get vaccinated. There will be shared through our website, social media and via other key partners in Barnet.
Barnet Somali Community Group	£2,500	Hendon / Colindale / Burnt Oak	The project aims to take the following steps to help educate people regarding the Covid Vaccine: Distributing leaflets in the Hendon, Colindale and Burnt Oak areas Arranging 1-2-1 sessions as well as group sessions to educate the health benefit of taking up the vaccine, as well as giving attendees the opportunity to express their concerns. Discussing the health implications of not having the vaccine.
Barnet TV	£2,000	Barnet Wide	Creating a video in the Romanian language to be posted to Romania UK You Tube channel, along with clips for social media to create awareness of the importance of being vaccinated within the Romanian community in Barnet.

Community Network Group	£20,000	Finchley	<p>Through the employment of a bilingual (English &amp; Farsi) 2 days per week for 8 months we aim to:</p> <ul style="list-style-type: none"> <li>- Coordinate the health engagement programmes for those suffering from illnesses such as high blood pressure, heart disease, mental health alongside providing Covid awareness workshops.</li> <li>- Offer trustworthy information for our migrant community members who avoid Covid vaccines due to cultural and religious attitudes.</li> <li>- Increase awareness by guiding the service users to do the vaccines and give them the information and advice on the importance of immunisation.</li> </ul> <p>We will do this through a range of methods including awareness raising sessions, workshops, 1-2-1 discussions and other approaches appropriate to disadvantaged Farsi speaking community members</p>
Center of Excellence CIC	£20,000	Grahame Park	<p>We will mainly be targeting Somali community residents in Grahame Park and neighbouring areas, specifically women as they carry the voice within the household and the community at large. Using our existing our existing community projects (Big brother and Big sister's club and Sheeko Iyo Shaah [tea and talk in Somali]) we aim to create a safe space for the Somali Community. We will invite local and regional services providers and experts to discuss the importance of looking after their mental and overall wellness -including the Covid Vaccine.</p>
The Langdon Foundation	£20,000	Edgware	<ul style="list-style-type: none"> <li>- HEALTHY HEART, MIND AND BODY - a series of expert-led workshops at our Edgware, Maccabi House premises addressing health and wellbeing priorities for people with learning disabilities and autism and mitigating their higher risks: <ul style="list-style-type: none"> <li>- of loneliness and isolation (due to exclusion)</li> <li>- lack of physical exercise</li> <li>- Poor diet</li> </ul> </li> </ul> <p>Change can be challenging and reliance on benefits, being less likely to be in paid work due to their disabilities.</p>

			<p>Higher risks of obesity, diabetes, cardiovascular disease and poor mental health. Group activities incorporating healthier living choices (including sessions led by a chef, nutritionist, physical fitness expert for example) will encourage participants to address key risk factors such as learning about the risks of smoking, improving nutrition and increasing exercise - how to shop for and cook heart-healthy food on a budget, introduce exercise, weight management and lower stress. Activities will include cooking and nutritional advice, yoga and meditation, singing, exercise etc. There will be a "Covid- Vaccine info table" open at the end of each session where attendees can access information and ask any questions about improving their health - including the Covid vaccine at each session.</p>
The 4Front Project	£20,000	Grahame Park	<p>Our project proposes to build on the sustained and meaningful relationships with marginalised young people. We have developed these relationships after a decade of work on Grahame Park Estate. This programme will support 4Front members to increase their understanding and ability to prevent ill health and manage wider health conditions. The group workshops will serve as engagement events, providing important information, skills, resources and support to young people, ensuring they are able to make better informed decisions about their health and wellbeing. The Youth Health Leader training and the workshops they go on to lead with support of staff will raise awareness of local health support available and promote COVID-19 vaccine uptake. Through youth-led research delivered by our Youth Health Leaders, we will be able to better understand local barriers and needs and provide insight to local partners about the existing barriers to health improving interventions as well as COVID-19 vaccine uptake for young Black and minoritised communities.</p>

African Cultural Association	£2,000	Hendon	<p>Ethnic Minority with Low Vaccine Intake: Key areas of concern are:</p> <p>Vaccine hesitancy and refusal to take Covid19 vaccines. This is mostly due to vaccine misinformation on social media platforms especially WhatsApp. Residents in the targeted areas will be informed about the efficacy of vaccines and give them accurate information from Public Health England for them to make informed decisions on the vaccine uptake.</p> <p>Some with Covid19 symptoms refuse to isolate for fear of losing their income. Most are on low income cleaning jobs. Their jobs are typically unsecure, and they tend to use traditional medicines or medications from WhatsApp. They are also not aware of Government assistance for those out of work. They refuse to accept they have symptoms, and some seek medical help when's too late.</p> <p>Others have immigration issues and are always scared of deportation and so will always ride any sickness out without seeking medical help. This has caused the death of some in our Community. Our project aims to address these issues through a range of interventions including workshops, targeted phone calls, social media adverts and zoom presentations.</p>
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## Appendix 4: Abbreviations

Abbreviation	Definition
CHIS	Child health information Service
COVER	Cover of vaccination evaluated rapidly
DHSC	Department of Health & Social Care
dTaP/IPV	Diphtheria, tetanus, pertussis, inactivated polio combined vaccine
GP	General practitioner
Hib	Haemophilus influenzae B
HepB	Hepatitis B
HPV	Human papillomavirus
ICB	Integrated care board
ICS	Integrated care system
JCVI	Joint committee on vaccination and immunisation
LA	Local authority
MECC	Making every contact count
Men B	Meningococcal group B
Men C	Meningococcal group C
MMR	Measles, mumps and rubella combined vaccine
NHSE	National Health Service England

NCL	North Central London
PCV	Pneumococcal conjugate vaccine
PPV	Pneumococcal polysaccharide vaccine
PSB	Pre-school booster
Rota	Rotavirus
QOF	Quality and outcomes framework
SAIS	School age immunisation services
UKHSA	United Kingdom Health Security Agency
WHO	World Health Organisation

## Appendix 5: Contacts

Name, Role	Email
<p>Dawn Hollis Head of ANNB Screening, Immunisations, CHIS, CARS &amp; Digital Transformation</p> <p>NHS England - London Region</p>	<p><a href="mailto:dawn.hollis@nhs.net">dawn.hollis@nhs.net</a></p>
<p>Dr Janet Djomba Deputy Director of Public Health</p> <p>Public Health Directorate, London Borough of Barnet</p>	<p><a href="mailto:janet.djomba@barnet.gov.uk">janet.djomba@barnet.gov.uk</a></p>
<p>Nicholas Ince Deputy Director of Vaccination Transformation</p> <p>NHS North Central London ICB</p>	<p><a href="mailto:nicholas.ince@nhs.net">nicholas.ince@nhs.net</a></p>
<p>Rehana Ahmed Senior Immunisation Commissioning Manager</p> <p>NHS England – London Region</p>	<p><a href="mailto:rehanaahmed@nhs.net">rehanaahmed@nhs.net</a></p>
<p>Susan Elden Public Health Consultant – Immunisations</p> <p>NHS England – London Region</p>	<p><a href="mailto:susan.elden1@nhs.net">susan.elden1@nhs.net</a></p>
<p>Khalida Aziz Commissioning Manager</p> <p>NHS England – London Region</p>	<p><a href="mailto:khalida.aziz@nhs.net">khalida.aziz@nhs.net</a></p>

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## Adults & Health Overview & Scrutiny Sub-Committee

<b>Title</b>	<b>Barnet Multi-Agency Safeguarding Adults Board Annual Report 2022-23</b>
<b>Date of meeting</b>	24 <sup>th</sup> January 2024
<b>Report of</b>	Fiona Bateman, Independent Chair of the Safeguarding Adults Board
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Appendices</b>	Appendix A - Safeguarding Adults Board Annual Report 22-23
<b>Officer Contact Details</b>	Joyce Mbewe, Safeguarding Adults Board Business Manager, 0208-359 2519 <a href="mailto:joyce.mbewe@barnet.gov.uk">joyce.mbewe@barnet.gov.uk</a>

### Summary

The Local Authority is required (by virtue of s.43 Care Act 2014) to establish a Safeguarding Adults Board ['SAB'] for their area. Each SAB must publish an annual report setting out details of what it has done to achieve objectives within its strategic plan and steps taken to implement the learning from Safeguarding Adults Reviews undertaken during the period.

### Recommendations

1. That the Adults and Health Overview and Scrutiny Sub-Committee note the Barnet Safeguarding Adults Board Annual Report 2022-23.
2. That the Committee note that following the Adults and Health Overview and Scrutiny Sub- Committee meeting, the Annual Report will be published on the Council website on Barnet Safeguarding Adults Board webpages.

## **1. Reasons for the Recommendations**

- 1.1 For each financial year, the SAB must publish an annual report in accordance with Schedule 2 of the Act. The annual report will be published on the Council's website. The Care Act 2014 (the Act) requires each local authority to establish a Local Safeguarding Adult Board for area pursuant to Section 43(1).
- 1.2 The Barnet Safeguarding Board was established in 2002 and from 1 April 2015 was placed on a statutory footing. The Barnet Safeguarding Adults Board is a partnership of voluntary, statutory and community organisations. The BSAB's purpose is to enable partner agencies to review practice across the entire 'system' and provide positive cross-agency challenge to encourage accountability and strengthen a culture of continuous improvement. It is a very active partnership with commitment from across the statutory, voluntary and community-based organisations.
- 1.3 The BSAB's governance arrangements ensure that it reports work to the Council through the Adults and Health Overview and Scrutiny Sub-Committee and, due to the important multi-agency arrangements and the role of health, the Board's Annual Report is also noted by the Health and Wellbeing Board as well as each partners' Executive Board.

## **2. Alternative Options Considered and Not Recommended**

- 2.1 Non-Applicable

## **3. Post Decision Implementation**

- 3.1 The Barnet Safeguarding Adults Board Strategic Plan and annual report is a public document and following this Committee meeting, will be published on the Council's website. The Board's Annual Report will also be reported to the Health and Wellbeing Board for noting as well as each partners' Executive Board.

## **4. Corporate Priorities, Performance and Other Considerations**

### **Corporate Plan**

- 4.1 The work of the Barnet SAB supports the council's Our Plan for Barnet priorities under the Living Well theme, especially in the areas of delivering a multi-agency response to supporting residents to stay safe and independent, integrated care and tackling domestic abuse.

### **Corporate Performance / Outcome Measures**

### **Sustainability**

4.2 The BSAB works across statutory, third sector and providers to deliver improvements in safeguarding practice. We actively consider how to engage with the public and practitioners in a sustainable way to reduce abuse and neglect. Our actions seek to reduce prevent harm before it occurs and thereby reduce demand on vital services.

### **Corporate Parenting**

4.3 The Adults Safeguarding Board works closely with the Barnet Safeguarding Children's Partnership. It recognises the need for everyone to 'think family' when addressing their safeguarding functions. The two partnerships also have mechanisms in place to coordinate on work priorities arising from case reviews where they impact on respective safeguarding duties. The Board also continues to champion Transitional Safeguarding regionally and nationally.

### **Risk Management**

4.4 A failure to keep adults at risk of abuse safe from avoidable harm represents not only a significant risk to residents but also to the reputation of the Council and partner agencies, including statutory safeguarding partners (namely the police and NHS). Although safeguarding must be the concern of all agencies working with vulnerable adults, the Local Authority is the lead agency. As such, both Members and senior officers carry a level of accountability for safeguarding practice in Barnet. Governance structures are in place to ensure that other lead stakeholders, including the NHS and the police, are represented to ensure that practice across the partnership meets safeguarding requirements.

### **Insight**

4.5 This year the annual report has complimented our usual report with case studies to try to bring to life the everyday practice from across the partnership to identify possible abuse or neglect and work collectively with the adult so that responses are person-centred and effective in reduction risk.

4.6 Effective quality assurance drives continuous improvement and is recognised as a critical function of the BSAB. The Performance Quality Assurance (PQA) Subgroup of the BSAB provides assurance that local safeguarding arrangements are in place and work effectively, and risks and concerns are escalated to the Independent Chair and BSAB. The group meets quarterly to review safeguarding performance via an integrated monitoring report which reviews data and key performance indicators from across the partnership.

a) As a result of their quality assurance activity, the PQA subgroup is well placed to identify gaps in workforce learning across the partnership or areas which requires increased public awareness. This information feeds directly into the Barnet Safeguarding Adults Board's workplan by assisting us to identify topics to cover

within our monthly ‘Lunch and Learn’ sessions. These sessions are bitesize webinars for practitioners across our partnership workforce, held each month. We welcomed anyone working within voluntary, community, faith organisation and statutory bodies who support adults to stay safe to attend these free lunchtime sessions.

- b) Quality of data has been considered and during 2022-23 the BSAB continued to review the data collected with commitment from the performance team and from partner agencies. Our independent Chair was also actively involved. We were able to analyse data and identify trends and themes to guide the work of the BSAB and identify important changes in partnership representation.
  
- c) The Business Intelligence & Performance Insights produce quarterly data, and their Senior Business Intelligence & Performance Analyst participates in the meeting and discuss the data.

### **Social Value**

- 4.7 The BSAB supports the Public Services (Social Value) Act 2013 by ensuring that robust safeguarding procedures are in place throughout the borough. The council ensures that care providers commissioned to work with adults accessing social care services have the required skills and training to support effective safeguarding throughout the borough and the Board aims to publicise the key issues surrounding safeguarding within the borough to strengthen the public’s awareness of safeguarding issues.

## **5. Resource Implications**

### **(Finance and Value for Money, Procurement, Staffing, IT and Property)**

- 5.1 There are no additional resource implications arising from the recommendations of this report. The activities listed will be managed within the appropriate organisation’s existing budgets.
  
- 5.2 Safeguarding training is currently provided by the Council’s Communities, Adults and Health Directorate and this training is mandatory for all Communities, Adults and Health staff. Safeguarding training is also offered to all care providers commissioned through Communities, Adults and Health and the provision is covered within the directorate’s budget.
  
- 5.3 The current annual budget for the BSAB is £95,000, which covers the post of Independent Chair and Safeguarding Adults Business Manager as well as the delivery



of the Board priorities including training and communications. Each partner is asked to provide a contribution towards Board costs, for 2022-23 this was:

Table 1: BSAB Partner Financial Contributions 2022-23

<b>Statutory Partner</b>	<b>Contribution</b>
London Borough of Barnet	£60,000
NCL Integrated Care Board	£20,000
Barnet Enfield Haringey Mental Health Trust	£5,000
Metropolitan Police	£5,000
Central London Community Health	£5,000

## **6. Legal Implications and Constitution References**

- 6.1 The Care Act 2014 (the Act)<sup>1</sup> places on a statutory footing some of the safeguarding obligations that were previously located in guidance. The Act requires each local authority to establish a Local Safeguarding Adult Board (SAB) for their area pursuant to Section 43(1).
- 6.2 For each financial year, the SAB must publish an annual report in accordance with Schedule 2 of the Act. The plan will be published on the Council’s website.
- 6.3 The terms of reference for The Adults and Health Overview and Scrutiny Sub-Committee includes that it shall perform the overview and scrutiny role and function in relation to:
- All matters as they relate to Adult Social Care
  - Reviewing and scrutinising, matters relating to the planning, provision and operation of health services in Barnet including inviting the relevant Chief Executive(s) of NHS organisations to account for the work of their organisation (s) as set out and required by the Health and Social Care Act 2001 and related primary and secondary legislation.

## **7. Consultation**

- 7.1 The BSAB had agreed they needed to draw on the expertise and established network within our diverse communities to better understand how different types of risk affect diverse communities and what BSAB partners need to do differently to improve

<sup>1</sup> The Care Act 2014 – [www.legislation.gov.uk/ukpga/2014/23/contents](http://www.legislation.gov.uk/ukpga/2014/23/contents)

awareness, identification, reporting of safeguarding concerns and access to support within those communities.

- 7.2 The SAB has to report on its work to Elected Members via the Adults and Health Overview and Scrutiny Sub- Committee and then to partners and members at the Health and Wellbeing Board. Additionally, each agency represented on the Board will present the annual report to their agency executive Board.

## **8. Equalities and Diversity**

- 8.1 Equality and diversity issues are a mandatory consideration in decision making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must have due regard to the equality duties when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day-to-day business requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.
- 8.2 Section 149 of the Act imposes a duty on ‘public authorities’ and other bodies when exercising public functions to have due regard to the need to:
- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act.
  - b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
  - c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 8.3 The annual report provides progress against the business plan 2022-23. Our key priorities are:
- Establish consistent practice across partnership agencies which reflect the ‘Making Safeguarding Personal’ principles’.
  - Adults at risk’ are heard and understood and their experiences and views shape continuous improvement.
  - Advance equality of opportunity, including access to justice for ‘Adults at Risk’.
- 8.4 The Care Act Guidance identifies discriminatory abuse as a specific form of abuse which includes harassment because of race, gender, gender identity, age, disability, sexual orientation or religion.

## **9. Background Papers**

9.1 None

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# Barnet Safeguarding Adults Board Annual Report 2022-23

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## Foreword from the Independent Chair, Fiona Bateman

It is always a pleasure to introduce our annual report. We really welcome interest from a wide cross section of our community across Barnet. I have no doubt that you will find much within this report of interest, as the report details the wide range of activity undertaken by the BSAB, our members and wider partners to tackle issues as they arose across the year.

I am privileged to work with partners who, despite very real challenges, never cease to inspire and impress me with their dedication, energy and sense of social justice. This year we have complimented our usual report with case studies to try to bring to life the everyday practice from across the partnership to identify possible abuse or neglect and work collectively with the adult so that responses are person-centred and effective in reduction risk.

We have also been able to show an impact of previous BSAB activity. We can see from the first section of the report (which details the profile of risk in Barnet) that safeguarding concerns have increased both in terms of the numbers of cases reported and in their complexity. Despite this, our data provides reassurance that people are identifying concerns and reporting these, that responses to those concerns are timely and are increasingly meeting the outcomes that matter to the adult.

You will also see that as a partnership we have 'lifted the lid' on topics often considered too difficult to really explore how we can work not just across our member agencies, but pro-actively with the voluntary, faith and community sector organisations, our carers and residents to understand what might be needed to ensure the system is better connected and focused on keeping adults with care needs safe.

Over the coming year we intend to publish a fresh new strategy to continue to build on these solid foundations, influenced by our engagement activities with frontline practitioners, carers, residents and experts by experience who have so generously given their time to support the work of the BSAB. We pride ourselves on being an inclusive partnership, where parity of esteem is a core value. We are particularly keen to hear from adults with care and support needs who have experienced abuse or neglect or cared about someone who has, understanding what works to keep people safe from lots of different perspectives really does help shape our system into a fairer, safer one.

Best wishes for a safer future,

Fiona Bateman  
BSAB Independent Chair

### Summary

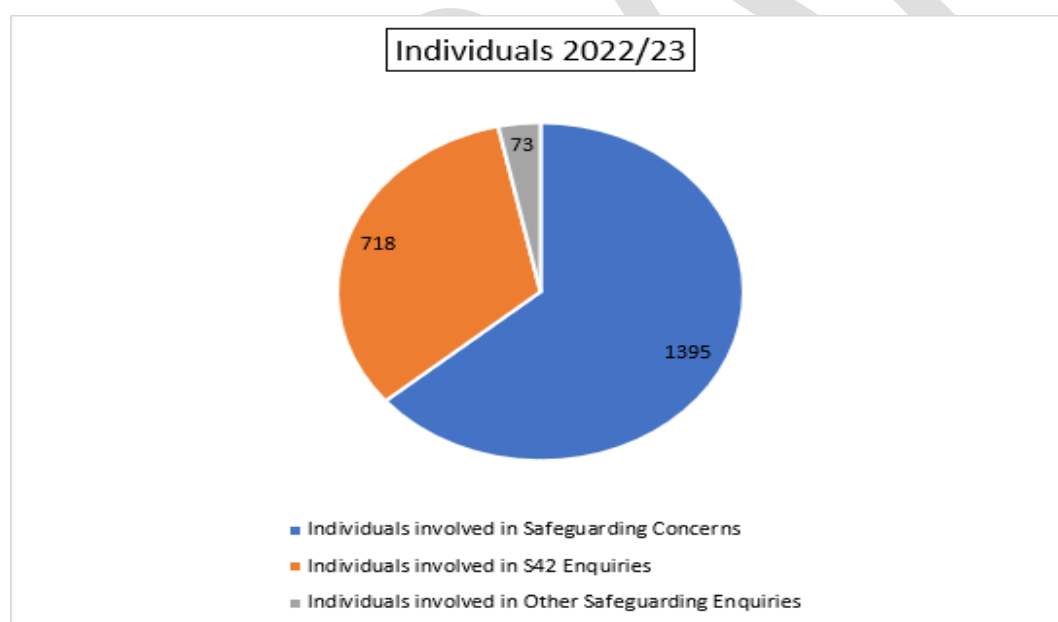
The following data comes from the Council's 2022-23 Safeguarding Adults Collection (SAC) which records details about safeguarding activity for adults aged 18 and over in England, reported to, or identified by, Councils with Adult Social Services Responsibilities.

This year increases were observed in both safeguarding concerns and enquiries. This was in part due to a change in ICT process in April 2022 to speed up the timeliness of recording safeguarding activity down to 3 days or less for concerns and 30 days or less for enquiries. Previously, staff were recording tasks that were aligned to an enquiry as part of the 'safeguarding concerns' process. This is in part linked to the principles of 'Making Safeguarding Personal', which require proportionality and prevention approaches. However, in line with guidance issued by the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS), this activity is now recorded under the enquiry process.

Although the location of abuse ranked order has not changed significantly, the proportions have, with the 'own home' location accounting for 57.4% this year compared to 46.2% in 2021-22. Care Homes for both residential and nursing equated to 25.6% of all enquiry locations compared to 36% in 2020-21. Adult safeguarding partners may not have high levels of access to people's own homes, but the data demonstrates the ingenuity of our frontline staff across partner agencies in seeking to keep adults with care and support needs safe.

For those with recorded desired outcomes, the proportion of people fully or partially achieving these outcomes increased to 89.8%, from 87.8% in 2021-22.

### Individuals

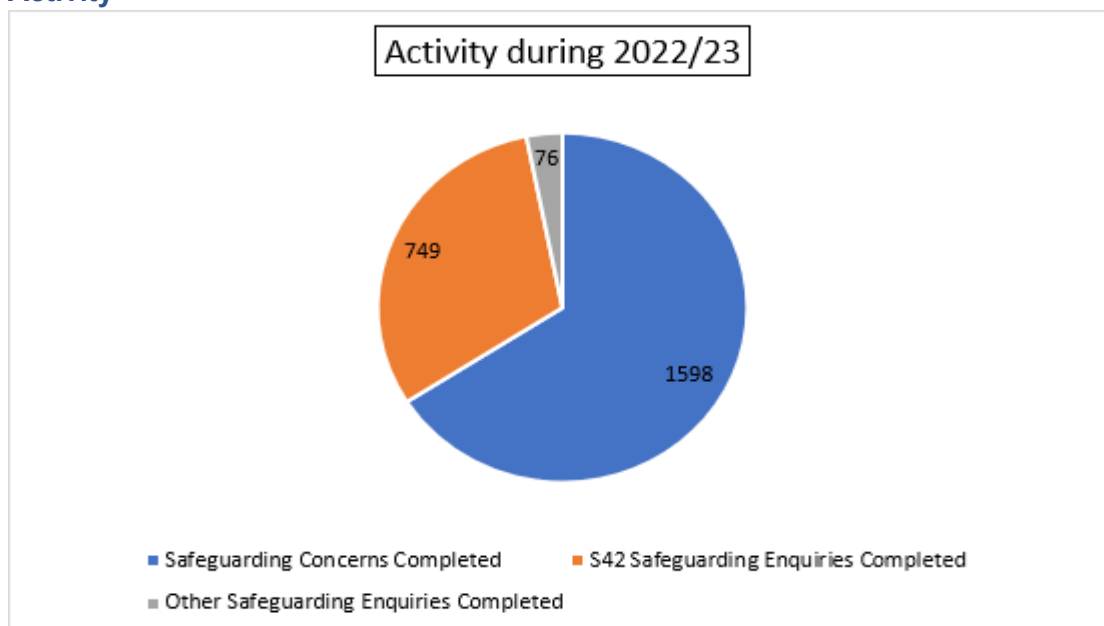


↑ A total of **1,395** individuals were involved in safeguarding concerns during 2022-23, an increase from **1,265** in 2021-22 (10.3% increase equivalent to 130 more individuals).

↑ A total of **718** individuals were involved in Section 42 Safeguarding Enquiries, an increase from **303** in 2021-22 (137% increase equivalent to 415 more individuals. This is as a result of the ICT recording change outlined in the introduction to this section above).

↑ A total of **73** individuals were involved in other Safeguarding Enquiries, an increase from **11** in 2021-22 (563.6% increase equivalent to 62 more individuals).

## Activity



- **↑ 1,598** Safeguarding Concerns were completed during 2022-23, up from 1,464 in 2021-22 (9% increase equivalent to 134 more Safeguarding Concerns).
- **↑ 749** S42 Safeguarding Enquiries were completed during 2022-23, up from 318 in 2021-22 (135.5% increase equivalent to 431 more S42 Safeguarding Enquiries, but this is due to the change in process described above).
- **↑ 76** Other Safeguarding Enquiries were completed during 2022-23, up from 11 in 2021-22 (590.9% increase equivalent to 65 more non statutory enquiries completed).

## Safeguarding Enquiries by Source of Risk

- **Neglect and Acts of Omission** continues to be the highest proportion of source of risk accounting for 32.7% (↓ down from 39% last year) of all the source of risk types.
- **Financial or Material Abuse** was the second highest proportion of source of risk accounting for 16.8% (↑ up from 14.6% last year) of all the source of risk types. This is likely due to the significant focus given to this form of abuse within NCL, following the changes in legislation under the Domestic Abuse Act 2021.
- **Physical Abuse** was the third highest proportion of source of risk accounting for 15.1% (↓ down from 18.5% last year) of all the source of risk types.
- **Psychological Abuse** continues to be the fourth highest proportion of source of risk accounting for 13.0% (↓ down from 13.4% last year) of all the source of risk types.
- **Self-Neglect** continues to be the fifth highest proportion of source of risk accounting for 9.9% (↑ up from 5.6% last year) of all the source of risk types.
- **Domestic Abuse** continues to be the sixth highest proportion of source of risk accounting for 6.2% (↑ up from 4.5% last year) of all the source of risk types. Currently BSAB partners are working on a theory that a higher proportion of adults experience domestic abuse than is recorded within the SAC data. This is because data available from the Metropolitan Police would indicate that domestic abuse is far higher. It is likely that requirements in respect of the data collection means that often the form of abuse (physical, emotional, financial etc) will be the defining characteristic when choosing a categorisation, rather than the fact that the abuse occurs between people who are 'personally connected'. <sup>1</sup> We are hoping to work, over the coming year, with NHS England to improve consistency in recording so that this can be better understood in the years ahead. Locally BSAB's board manager is also an active member of the VAWG strategic partnership to ensure that we

<sup>1</sup> This is the term used to define domestic abuse within the Domestic Abuse Act 2021.



continue to work collectively to support adults with care and support needs access the right support at the right time.

- **Sexual Abuse** continues to be the seventh highest proportion of source of risk accounting for 3.8% (↑ up from 2.6% last year) of all the source of risk types.
- **Organisational abuse** is the eighth highest proportion of source of risk accounting for 1.2% (→ same as last year) of all the source of risk types.
- There were 9 recorded Safeguarding Enquiries for Modern Slavery in 2022-23 after 2 years of 0 recorded safeguarding enquiries in both 2020-21 and 2021-22. Modern Slavery has the ninth highest proportion of source of risk accounting for 0.8% (↑ up from 0% last year).
- **Sexual Exploitation** was the tenth highest proportion of source of risk accounting for 0.4% (↓ down from 0.5% last year) of all the source of risk types.
- **Discriminatory Abuse** was the eleventh highest proportion of source of risk accounting for 0.1% (↓ down from 0.2% last year) of all the source of risk types.

### Safeguarding Enquiries by Location

- ↑ **Own home** continues to be the highest proportion of location of abuse in safeguarding enquiries (57.4% up from 46.2% in 2021-22).
- ↓ **Care Home – Residential** continues to be the second highest proportion of location of abuse in safeguarding enquiries (17.3% down from 18.6% in 2021-22).
- ↓ **Care Home – Nursing** continues to be the third highest proportion of location of abuse in safeguarding enquiries (8.3% down from 17.4% in 2021-22).
- ↓ **In the community** (excluding community services) was the fourth highest proportion of location of abuse in safeguarding enquiries (6.3% up from 4.1% in 2021-22).
- ↓ **Other** accounted for the fifth highest proportion of location of abuse in safeguarding enquiries 22 (4.1% down from 6.4% in 2021-22).
- ↓ **In a community service** continues to be the sixth highest proportion of location of abuse in safeguarding enquiries (2.9% down from 3.8% in 2021-22).
- ↓ **Hospital – Acute** continues to be the seventh highest proportion of location of abuse in safeguarding enquiries (1.8% down from 2.3% in 2021-22).
- ↑ **Hospital – Community** continues to be the eighth highest proportion of location of abuse in safeguarding enquiries (1.4% up from 1.2% in 2021-22).
- ↑ **Hospital – Mental Health** continues to be the ninth highest proportion of location of abuse in safeguarding enquiries (0.5% up from 0% in 2021-22).

### Risk Assessment Outcomes

- ↓ Risk Identified and **action taken** continues to be the highest proportion of outcomes with 72.8% (down from 75.1% last year) of risk outcomes falling into this category.
- ↑ No risk identified and **no action taken** was the 2<sup>nd</sup> highest proportion of outcomes (was 3<sup>rd</sup> last year) with 7.7% (up from 6% last year) of risk outcomes falling into this category.

For the next two indicators, it may be helpful to explain that these outcomes describe cases where they have been referred as a safeguarding concern, but on closer enquiry there is no risk of abuse. However, it is accepted that the adult may require social care or health input and so are referred onwards for an assessment of their needs.

- ↑ No risk identified and **action taken** was the 3<sup>rd</sup> highest proportion of outcomes with 6.7% (up from 5.7% last year) of risk outcomes falling into this category.
- ↓ Risk – Assessment inconclusive and **action taken** was the 4<sup>th</sup> highest proportion of outcomes with 4.4% (down from 9% last year) of risk outcomes falling into this category.
- ↑ Risk identified and **no action taken** was the fifth highest proportion of outcomes with 4% (up from 2.7% last year) of risk outcomes falling into this category. A case audit has shown that these were either well justified or recorded incorrectly and action was taken.

- **↑** Risk – Assessment inconclusive and **no action taken** was seventh highest proportion of outcomes with 2.4% (up from 0.6% last year) of risk outcomes falling into this category.
- **↑** Enquiry ceased at individual's request and **no action taken** was the sixth highest proportion of outcomes with 2% (up from 0.9% last year) of risk outcomes falling into this category.

### Risk Outcomes

Where risks were identified the outcome/ expected outcome when the case was concluded were as follows:

- **↓** Risk Reduced in 58.3% of the time (down from 60.4% last year)
- **↑** Risk Removed in 33.5% of the time (up from 32.7% last year)
- **↑** Risk Remained in 8.1% of the time (up from 6.9% last year)

### Mental Capacity for concluded S42 Safeguarding Enquiries

- **↓** 27.8% of concluded S42 Safeguarding Enquiries lacked capacity (down from 46.1% last year)
- **↑** 58.9% of concluded S42 Safeguarding Enquiries did not lack capacity (up from 41.3% last year)
- **↑** 9.3% (70 recorded as 'Don't know') of concluded S42 Safeguarding Enquiries it was not known what their mental capacity was (up from 5.8% last year)
- **↓** 4% (30 not recorded) of concluded S42 Safeguarding Enquiries their mental capacity was not recorded (down from 6.8% last year)
- **↑** 96.6% of people who were identified as lacking capacity were provided support by an advocate, family, or friend (up from 95.8% in 2020-21).

A case audit of cases recorded as don't know or not recorded has shown a mixture of adults who had died or were at end of life. That audit concluded that the main area for practice improvement was a procedural one regarding better record keeping, but that usually a person's capacity was determined.

### Making Safeguarding Personal

- **↑** 78.7% of concluded S42 Safeguarding Enquiries (587) the individual or individual's representative **were asked, and outcomes were expressed** (up from 74.2% last year).
- **↓** 10.6% of concluded S42 Safeguarding Enquiries (79) the individual or individual's representative **were asked, but no outcomes were expressed** (down from 20% last year).
- **↑** 8.4% of concluded S42 Safeguarding Enquiries (63) the individual or individual's representative **were not asked about desired outcomes** (up from 3.5% last year).
- **↑** 2.1% of concluded S42 Safeguarding Enquiries (16) the individual or individual's representative **did not know about desired outcomes** (up from 0.6% last year).
- **→** 0.1% of concluded S42 Safeguarding Enquiries (1) it was **not recorded** that the individual or individual's representative were asked about desired outcomes (down from 1.6% last year).
- A case audit of cases recorded as 'were not asked' or 'not recorded' has shown a mixture of adults who had died, again, this was addressed by providing advice on recording issues.

Of those cases where desired outcomes were achieved the proportion of them that were recorded as:

- **↑** Fully achieved – 59.6% up from to 47.8% last year.
- **↓** Partially achieved – 30.2% down from 40% last year.
- **↓** Not achieved - 10.2% down from 12.2% last year.
- **↑** 89.8% of cases where desired outcomes were recorded were fully or partially achieved up from 87.8% last year.

### SARS

2 SARS were recorded in 2022-23. In 2021-22 1 SAR was recorded. Detailed of the findings of these reviews and what steps the BSAB and our partner agencies have taken are detailed later in this report.

## Barnet Safeguarding Adults Board: Our vision and purpose.

The Barnet Safeguarding Adults Board ['BSAB'] is a partnership of voluntary, statutory and community organisations. The BSAB's purpose is to enable partner agencies to review practice across the entire

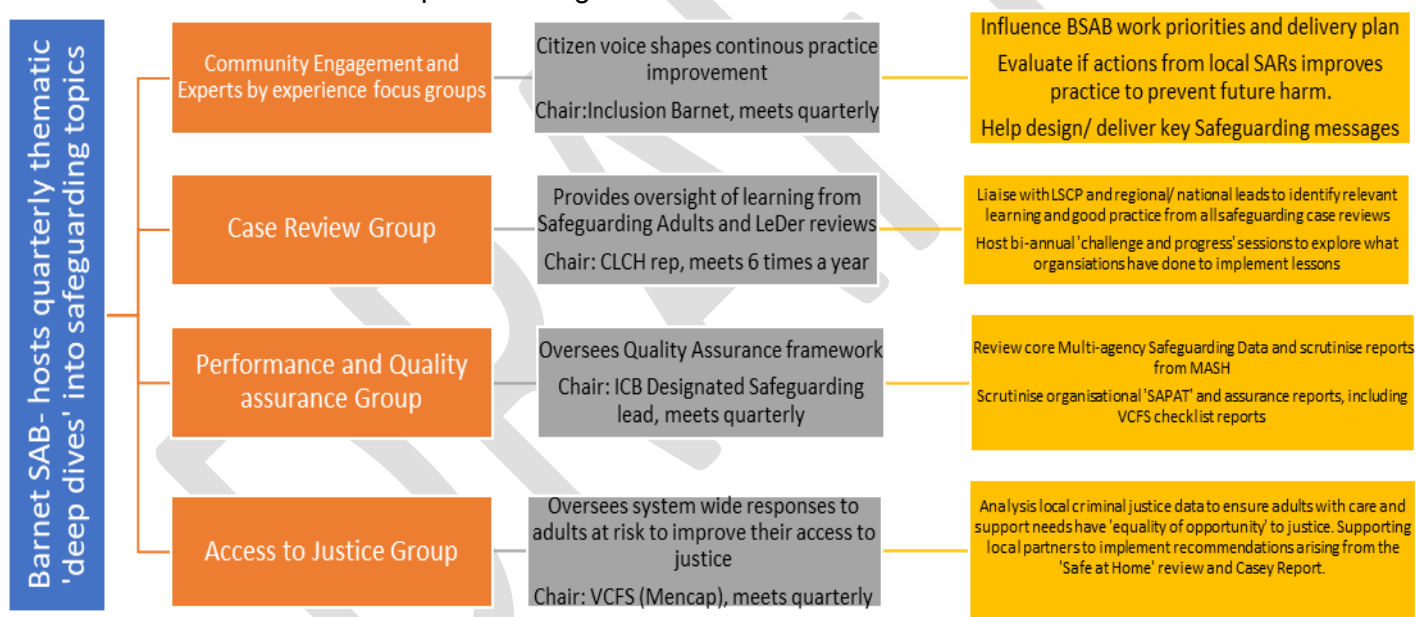
health, social care and criminal justice system to provide positive cross agency challenge, to encourage accountability and strengthen a culture of continuous improvement.

Our vision is for all ‘adults at risk’,<sup>2</sup> in Barnet to be safeguarded from abuse and neglect in a way that supports them to make choices and have control about how they want to live safely. We set out three key priority areas, namely:

- Establish consistent practice across partnership agencies which reflect the ‘Making Safeguarding Personal’ principles<sup>3</sup>
- Ensure ‘adults at risk’ are heard and understood and their experiences and views shape continuous improvement.
- Advance equality of opportunity, including access to justice for ‘adults at risk’

In recognition of the wide-ranging impact of the Pandemic and the way in which services will be delivered, (e.g., migration over to Integrated Care Systems) the BSAB reviewed how sub-groups and the main meetings of the board will interact to complete key tasks to fulfil our joint statutory functions. That work continued to be complemented by community engagement activities and multi-agency sector- led workshops so that we could demonstrate effective, proportionate safeguarding practice across our partner agencies.

The Board retained the current structure of sub-groups to enable practitioners across the statutory, voluntary and community sectors come together to build on the innovation and strong partnership collaboration so evident in the response during the Pandemic.



A summary of the work completed, and the impact is given below.

**BSAB meets as a whole group every three months.**

The BSAB identified four safeguarding topics to provide a focus for the quarterly BSAB meetings, namely financial abuse, fire safety, multiple exclusion homelessness and modern day slavery. These themes were chosen because of national and local learning from safeguarding adults reviews or to take forward our local strategic plan. Theming meetings in this way afforded partners an opportunity to reflect on activities undertaken by their organisations to address systematic or persistent levels of harm experienced by adults at risk in Barnet. Agencies were asked to provide assurance on the steps taken to implement policies, disseminate practice guidance and monitor service delivery to ensure they were working collectively to safeguard adults at risk in Barnet.

<sup>2</sup> Defined by s42 Care Act 2014 as adults with care and support needs who are at risk of abuse or neglect and unable to protect themselves  
<sup>3</sup> Set out in more detail at: <https://local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal>

**In June 2022** the BSAB discussed 'Intrafamilial' Financial Abuse, following on from our 2020 survey of adults with learning disabilities' experience of financial abuse, and a subsequent lunch and learn where participants had explained they find it hardest to respond effectively to financial abuse concerns if this had occurred within family or 'friendship' groups. On the 21.06.22 we hosted an on-line workshop for practitioners from across all 5 boroughs. There was representation from Mencap, DWP, Age UK, trading standards, Police officers, social workers, community and hospital-based health practitioners, local authority finance officers and deputyship teams. The workshop explored the prevalence of abuse by family members, those posing as friends or informal carers who exploit adults at risk for their own financial gain, including deception or coercion in respect of money or assets, including the misappropriation of property, possessions or welfare benefits.

The workshop started by hearing from one of our experts by experience about the impact that financial abuse by his family had on him. Following this there were plenary sessions exploring:

- Financial/ Economic coercion as a form of domestic abuse
- Prevention is the best cure- ways to stay safe from financial abuse.
- A system- wide approach to identifying and responding to financial abuse.

97 people registered interest in the workshop and 77 attended the session, with a satisfaction rating of 4.7 (out of 5). Practitioners at the workshop reported a lack of public and professional awareness of the risks and nature of economic/ financial concerns. The importance of diversity and difference in key messages was also considered, with practitioners recommending that SABs engage from the start of any 'product design' with our community or faith group leaders to take advice about the best formats and use of language to ensure this work has a wide and impactful reach. Attendees explained, taking such an approach will build trust and help us all to understand issues from different cultural perspectives.

- We identified good practice examples across social care, Department of Work and Pension [DWP] and VCFS colleagues.
- We agreed a way forward to raise public awareness.
- We presented our findings to BSAB, Community Safety Partnership, North Central London Integrated Care Board's [NCL ICB] safeguarding conference and London SAB's conference.

The full report with recommendation can be found [Report](#) The importance of this work was underlined by interest from the Home Office and Department for Health and Social Care within their 'Safe Care at Home'<sup>4</sup> [Link](#) report into the obligations for public bodies to protect those in receipt of care within their own home. That national guidance drew on, amongst other sources, the case studies and the NCL findings. Our Access to Justice sub-group will explore over the coming year how we implement the recommendations of the Safe Care at Home report locally.

**In September 2022** the BSAB discussed the theme Safeguarding and the Cost of living. The Community Care survey reported rising cost-of-living is 'severely' affecting people accessing children's and adults' services fuelling a host of issues including poverty, debt, mental ill-health and domestic conflict. Locally partners have raised concerns that rising costs, particularly with respect to food and fuel costs, could have a significant impact on the safety and wellbeing of adults with care and support needs, including increasing the risks of financial abuse, fire safety (as people use more risky light and heat sources) and self-neglect as a result of poor heating or nutrition. The focus of discussions was on steps taken by partner organisations to respond to anticipated safeguarding risks. Partners gave assurance about what is being done for example,

- [The London Probation Service](#) recognised that people are having challenges and difficulties in getting to appointments for finances, leading to further or different criminal activity and exploitation of more vulnerable people.
- [The NHS through the ICB](#) were exploring personal health budgets and there's a discretion to use small personal health budgets to support discharge from hospital.
- [The Local Authority](#) confirmed they were working in partnership with Voluntary and Community sector and health partners to give extra support and signpost for support. Practitioners are encouraged not to

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<sup>4</sup> Available at: <https://www.gov.uk/government/publications/safe-care-at-home-review>

signpost without introductions or support being given to ensure that access to information and advice is as smooth as it can be. Practical support with heating and keeping warm is also available.

- [The Barnet Group](#) confirmed it was also taking steps to ensure that tenants accessed available support through its own services and via partners.

**In December 2022** the BSAB discussed the Reframing Safeguarding project following a successful bid to the Barnet Prevention Fund. The BSAB had agreed they needed to draw on the expertise and established networks within our diverse communities to better understand how different types of risk affect diverse communities and what BSAB partners need to do differently to improve awareness, identification, reporting of safeguarding concerns and access to support within those communities. The aim of the project is to:

- Increase understanding about safeguarding and knowledge about the BSAB.
- Reframe the local narrative on safeguarding to 'Keeping All Adults safe'.
- Encourage Barnet's diverse communities to confidently raise safeguarding concerns in respect of adults with care and support needs to the Barnet MASH.
- Establish a feedback process between the MASH and local residents when safeguarding concerns do not reach S42 thresholds.
- Create a culture of community understanding about safeguarding.
- To establish an 'Expert by Experience' Group of Barnet residents to support and guide the BSAB.

The project is being led by the BSAB's manager and [CommUnity Barnet](#), a partner on the Board using their experience of carrying out similar work in Newham. An Oversight group including Barnet Carers, Inclusion Barnet, Barnet Mencap and LBB's VAWG strategy manager is overseeing the project. An initial engagement programme consisting of focus groups, face-to-face conversations, social media campaigns, and a survey to scope understanding has been developed. It has been shared with people who draw on care & support and residents in Barnet. This will be used to capture residents' knowledge of safeguarding. Click here [BSAB - Community Engagement Survey November 2022](#) . The project is due to be completed December 2023.

**In March 2023** partner agencies reported on activity within their organisation to address SAR recommendations and BSAB strategic priorities. The BSAB also discussed strategic planning for the next 3-5 years. Since SABs became statutory bodies in 2015, there has been significant pressures experienced by most (if not all) SAB member organisations because of austerity, the Covid-19 Pandemic and the present cost of living/ workforce capacity issues. As a partnership therefore, we explored whether our current structures, resources and ways of working remain effective in achieving shared aims as a board.

The new BSAB Strategic plan 2023-2026 can be found here [Barnet Safeguarding Adults Board](#)

#### THE CASE REVIEW GROUP ['CRG']:

This group provides oversight of learning from Safeguarding Adults Reviews and Learning Disability Mortality Review [LeDeR] and is currently chaired by CLCH's (Director of Safeguarding & Childrens Public Health Nursing) representative. They liaise with LSCP and regional/ national leads to identify relevant learning and good practice from all safeguarding case reviews and host 'challenge and progress' sessions to explore what organisations have done to implement lessons from Safeguarding Adults Reviews completed by the BSAB.

#### **Fire safety-** Mr A and thematic review

In order to raise wider awareness of fire safety, the task and finish group designed a Fire Safety Practitioner Survey and Fire Safety Audit Tool to determine practitioners' knowledge of fire safety procedures and aid with organisational self-assessment. This was circulated to care providers across Barnet. Some of the answers to both the Practitioner Fire Safety Questionnaire and the Fire Safety Audit Tool were encouraging, but others provided a very mixed picture. There were, unfortunately, very few

responses received which suggests staff may have very little capacity to refresh themselves on issues like fire safety training, or that competing priorities mean that fire safety and prevention is not receiving the attention it needs.

It also highlighted too few people across our partner agencies knew how to access smoking cessation support or knew to refer cases to the BSAB Risk panel or considered raising safeguarding concerns. For many of our partner agencies, their fire safety training is focused on employer responsibilities and does not consider the personalised risk management that adults with care and support needs may benefit from. This will remain an area of focus for the BSAB.

Our case review group, through the regular 'challenge and progress' events will continue throughout 2023-24 to seek assurance that partner agencies are highlighting learning from the thematic review and that this is having a positive impact on practice within partner agencies' services. Knowledge of fire safety and fire prevention is crucial and numerous safeguarding adults reviews have shown the value in this being a partnership approach, not limited to adult social care or local fire services. We know that because of a high turnover of staff in the sector it is crucial training is refreshed on a regular basis. In addition, our lunch and learn [Fire safety session](#)

will continue to be available for agencies to use within team meetings as part of staff inductions.

**Gabrielle-** This review was completed following harm suffered by an adult with care needs after family members refused pressure ulcer care during the Covid-19 lock down. This highlighted the importance for professionals communicating effectively with each other, and of using a multi-disciplinary approach, including psychology services as appropriate to develop whole-family plans.

We have developed guidance for family carers and continue to work with the Carers Centre to ensure family carers are provided the right information to safely meet care needs. We also received assurances from partner agencies regarding changes they have made to their policies so that adults who are dependent on others to bring them to health appointments are not discharged from necessary services if they do not attend. CLCH have shared with other provider trusts and members of BSAB their 'was not bought' policy as a model of good practice. This case, and the thematic review detailed below, highlight the importance of practitioners taking time to ensure they hear the voice of the adult when looking at how (and if) their needs are being safely met and, if there are any concerns, considering the wider professional or social network around that adult so a holistic plan to reduce risk can be agreed.

**Thematic learning disabilities review-** this review explored how we could work more closely to prevent harm for adults with learning disabilities who are not receiving health and social care support. In one of the two cases explored, professionals recognised the risk of harm, but failures to correctly explain both the level of risk and previous attempts made to reduce this risk to legal advisors hindered escalation, leaving practitioners feeling powerless to intervene and support the adult at risk and their families.

In addition to the reviews detailed above, the CRG considered two new referrals in respect of two adults with care and support needs associated with multiple exclusion homelessness, who had died. The CRG were satisfied both cases met the mandatory review criteria (under s44 Care Act) as there were concerns regarding the ways relevant agencies worked together to safeguard both individuals. BSAB commissioned an independent reviewer to follow a 'learning together' approach. These cases are still in the process of being reviewed, so will be reported within next year's annual report but initial findings have already been used to inform strategic planning in respect of Barnet Council's public health approach to homelessness.

**Challenge and progress report on SAR implementation:** On 14<sup>th</sup> March 23, Barnet Mencap, Central London Community Healthcare [CLCH], Barnet Enfield Haringey Mental Health Trust [BEH MHT], Adult Social Care and Barnet Homes attended a challenge and progress meeting. They reported:

- BSAB's multi-agency risk panel is an effective mechanism for resolving very complex cases.
- The revised Escalation processes had a positive impact for VCFS staff and cases of concern.
- BEH MHT have new domestic abuse and sexual safety lead. Have improved their discharge process, developed a self-neglect toolkit.

- CLCH reported changes made to their 'no access' policy. Completed fire safety audit identifying areas from practice improvement.
- Barnet Mencap commended the SLIP review and safeguarding for carers work.
- ICB reported that the Mr A action plan resulted in assurance that all GPs and all Continuing Health Care staff had training by the Fire Brigade on how to refer patients for Fire Safety assessments. Emollient prescribing was reviewed by pharmacists and warning notices put on the GP system when writing prescriptions.
- LFB also highlighted local training they had delivered to increase fire safety awareness and that recent fire deaths demonstrated how important it was for this to remain on the BSAB workplan.

Organisations have also set out within the annual Safeguarding Adults Partnership Self-Assessment Audit ['SAPAT'] the steps they have taken to implement lessons from local reviews. Feedback from that tool has also been used to help BSAB partners work more collaboratively to implement improvements to practice, further refine relevant policy and shape our lunch and learn programme for workforce development.

What our partners say:

*'The partnership in Barnet is strong with an energy and enthusiasm to make a difference to those in greatest need. There is also a focus on innovative working and use of themed approach to learning. The use of webinars has extended the reach and access to BSAB work and messages.'*

CLCH SAPAT return

### Professional and Quality Assurance 'PQA' Group

This Group oversees the BSAB's Quality Assurance framework and is chaired by the ICB Designated Safeguarding lead. They meet quarterly and review core Multi-agency Safeguarding Data and scrutinise reports from the MASH, organisational 'SAPAT' and assurance reports, including VCFS checklist reports.

#### To progress the BSAB 3 strategic aims for 2022-23, the PQA reported they:

- Secured regular reporting of key performance indicators so that we can better monitor how well services work together to recognise, report and respond to abuse and neglect.
- Monitored access to advocacy, seeking assurance from partners that adults at risk without friends and family to support them get the correct support in a timely manner.
- We have reviewed key partner agencies SAPAT (safeguarding audit tool) to gain insight into shared challenges and opportunities to work together.
- Held a Voluntary Community & Faith Sector [VCSF] Safeguarding Adults Assurance Event. This event took place on 15th March 2023 and the event was hosted by the BSAB with support from the MASH. This gave us an opportunity to have a face-to-face conversation with VCSF organisation representatives. The agenda covered Safeguarding Assurance for the Voluntary Community & Faith Sector with reference to the Safeguarding Adults checklist, Safeguarding Community Engagement and a discussion to help shape BSAB's Strategy for 2023-25. The event was attended by 19 people.

**Next Steps:** In the coming year, the PQA will work to broaden BSAB's dataset to include KPIs from partner agencies demonstrating their practice is MSP compliant. This will require commitment from partners to identify reportable indicators and then regularly provide the appropriate data sets.

#### Partner assurance on thematic safeguarding concerns:

**CLCH:** In Q4 a dip sample audit was completed with the aim of identifying actions taken to safeguard patients who are smokers and where health treatment or equipment may increase the risk of a fire related incident. There was limited evidence of referrals to Fire Services where there was an identified risk. Actions are being implemented including review of caseloads, new Safeguarding Fire Safety Hub page and posters and stickers being developed with direct links / QR codes to the LFB referral web page.

**BEH MHT:** A partnership wide workshop on 'Responding to Male Survivors of Sexual Abuse' was held and in total 203 colleagues attended, 117 of these were BEH staff. It was found that throughout the trust there

are minimal reports of men disclosing sexual abuse and therefore this session looked at the barriers that men face, how to have sensitive conversations, and what support can be offered to those who have experienced SA.

**Royal Free Hospital:** Overall safeguarding referrals have decreased for both Barnet and Royal Free Hospital sites. The staff process for notify the safeguarding team of safeguarding concerns changed in July 2022 from using an online incident reporting system to using Electronic Patient Records. The team used a variety of communication platforms to support the change to ensure staff understood how to refer to the safeguarding team.

### **Cross sector learning opportunities or community engagement events**

The Board hosted monthly 'lunch and learn' webinars for all practitioners working across Barnet. The following topics were covered: safeguarding during rising costs of living, continuity of care & safeguarding, fire safety, compassion fatigue, continuity of care & safeguarding: learning from SARs, safeguarding duties to those with 'No Recourse to Public Funds' & safeguarding adults at risk of multiple exclusion homelessness. The sessions were attended by 160 people overall, mainly practitioners from the local authority and external staff and partners. The feedback from these sessions has been good and practitioners value the information shared by our independent chair who usually delivers the session.

Some feedback given is *"the sessions encourage us to look at safeguarding more broadly and from a different perspective, the Lunch & Learns encourage professional curiosity"*.

National Safeguarding week in 21<sup>st</sup>-27<sup>th</sup> November 2022 took place jointly across London, SABs came together to provide a range of free online learning events to raise awareness of key safeguarding issues, start conversations and share best practice throughout safeguarding week. We covered the following areas: transitional safeguarding, learning from Safeguarding Adults Reviews, Serious Care Reviews and Child Safeguarding Practice Reviews, safeguarding adults with mental health needs, learning from SARs: autism, suicide and safeguarding and self-neglect: applying s42 & risk assessment.

The local authority continue to provide external safeguarding training for organisations and provided 2 external Safeguarding courses 3 times last year. These covered policy and procedures for providers attended by 28 people and provider-led enquiries attended by 20 care providers.

## **THE ACCESS TO JUSTICE GROUP**

The Access to Justice sub-group meets every quarter and is chaired by the CEO of Barnet Mencap. Uniquely, this subgroup sits across both the BSAB and Barnet's Community Safety Partnership so as to directly inform the complementary work of both partnership boards. The group enjoys representation from some of the key stakeholders in Barnet. The group continues to be committed to identifying the barriers that adults with care and support needs face in accessing justice. The group also seeks to improve the collaboration of agencies across social care, health, and the criminal justice system, and reports its findings and proposals to the BSAB and community Safety Partnership.

### **To progress the BSAB 3 strategic aims for 2022-23, the Access to Justice group reported:**

#### **Hate Crime Report: April 2022 – March 2023**

The Access to Justice group provided oversight of the Hate Crime Project, which focused on the interface between safeguarding, disability hate crime and, increasingly, violence against women and girls, and to increase the understanding of what this means when keeping people safe. The Hate Crime Reporting Coordinator has also developed the Safe Places scheme for adults with learning disabilities. Key Objectives of the Zero Tolerance to Hate Crime Project include:

- Increasing reporting of Disability Hate Crime, Racist and Religious Hate Crime and Anti LGBT Hate Crime.
- Providing ongoing support to victims, in particular adults-at-risk.
- Increasing community confidence in reporting.



- Improving cross agency working to tackle hate, including working with the Metropolitan Police to improve communications with adults-at-risk and those more likely to be impacted by disability hate crime.
- Safeguarding vulnerable adults and children from the impact of hate crime.
- Co-ordinating and monitoring a network of Hate Crime Reporting Centres across Barnet, where vulnerable adults can access support to report hate crime to the Police. Victims are also offered ongoing support and are signposted to the appropriate community support organisation.

The table below sets out hate crime incidents recorded by the Metropolitan Police for the borough of Barnet.

Category of Hate Crime	April 2021- Mar 2022	April 2022- Mar 2023
Race and Religion	826	733
Anti-Semitism	154	142
Islamophobic	33	28
Disability	23	16
Transgender	67	81
Homophobic	13	11

The Project delivered:

- Staff Training Workshops for 65 staff at 6 organisations / service providers
- 7 Hate Crime Awareness Raising Workshops/Webinars for 75 residents, clients, carers and professionals.
- Engagement with over 300 residents at Hate Crime Awareness Week Information Stands
- 32 new Hate Crime Reporting Champions.
- Engagement with over 30 residents and bus drivers at the Vulnerable Bus Users Day at Edgware Bus Station.
- There are now 12 Hate Crime Reporting Centres operating across Barnet.
- Barnet Mencap recorded 12 hate crime incidents and supported clients to report these incidents to the Police.
- There are 40 registered sites to be designated Safe Places across Barnet.

During 2022/23 the Access to Justice group also sought assurance in the following priority areas.

**Autism and the Criminal Justice System [CJS]:** looking at the Autism alert card, the Youth Justice service regarding prevalence of young autistic people in contact with the CJS. They also heard from practitioners involved in the 'Why Me' and Restorative justice programmes. Click here [for more Information on these programmes and how they can support access to justice.](#)

**Carers:** working with the Carers Centre and Social Care to gain understanding of carers in the safeguarding process and how to ensure that they are offered appropriate support. This work will continue to be a priority with the Safe Care at Home review.

**Financial Abuse** - Following last year's report on the financial abuse of people with learning disabilities and work by mental health services and the NCL Financial Abuse workshop, a new project will focus on upskilling staff to recognise the risks and improve the quality of investigations of financial abuse across North Central London. Scams awareness and financial abuse workshops for people with learning disabilities are planned, to complement the programme carried out by Age UK Barnet..

### BSAB partnership achievements

**Adults at risk are heard and understood, their experiences and views shape continuous improvement**

## What did we do?

- Our constitution and operational plan considers how we can facilitate participation from carers, advocacy groups and experts by experience ['EbE'] for each activity. We worked with the London Safeguarding Voices and Barnet Council's Involvement Board (a group of people with lived experience & carers) to ensure we hear from citizens, but we know we need to do better, particularly to reach under-represented communities.
- In 2022-23 BSAB secured funding to establish a project with a VCSF partner (CommUNITY Barnet) to ascertain with BAME communities how we can work more closely to keep adults safe.
- SAPAT, audit tools and data reports actively review partners' activity to embed participation, as well as adherence to MSP principles and SAR recommendations coming from representations from EbE, family, carers for system change.
- Research shows the importance of positive case studies within regular workforce development opportunities. This features heavily in our monthly lunch and learn sessions. Important to provide context for policy development through people's stories of what worked well.
- BSAB and partners offer practical support to safeguarding champions to shape practice improvement, e.g. supervision standards, examples of safeguarding appraisal aspirations etc.

## Providing support on legislative change or topics relevant to adults at risk

### What did we do?

- Working with our Experts by experience, partners and national leaders, we responded to the government consultation highlighting significant risks re safeguarding practice of the proposed reforms to the Human Rights Act and Mental Health Act reforms.
- Liberty Protection Safeguards: Prior to the announcement of further delay to the implementation of the new reforms, BSAB continued to receive regular reports to ascertain how partners are preparing for the implementation of legislation and provide updates to partners, residents and family carers in monthly webinars.
- In 2022-23 BSAB's members contributed to new strategies to address health inequalities and needs assessments, carers, dementia, autism and suicide prevention among others. Presently, our input is heavily reliant on 'finding out' through our networks about new developments. This means we are too often reactive. The work we do (including SARs/ audits and engagement with communities and residents) should help shape strategies at the earliest opportunities.

## Case studies

**Every year, staff across the partnership work together to enable people to safeguard themselves and to provide support & intervention when a person may not be able to. The following are recent examples of practice in Barnet.**

### Case Study 1: Alice

*The DWP internal alert system picked up that Alice had made 5 separate Universal Credit ['UC'] claims, each of which had a different male attached. Her DWP's Disability Employment Advisor ['DEA'] was aware that due to Alice's vulnerability these were likely indicators of exploitation. So, rather than process these applications as fraudulent activity, the DEA considered their duties under safeguarding and modern slavery guidance.*

*Her advisor put an immediate freeze on her account to prevent her fellow applicants having access to her money and made contact through her Job Centre 'journal' to ensure she was seen face-to-face. The advisor also made contact with professionals and Alice's family network to understand better the risk for Alice.*

Throughout the interview Alice sought to provide assurances that she was not experiencing domestic abuse or financial exploitation by the men named on the applications. She was highly distressed, but consistently explained she had named the men as she had difficulties in managing her monies and they were supporting her. Staff interviewing her were concerned she had learning difficulties, poor mental health and given her past trauma of domestic abuse, felt she may have normalised the level of harm so wouldn't recognise her risk of exploitation. She had a history of homelessness and reported she relied on the support from each of the men of the claims. DWP staff were aware they could not prevent her returning to the relationships as this was beyond their legal powers. Equally, they were satisfied that she remained at high risk of financial exploitation. She reported reluctance to approach the local authority to secure support, despite DWP staff explaining that such help might reduce her dependency on the men she believed were friends. She refused consent for the DWP staff to refer for housing or social care support, however, aware of the wider safety duties, DWP staff raised a safeguarding concern with the local authority.

Her DEA was clear with Alice that her reliance on others to manage her finances put her at increased risk of exploitation and triggered their duties to investigate. They resolved with her to open a new bank account and UC claim so that no other person would be able to access her money. The DEA explained, if this were to happen again it would be immediately flagged and investigated and that the DWP would have to stop any payments. The DEA supported Alice to open new bank account and the bank agreed to flag if any individuals try to take money out of the account.

Practitioners from the DWP explained they are trained to identify patterns of behaviour. However, usually they are reliant on information from the claimant when they're applying for benefits and have developed systems to prompt enquiries/ professional curiosity though there is flexibility to allow for cases to be considered on the specific facts. Throughout the enquiry Alice's voice was heard, and care taken to explain the risks of exploitation to her. DWP staff commented they took a proportionate, pragmatic decision in this case to refer to the local authority against Alice's wishes, due to the long-term risks of exploitation.

### **Case Study 2: Anna**

Anna is in her late 30s and has a history of mental health, drug use and rough sleeping. She has a history of absconding from both her accommodation and from hospitals during active treatment; and of not engaging with services. She lives in a supported accommodation in Barnet funded by another LA. In April she was admitted to the hospital with pneumonia and sepsis. The hospital medical team raised a safeguarding referral for self-neglect and deteriorating physical and mental health. The medical team which oversees Anna's treatment raised concerns over her erratic behaviour, non-compliance with medication and high risk of death if she continues not to engage with medical treatment.

MASH team coordinated initial professionals meeting including health, the funding LA and St. Mungo's rough sleepers' team. A joint risk management plan was developed which included undertaking a MHA assessment, a psychiatry review, a mental capacity assessment and a review of Anna's care and support needs. All professionals continue to work together to promote Anna's wellbeing.

Following the recent MCA assessment, Anna has been deemed to lack capacity around her accommodation and finances. Whilst a DoLs application is being progressed, the rough sleeper team continue to support Anna to return to her accommodation when she is seen on the streets. Anna now tends to remain at the accommodation overnight and leaves it during the day. The funding LA is also taking Anna's case to its risk panel for further consideration.

The MASH officers involved in this case received the following from colleagues in the NHS:

**"I really want to thank you for your expertise, input and guidance, leadership and your understanding of this complex case. (And so much more!). .... Really the words don't do [it] justice"**

Since MASH involvement, Anna's compliance with medical treatment has slightly improved although it is still at variable level due to her past experiences. Professionals involved continue to explore all possible

options to promote Anna's welfare and have engaged Anna's friend whom she trusts, in safeguarding plans hoping it will increase Anna's engagement too.

The case is ongoing, and the MASH team continues to coordinate a partnership response before this case can be handed over to the funding authority.

#### Attendance at the Safeguarding Adults Board meetings 2022-23

Organisation	June 2022	September 2022	December 2022	March 2023
London Borough of Barnet (LBB) – Communities, Adults & Health				
LBB – Community Safety				
LBB – Public Health				
Royal Free London NHS Trust				
North Central London ICB				
Central London Community Healthcare NHS Trust.				
Barnet Enfield & Haringey Mental Health Trust				
Barnet Safeguarding Children Partnership				
London Fire Brigade				
The Barnet Group				
Barnet Mencap				
London Probation Service				
Inclusion Barnet				
CommUnity Barnet				
Barnet Carers Centre				
Metropolitan Police Barnet				
Department of Work & Pensions				

#### BSAB Partner financial contribution 2022-23

Statutory Partner	Contribution
London Borough of Barnet	£60,000
North Central London ICB	£20,000
Barnet Enfield & Haringey Mental Health Trust	£5,000
Metropolitan Police Barnet	£5,000
Central London Community Healthcare NHS Trust	£5,000
Non-statutory Partner	Contribution
London Fire Brigade	£500



Everybody can help adults with care and support needs to live free from harm and abuse. You play an important part in preventing and identifying neglect and abuse.

If you or someone you know is being harmed in any way by another person, please do not ignore it.

Any information you provide to us will be treated in the strictest confidence.

Contact the Barnet Adult Multi Agency Safeguarding Hub (MASH)

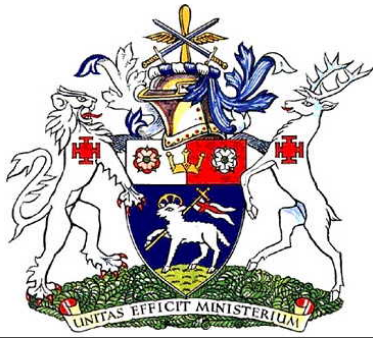
Tel: 020 8359 5000 (9am- 5pm, Mon to Fri),

Or 020 8359 2000 (out of hours – emergency duty service)

Email: [socialcaresdirect@barnet.gov.uk](mailto:socialcaresdirect@barnet.gov.uk)

Or call the police on 101. In an emergency call 999.

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## AGENDA ITEM 11

### Adults and Health Overview and Scrutiny Committee

**Title** **Adult Social Care Performance Report**

**Date of meeting** 24 January 2024

**Report of** Dawn Wakeling - Executive Director – Communities, Adults and Health

**Wards** All

**Status** Public

**Urgent** No

**Appendices** Our Plan for Adult Social Care 2024 – 2029

**Officer Contact Details** Paul Kennedy, Head of Business Intelligence, Performance & Systems [paul.kennedy@barnet.gov.uk](mailto:paul.kennedy@barnet.gov.uk)

### Summary

This report provides a summary of performance for 2023/24 to date, focussing on activities to deliver the council's priorities in the areas of adult social care.

### Recommendations

1. Adults and Health Overview and Scrutiny sub-committee is asked to review the progress, performance, and risk information in the report.
2. Adults and Health Overview and Scrutiny sub-committee is asked to scrutinise the draft plan for adult social care 2024 – 2029 in advance of its presentation to Cabinet.

#### 1. Reasons for the Recommendations

- 1.1 The Adults and Health Overview and Scrutiny Committee is responsible for scrutiny of health and adult social care, including the council's statutory health scrutiny functions. This report provides an overview of adult social care activity and performance for 2023/24 to date.
- 1.2 Our plan for Barnet 2023-26 sets out the vision that puts Caring for People, our Places and the Planet at the heart of everything the council does.  
  
Within the plan, the theme of living well sets out the council's mission for the delivery of high-quality adult social care:

“Focus on all residents having the best opportunities to live well and feel part of the community. This will mean increasing the inclusion of older and disabled residents and celebrating their contributions. We will recognise people’s goals and support them to build on their existing abilities and strengths. We will work with residents, communities and our partners to support residents to stay well and free from abuse.”

### **1.3 Our Plan for Adult Social Care 2024 – 2029**

We will work towards this ambition through the implementation of Our Plan for Adult Social Care 2024 – 2029 which will focus on 5 key priorities:

- We will support people to live well and be part of communities.
- We will be ambitious about what people can achieve and get the right support for each individual.
- We will work with people to shape and develop care and support.
- We will work towards more equal access and more inclusive services.
- We will be realistic in how we use resources, keeping up with changes and ways of working, and being creative in finding solutions.

The plan has been shaped through engagement with residents and staff. It is linked to our developing self-assessment, evidence and areas of focus as part of our preparation for the new Care Quality Commission (CQC) assurance framework. The plan will be presented to Cabinet for approval in February 2024 and the committee is asked to scrutinise the plan in advance of its presentation to Cabinet.

See appendix 1 for Our Plan for Adult Social Care 2024 – 2029

### **1.4 Care Quality Commission (CQC) assurance preparation**

The CQC inspection framework for local authorities has been finalised, as published here:

[Assessment framework for local authority assurance - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/assess/assessing-local-authorities)

The 5 pilot inspections have now concluded in Birmingham, Lincolnshire County, North Lincolnshire, Nottingham City and Suffolk. The overall indicative ratings have now been published: [Local authority assessment reports - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/assess/assessing-local-authorities). Colleagues attended Adult Social Care Assurance – the communications response on Tuesday 5 December 2023 (presentations available via this [link](#)). From this, we have started working with our corporate communications colleagues to progress our adult social care inspection communications plan. On Friday 8<sup>th</sup> December, following government approval, CQC published their [updated guidance](#) for assessing local authorities. On 14<sup>th</sup> December 2023, the first three local authorities to be inspected were announced. West Berkshire, Hounslow and Hertfordshire will be inspected early in the calendar year 2024. It is understood that all councils with social care duties will be inspected over the next two years.

As part of preparations for the assurance process, all councils are encouraged to conduct a self-assessment against the themes and statements of the CQC framework. Whilst there is not a nationally required template, many councils are using the LGA/ADASS self-assessment format. The service is conducting a self-assessment using this format.



## 1.5 Community Equipment

A specific question was raised at the last committee meeting in relation to recycling rates for community equipment. The table below shows the number and value of items that have been collected and cleaned ready to be reused. This process is improving as part of the new contract with NRS.

Table 1 – Community equipment

Recycling rates	August		September		October		November		YTD	
	Qty	Value	Qty	Value	Qty	Value	Qty	Value	Qty	Value
Collected	435	£43,586.97	722	£60,954.57	1,032	£98,585.23	1,202	£104,787.59	3,391	£307,914.36

## 1.6 Borough-wide Dementia Strategy

The Dementia Strategy was published last year, having been co-produced with 140 people living with dementia and their carers. The strategy's action plan has now been developed with partners as part of the Ageing Well workstream of the Barnet Borough Partnership. Some elements of the plan have been completed including improved information and advice via leaflets and updates to the Council and GP websites. We continue to work closely with Central London Community Healthcare Trust to ensure that community healthcare is working well for people with dementia and their carers. Training is being delivered to practice staff, GPs and to acute staff.

The strategy outlines five key elements:

1. Preventing well.
2. Diagnosing well.
3. Supporting well.
4. Living well.
5. Dying well.

## 1.7 Carers Strategy Action Plan

Barnet Carers and Young Carers Strategy (2023-28) was published in July 2023. The strategy was co-produced with over 300 carers and young carers. To put the strategy into practice, we have co-produced an action plan and established a Carers Partnership Board. The Board is chaired by Mike Rich, CEO of Barnet Carers Centre, and includes a wide range of people and organisations, including carers with lived experience.

The four priorities of the strategy and action plan are:

1. Proactive identification of carers and young carers.
2. Individualised support so that carers and young carers can get the support they need and are entitled to.
3. Involving carers to shape future services and support offer.
4. Raising the profile of carers and young carers.

Work has started on a number of actions including identifying and reaching out to under-represented groups, building on relationships with GPs and other health professionals, and continuing to improve training and support offers for carers and young carers.

## 1.8 Performance - Adult Social Care Outcomes Framework

The Adult Social Care Outcomes Framework (ASCOF), measures how well care and support services achieve the outcomes that matter most to people. The ASCOF is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability. More information and definitions can be found using the link below to the NHS Digital website.

[Measures from the Adult Social Care Outcomes Framework - NHS Digital](#)

The ASCOF indicator measures in table 2 are collected from local data submitted as part of our annual Short and Long Term (SALT) and user survey statutory returns in 2022/23 as well as data from health systems outside of the council's control. Comparisons to our outcomes in 2021/22 has been included to show changes in performance over the past 12 months. 2022/23 data was published by NHS digital in November 2023 and our performance can be compared with other local authorities as well as national and regional benchmarks and quartile performances.

### Annual performance 2022/23:

There were 21 ASCOF indicators reported in 2022-23, of which 11 measures are extracted from the SALT return, 2 came from Health (1F, 1H), and 8 from the Adult Social Care Survey conducted in January 2023. The health measures are yet to be published so performance is still provisional.

Our overall performance improved from last year with two thirds (63.2%) of the indicators in the top two quartiles nationally in 2022/23 compared to 40% in 2021/22. 8 Indicators improved, 5 stayed the same, 6 declined by less than 10% and 2 declined by more than 10%. Reasons for this are given below. -

- 2A Part 2 (65+ Admissions) – This is a measure of the number of permanent admissions to residential and nursing homes. An improvement from 316 new permanent placements in 2021/22 to 215 in 2022/23 resulted in there being 101 fewer permanent residential/ nursing home admissions made. Barnet ranked 32nd when compared to 152 Local Authorities in the country.
- 2D (Short term services/ no ongoing service) an increase in performance from 54.5% in 2021-22 up to 76.4% in 2022-23 highlights an increase in the effectiveness of short-term services such as support for residents enabling them to remain at home and preventing the need for further ongoing longer-term services. The London average was 73.8% and England average was 74.2% for this measure.
- 2B part 1 (residents who received a reablement service who were still at home 91 days later). An improvement from 77.4% in 2021-22 up to 88.3% in 2022-23 indicates that more individuals were still living independently in their own homes 91 days after being discharged from hospital. Access to the shared health and care record, HIE, has also helped with data collection for this indicator.
- 1C Part 1A Proportion of people using social care who receive self-directed support. Barnet achieved 100% and was one of the joint top performing authorities for this indicator in England and joint 1st best performing authority for this indicator within our Peer group Comparators.
- 2B Part 2 - Proportion of all older people (65+) who were offered reablement services following discharge from hospital. Our performance was previously in the 3rd quartile for 2020-21 and has increased to top quartile performance in 2022/23. This indicator uses information on the number of older people (aged 65 and over) discharged from hospitals in England between 1 October 2022

and 31 December 2022. This includes all specialities and zero-length stays. Data for geographical areas is based on usual residence of patient and went up significantly this year compared to 2021-22 when there were 7,290 discharges between 1st Oct 2021 and 31st Dec 2021 but went up to 7,800 discharges in 2022-23. This was an increase of 7%.

The two indicators that declined by more than 10% were as follows:

- Proportion of adults in contact with secondary mental health services living independently, with or without support. This indicator is a health indicator and not within the control of the local authority and relates to all people who use NHS mental health trust service, a much larger group than those supported by the council.
- Proportion of older people (65+) offered reablement services following discharge from hospital. The council's performance in this indicator is still a quartile 1 performance and higher than local, regional and national averages when compared to 21/22 benchmarks. The decline in the proportion of people performance is due to significant increase in the total number of people leaving hospital, which increased by 7% in 2022/23. Regular checks of this data in line with our performance framework will continue to be undertaken to track performance.

### 2023/24 in year performance

11 of the indicators can be tracked for performance within year, the remaining indicators are only collected annually either via results of surveys or by combining data with other sources such as health data. Of the 11 collected in year 2 are expected to improve in performance, 4 have remained the same and 5 decreased in performance. It should be noted that performance may change over the year and these are only predictions.

Table 2 – ASCOF provisional indicators for 22/23

Measure	Measure Description	2023/24 Forecast based on Q2 performance	2021-22 score	2022-23 score	% Change from 21-22 to 22-23	RAG
1C(1A)	Proportion of people using social care who receive self-directed support: (Adults, older people receiving self-directed support in the year)	100.0%	100.0%	<b>100%</b>	0.0%	→
1C(1B)	Proportion of people using social care who receive self-directed support: (carers receiving self-directed support in the year)	100.0%	100%	<b>100%</b>	0.0%	→
1C(2A)	Proportion of people using social care who receive direct payments as part of self-directed support (Adults receiving direct payments)	27.2%	29.6%	<b>28.3%</b>	-4.3%	↓
1C(2B)	Proportion of people using social care who receive direct payments as part of self-directed support (Carers)	100.0%	100%	<b>100%</b>	0.0%	→
1E	Proportion of adults with a learning disability in paid employment	8.2%	8.9%	<b>8.2%</b>	-7.7%	↓
1F	Proportion of adults in contact with secondary mental health services in paid employment*	5.0%	5.0%	<b>5.1%</b>	2.0%	↑
1G	Proportion of adults with a learning disability who live in their own home or with their family	85.8%	82.4%	<b>84.9%</b>	3.0%	↑
1H	Proportion of adults in contact with secondary mental health services living independently, with or without support*	11.1%	19.0%	<b>16.2%</b>	-14.9%	↓

2A(1)	Permanent admissions to residential and nursing care homes (18-64) per 100,000 population	15.6	11.0	<b>11.5</b>	5.1%	↑
2A(2)	Permanent admissions to residential and nursing care homes (65+) per 100,000 population	310.3	543.2	<b>380.2</b>	-30%	↓
2B(1)	Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	NA**	77.4%	<b>88.3%</b>	14.1%	↑
2B(2)	Proportion of older people (65+) offered reablement services following discharge from hospital	NA**	6.0%	<b>4.6%</b>	-23.6%	↓
2D	Outcome of short-term services: sequel to service	62.7%	54.5%	<b>76.4%</b>	40.3%	↑
1A	Social care reported quality of life	NA**	18.2	<b>18.1</b>	-0.5%	→
1B	Proportion of people who use services who have control over their daily life	NA**	72.1%	<b>69.6%</b>	-3.5%	↓
1I(1)	Proportion of people who use services and carers, who reported that they had as much social contact as they would like - Users	NA**	36.7%	<b>35.6%</b>	-3.0%	↓
1J	Adjusted Social care-related quality of life – impact of Adult Social Care services	NA**	0.400	<b>0.423</b>	5.7%	↑
3A	Overall satisfaction of people who use services with their care and support (of those extremely or very satisfied)	NA**	56.5%	<b>60.4%</b>	6.9%	↑
3D(1)	Proportion of people who use services and carers who find it easy to find information about services (Users)	NA**	62.9%	<b>62.8%</b>	-0.2%	→
4A	Proportion of people who use services who feel safe and secure	NA**	65.2%	<b>60.3%</b>	-7.5%	↓
4B	Proportion of people who use services who say that those services have made them feel safe and secure	NA**	87.8%	<b>88.2%</b>	0.5%	→

\*Data from Health systems, and yet to be confirmed and published for 2022/23

\*\* Indicators marked as NA are only collected on an annual or Biennial basis so no forecast figure has been provided as its not possible to monitor in year

## 2. Alternative Options Considered and Not Recommended

2.1 None

## 3. Post Decision Implementation

3.1 None

## 4. Corporate Priorities, Performance and Other Considerations

### Corporate Plan

4.1 The priorities in this report align with the corporate plan theme of “living well”.

4.2 Relevant Council strategies and policies include the following:

- Our Plan for Barnet – caring for people, places and planet.
- Barnet Health and Wellbeing Strategy
- Medium Term Financial Strategy
- Performance and Risk Management Frameworks

### Corporate Performance / Outcome Measures

4.3 Key performance indicators relevant have been included above.

### Sustainability

4.4 There are no direct environmental implications from noting the recommendations.

## Corporate Parenting

- 4.5 In line with Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in decision-making across the council. There are no implications for Corporate Parenting in relation to the recommendations in this report.
- 4.6 Care experienced adults may go on to develop care and support needs and draw on council adult social care support. The services and initiatives described in this report are relevant and accessible to care experienced adults.

## Risk Management

- 4.7 The Council has an established approach to risk management, which is set out in the Risk Management Framework. Risks are reviewed quarterly (as a minimum) with risks rated 15+ reported to Adults and Health Overview and Scrutiny.

Table 3 – Risk position as at the end of Q3 2022/23

Risk description	Risk Mitigations Update
<p><b>AD001 Increased overspend to meet statutory duties:</b> Uncertainty about future demand for services, increasing complexity and cost of care packages, the availability of hospital discharge funding streams and support, and legislative changes could lead to a worsening budget overspend for the service resulting in insufficient resources to meet statutory obligations and a deterioration in the council's overall financial position. <b>Risk Rating: 20</b></p>	<p><b>Mitigations:</b> The council's budget management process (MTFS) forecasts demographic growth and pressures over a multi-year period. Budget and performance monitoring and management controls are used throughout the year.</p> <p>The MTFS to 2024 is set and adult social care will continue to undertake initiatives focused on reducing and managing future demand. The council is delivering an in year financial recovery plan overseen by a dedicated programme board. The council is developing it's MTFS to 2030 and through this is working on plans to reduce pressures in Adult Social Care.</p> <p><b>Q3 Update:</b> The service continues to do all it can to manage the budget whilst meeting statutory duties. There is an increasingly pressured health and social care system and social care market. The forecast is projecting greater pressures than were modelling for 2023/24. In-year financial recovery plans are being implemented and this alongside MTFS plans for 24/25 - 25/26 have identified just under £10m of savings. In-year recovery actions include benchmarking analysis on demand, spend and income, senior sign-off of all high-cost packages, quick reviews of people following discharge from hospital to ensure a proportionate level of care as people recover, the use of equipment and technology wherever suitable and maximising the benefits of enablement services and income opportunities.</p>
<p><b>AD017 Shortage of community equipment:</b> Stock and capacity challenges with our community equipment provider, which supplies equipment to multiple London Boroughs as part of a pan-London Consortium, could cause delays in discharging people from hospital or people receiving prescribed equipment resulting in negative impacts to their health and wellbeing and financial implications to the council. <b>Risk Rating 16</b></p>	<p><b>Mitigations:</b> The council is working very closely with the contractor to monitor and mitigate risk, including:</p> <ul style="list-style-type: none"> <li>- Increased focus on collections where appropriate to recycle/reuse equipment which is unused.</li> <li>- Prescribers are advised to inform contractor if they are aware of any unused items in the community.</li> <li>- Contractor is driving a collection campaign via social media posters and focus phone calls to existing customers.</li> <li>- Additional driver allocation to increase collections of Out of Stock (OOS) items.</li> <li>- Reviewing and triangulating data on number of people, length of time waiting and assessing risk.</li> </ul>

The OOS list is shared with prescribers to explore suitable alternatives and to encourage prescribers and authorizers to not place/ authorize orders for products that are out of stock:

- OOS list updated daily on Online ordering system.
- OOS list shared with prescribers via regular emails, prescriber meetings and newsletters.

Contractor/council contract officer review OOS list 2x weekly; council officer challenge and encourage provider securer products asap:

- Close Technical Equivalents (CTEs) are explored and authorised in the interim without delay.

- Contractor continue to explore alternative suppliers, explore stock availability in their other depots.

- Contractor/council officer in regular contact with neighbouring LA/health authorities to ascertain supply issues/explore opportunities for joint working to resolve stock issues e.g. NCL CCG/LAs.

The Occupational Therapy (OT) lead (Equipment) is working with prescribers to risk assess and consider any of the available standard stock products (as an alternative) as a temporary solution to safely meet people's needs. OT managers are advised to explore same approach in the interim when discussing cases with OT teams.

Increased communication to CAH team leads, SMT to brief OOS issues; to manage expectation on both prescriber/ end user; and to encourage joint working to use available equipment efficiently.

**Q3 Update:** Q3 has seen continued improvement to the community equipment service delivered by NRS with established weekly meetings between LBB and the Greenford depot management team ensuring oversight and completion of improvement actions. The backlog inherited during service transition continues to reduce on a week-by-week basis thanks in part to the recruitment of additional drivers and technicians, but there is more to be done to reduce this further, with a particular focus on closing cases that no longer require fulfilment. NRS are now sharing a weekly out-of-stock list that includes close technical equivalents to ensure prescribers can order items without delay. The depot team plan ahead to ensure Barnet's top 20 products are always in stock, chasing their suppliers and communicating when items are unavailable. Specials continue to be scrutinised by LBB's OT Lead to reduce the risk to the budget. Communication has been improved between NRS and LBB's contract manager/OT Lead. At our request, the depot team developed an information leaflet for Barnet residents that is provided upon delivery of each order. Overall service delivery has improved over the quarter and risks continue to be managed.

**AD027 Triage and allocation:** Demand exceeding capacity within social work and occupational teams could lead to increased time between initial triage (contact) and assessments, for reviews and Deprivation of Liberty Safeguards (DoLS) work resulting in poorer outcomes for residents and an increased need for urgent work. **Risk Rating 16**

**Mitigations:** Regular monitoring of new contacts and of service demand for assessment, Deprivation of Liberty Safeguards (DoLS) and reviews. Regular performance reports and management action. Allocations standard operating procedure. Management oversight. Contact with triaged residents at an agreed frequency.

**Q3 Update:** The service is monitoring numbers of triaged residents and developing new approaches to decrease time between triage and allocation. This includes a plan to bring in an external agency to provide a block of additional capacity.

### **Insight**

4.8 There are no insight implications in relation to the recommendations of this report.

### **Social Value**

4.9 The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. There are no social value implications in relation to the recommendations in this report.

## **5. Resource Implications (Finance and Value for Money, Procurement, Staffing, IT and Property)**

5.1 None

## **6. Legal Implications and Constitution References**

6.1 The terms of reference for Adults and Health Overview and Scrutiny Sub-Committee include that the Sub-Committee shall perform the overview and scrutiny role and function in relation to, inter alia, all matters as they relate to Adult Social Care, and also of policy proposals which may have an impact on health, public health, social care and wellbeing London Borough of Barnet.

## **7. Consultation**

7.1 There are no consultation and engagement implications in relation to the recommendations in this report.

## **8. Equalities and Diversity**

8.1 Section 149 of the Equality Act 2010 sets out the Public-Sector Equality Duty which requires a public authority (or those exercising public functions) to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not.
- Fostering of good relations between persons who share a relevant protected characteristic and persons who do not.

8.2 The broad purpose of this duty is to integrate considerations of equality into everyday business and keep them under review in decision making, the design of policies and the delivery of services. The protected characteristics are: age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex and sexual orientation.

8.3 In order to assist in meeting the duty the Council will:

- Try to understand the diversity of our customers to improve our services.
- Consider the impact of our decisions on different groups to ensure they are fair.
- Mainstream equalities into business and financial planning and integrating equalities into everything we do.
- Learn more about Barnet's diverse communities by engaging with them.

This is also what we expect of our partners.

8.4 This is set out in the Council’s Equalities Policy, which can be found on the website at:  
<https://www.barnet.gov.uk/your-Council/policies-plans-and-performance/equality-and-diversity>

## **9. Background Papers**

9.1 Our Plan for Adult Social Care 2024 – 2029



## London Borough of Barnet

### Our Plan for Adult Social Care 2024 – 2029

*“We all want to live in the place we call home with the people and things that we love, in communities where we look out for one another, doing things that matter to us. That’s the social care future we seek” Social Care Futures*

*“Thank you so very, very much for putting your heart and soul into my care and case. You really showed me how you cared...which means so much to me.”  
Barnet resident*

*“You gave me more than one thing, options, what was best for me, you listened, I felt listened to.” Barnet resident*

Adult social care makes an invaluable difference to people’s lives. At its best, care and support means that people can live a ‘gloriously ordinary life’.<sup>1</sup>

This plan includes real stories about care and support in Barnet. The plan shows the difference that adult social care makes, as well as the local and national challenges.

To write this plan, we spoke to many people across Barnet. We spoke to people who draw on care and support, families and carers, care staff, and experts. We engaged with over 300 people through surveys, focus groups and community visits. We also brought in what we have heard from people's feedback over recent years.

Our Plan for Barnet (2023-26) is the Council’s plan for the borough. It sets out the ambition for Barnet to be a borough that cares for people, places and the planet, through listening to and working with residents and communities. Adult social care is a very important part of this. We support thousands of people a year, help people impacted by age, disability or mental health challenges live an independent life, get back on their feet after a hospital stay, and keep safe. Adult social care is worth around £300m to Barnet's economy, with around 10,000 people working in the sector.

At the same time, we know that times are tough. There is less money for councils, including adult social care, with needs for care and support increasing. The Local Government Association found that councils in England face a funding gap of £4 billion over the next two years. They also show that by 2024/25 cost and demand pressures will have added £15 billion (almost 29 per cent) to the cost of delivering council services since 2021/22. There are pressures on finances for individuals, care providers and public services. We know that our communities face inequalities in accessing and experience of services.

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<sup>1</sup> [House of Lords Adult Social Care Committee – Report 22/23](#)

The plan shows how we will focus our efforts to have the biggest impact we can, within this challenging environment. We set out the priorities we have developed with people, plans for the next few years, and how we will make a difference.

Thank you to all involved.

DRAFT

## 1. About Barnet

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- Almost 400,000 people live in Barnet.
- The population increased by 9.2% between 2011 and 2021.
- 56,500 people are over 65 - 1 in 7 of the total population.
- One in ten residents are aged 75+ years – and this is the fastest growing age group.
- Older adults (65+) make up 14% of the population in Barnet and numbers have increased by 18% over ten years.
- The numbers of people aged 70-74 years has increased by 40%.
- One in ten older residents live alone.
- We have approx. 85 registered domiciliary care providers and 80 registered providers that offer bed-based care and support.
- It is estimated that 4300 people in Barnet are living with dementia, the second highest in London.<sup>2</sup>
- We supported 1,025 adults with a learning disability in 2022/23 an increase of 7.3% from 2019/20<sup>3</sup>
- There are an estimated 40,000 carers, including 3.6% of Barnet's population who provide 20 or more hours of unpaid care.
- Over 90 languages spoken.
- 98% of schools rated 'good' or 'outstanding'.
- 88% of residents say their local area is a place where people from different backgrounds get on well together.
- 28% of the borough is covered with 200 parks and green spaces.
- There are 1075 charities based in Barnet.

This plan fits in with other strategies and plans that shape the work we do in Barnet. Some of these are shown below and you can find out more by clicking on the links.

- [Our Plan for Barnet: Caring for people, our places and the planet \(2023-26\)](#)
- Barnet Council Prevention Strategy
- [Barnet Joint Health and Wellbeing Strategy 2021-2025](#)
- [Together: Barnet Community Participation Strategy](#) (published 2022)

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<sup>2</sup> Data taken from LG Inform. The estimate is based on the characteristics of the population and the age and sex specific prevalence rates from the Cognitive Function and Ageing Study II

<sup>3</sup> Data taken from the ASC-FR. It captures people with a primary support reason recorded as LD for those aged 18-64 and also those aged 65+ throughout the year and is available from 2019-20 onwards

- [Engagement and Co-Production Strategy and Charter for Adult Social Care](#) (published 2022)
- [Barnet Joint Strategic Needs Assessment](#)
- [Barnet Market Position Statement \(2024\)](#)
- [Barnet Dementia strategy \(2023-28\)](#)
- [Barnet Carers and young carers strategy \(2023-28\)](#)
- Currently being finalised: Barnet Housing Strategy (2023-28)
- Currently being finalised: Equalities Strategy
- Quality Assurance Framework for Adult Social Care
- Resident Experience and Digital Strategy

## a. What is adult social care?

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We know that people haven't always heard of 'adult social care' and may use different words or phrases to describe this kind of support.

When we asked Barnet residents what adult social care means to them, people said:

- *"My care and support"*
- *"Looking after all adults who need help because of physical or mental [health challenges]. Helping them be as independent as possible. Helping their families, friends and carers"*
- *"Provision to help disabled people live better lives with support and understanding."*
- *"Taking a holistic view"*

Barnet council adult social care *provides information, advice and support for people who:*

- *want to stay well and independent*
- *are living with a disability, physical or sensory impairment*
- *have a learning disability*
- *have mental health support needs*
- *care for a friend or relative*
- *need support to gain employment*
- *are vulnerable and need support to stay safe*

*To do this we talk to you about your strengths, your community and what you want to achieve. We work with you to put in place changes that will support you to live the life you want to lead. This might be finding groups and opportunities in your neighbourhood, getting technology or equipment that helps you stay safe and independent, accessing short or long-term care at home, or finding a different type of accommodation (like sheltered housing or a care home) that works for you.*

*We have different specialist teams who work with different groups of people, such as older people, people with a learning disability, physical or sensory impairment, or mental health challenge.*

*Our work is guided by some key laws, including the Care Act 2014, the Mental Capacity Act 2005 and more.*

## b. The four pillars of adult social care in Barnet

Prevention	Co-production	Choice and control	Equality
<p>☑ Our priority is to enable people to stay independent, well and in control of their lives by preventing, reducing and delaying social care needs.</p> <p>☑ We work with people, partners and the local community to provide a range of services and easy access to information, to help prevent care needs developing.</p> <p>☑ Our services help residents to enjoy Barnet, stay well, achieve their best potential and retain their skills, independence and confidence.</p>	<ul style="list-style-type: none"> <li>• Continual engagement and co-production with people who draw on care and support, carers and residents is at the heart of what we do.</li> </ul> <p>☑ We aim to make all engagement and coproduction accessible, empowering and representative of our diverse communities.</p> <p>☑ We will gain insight and further develop connections with our residents and partners to make sure our services are best serving the needs of residents.</p>	<p>☑ Our services and approach to care are designed to support people to live a life of their choice. Our staff use a strengths-based approach, working with residents to understand their goals, what gives them purpose and how they wish to live their lives.</p> <p>☑ The person and their support network are central to the approach we take, and we will be ambitious but realistic about what we can achieve together.</p> <p>☑ We work with people and partners to develop and support a diverse and high quality care sector in Barnet, so that people have the greatest choice possible</p> <p>☑ We also support people to make informed decisions about their care through having a strong information, advice, and advocacy offer.</p>	<p>☑ We recognise the importance of tackling inequalities in adult social care, and our staff put equality at the heart of what we do.</p> <p>☑ We listen to residents, providers and staff to help understand how we can tackle inequalities and provide equality of care in a way that is ambitious, realistic and person-centred.</p> <p>☑ We will make sure residents have equal access to our support services as well as our information, advice and advocacy services.</p>

### **c. What do people say about adult social care in Barnet?**

We talk to hundreds of people every year about their experiences of adult social care. This helps us find out what is working well and what could be improved, which we then put into action wherever possible.

You will find more feedback and data in each section of this plan, as well as people's stories.

For this plan we asked people the following questions. We were given hundreds of responses, and have included a selection of them below, but all of the feedback alongside other surveys and people's experiences, has been used to shape the plan.

#### ***In your experience, what is working well at the moment when it comes to adult social care in Barnet?***

People talked about our staff and receiving personalised support:

- "Sympathetic and empathetic help from Barnet Adult Social Care department to my husband with advanced dementia and me, his carer"
- "I liked the way Barnet sent someone to view my flat to see what I needed to make my life easier and within a few days of meeting, physical aids were installed".
- "Social workers are supportive and understand an individual's support needs".
- "Skilled social workers and home carers - who are also caring and provide holistic care".

They also praised the approach to collaboration and involving residents in any changes:

- "It is with great pride that we have the Involvement Board who are doing their best to improve and make things better for everyone".
- "There is a massive attempt towards collaboration which is great".
- "Willingness to listen, communicate and see improvements / change".

Other positive comments related to specific services:

- "Being able to get out and go somewhere friendly to chat with people and do some enjoyable activities (wellbeing services)"
- "I feel most of the services work- they are just stretched".
- "Having access to activities through voluntary groups".

***In your view, what could make things better when it comes to adult social care in Barnet?***

People gave some comments around the experience of communication:

- “Having phone calls promptly directed to the correct department”.
- “One computer system, accessible by all NHS staff; GPs, hospitals, psychiatric staff etc. The worst thing is having to repeat one’s ‘story’ again and again”.
- “Better communication with autistic people”
- “Help in other languages”.

Some people talked about what would improve adult social care as a whole:

- “More staff and better training”
- “Ensuring that everyone has equal access to care”.
- “More staff who know about what actually can be done / is available. Speedier answers to problems”
- “Meeting everyone at their level of need, and being realistic about what works”.



## 2. Five priorities for adult social care

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This section introduces our five priorities for adult social care in Barnet, which build on our four pillars of prevention, co-production, choice & control, and equality. These priorities have been written based on co-production with residents and staff, data and information, and wider trends in adult social care.

The five priorities are:

1. We will support people to live well and be part of communities.
2. We will be ambitious about what people can achieve and get the right support for each individual.
3. We will work with people to shape and develop care and support.
4. We will work towards more equal access and more inclusive services.
5. We will be realistic in how we use resources, keeping up with changes and ways of working, and being creative with finding solutions.

### 1. We will support people to live well and be part of communities.

This priority is all about supporting people to keep up the things that help them stay happy, well, and connected to their communities. This is also called 'prevention'.

*Prevention is about the care and support system actively promoting **independence and wellbeing**. This means enabling individuals to help **themselves, intervening early to support** individuals, helping people to retain their skills and confidence, make sustainable choices and preventing need or delaying deterioration wherever possible. To meet our duties under the Care Act 2014 we provide a **range of services and facilities and access to the advocacy, information and advice** residents need to make informed decisions about how to meet their care and or support needs.*

*In Barnet our vision as a council is to **embed prevention, as a golden thread, in all that we do**. A council-wide **prevention framework** has been developed to help us achieve this and to assist services, staff and partners to deliver support to enable our **residents to enjoy Barnet, stay well and achieve their best potential**.*

#### What we know from our data:

- We commission a range of information, advice and community prevention services and are fortunate to have a thriving voluntary and community services sector in Barnet. Over 38,500 residents **accessed these** services between April and September 2022
- Between April 2022 and March 2023, 368 people got support from the Prevention and Wellbeing team, with 340 of those achieving their objectives. The team also set up **17 new community initiatives** that will continue to support people in our neighbourhoods and hold community drop-ins in around 15 locations every three months.
- We have an enablement service which supports people when they are **coming out of hospital to build skills and confidence so they are able to stay independent in the community**. In 2022/23 there were 2,446 episodes of enablement. After the service (which lasts up to 6 weeks) 76% of people did not need long term support or got support at a lower level than before.
- Over 4000 people are registered as a carer with Barnet Carers Centre, which provides information, advice and support for carers across Barnet. In the first half of 23/24, Barnet Carers Centre completed 230 adult carers assessments.
- We are supporting **more people with care at home** – overall the number of homecare hours has gone up, as well as individuals generally receiving more homecare per person, over the past 3 years.
- We are good at supporting **people's independence**, performing well when it comes to people with a learning disability being in employment, and living independently or with family.

#### What we know from people's experiences:

- We know from the national DHSC annual survey<sup>4</sup> that many people who use adult social care in Barnet **do not have as much contact as they would like**. Only 33% of people aged 65+ had as much social contact as they want, compared to 42% of people aged 18-64. We know that this is to do with lots of factors across Barnet and London.
- From the same survey we know that 38% of people have never tried to find information or advice on care and support services. Taking only those that did try to find information or advice, **63% found it fairly or very easy to find**. Younger adults found it slightly easier to find information and advice compared to those aged 65+.
- In a small survey of 40 people, 61% of people said their **mental or emotional wellbeing has improved** since accessing wellbeing services in Barnet. One person said "I really enjoy the activities...they have been really welcoming. I'm so glad I found out about the activities as it's so nice to be part of such a wellbeing focused community. I make sure to go every week and it's really positive".

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<sup>4</sup> DHSC annual survey was sent to 1358 individuals. 360 out of the 1,358 questionnaires were responded to. This is 6.5% of the total number of individuals who received care and support.

- 89% of people surveyed who recently used adult social care agreed with the statement: ‘The plan I developed with my social care practitioner **helps me live the life I want** and do things that are important to me.’

Jamal’s story:

‘I am an apprentice and work locally. I was referred to specialist employment advisors who helped me into my current role. I have a learning disability and I am a care leaver. I enjoyed volunteering in the local community when I was a teenager and in supported living. The advisors I spoke to and who helped me into work were considerate and took the time to get to know me. I feel lucky to have worked with them. I would like more enterprise-related events and opportunities to be available for young adults in the local area’.

## **2. We will be ambitious about what people can achieve and get the right support for each individual.**

This priority is all about working with each person, and those around them, to make life better.

This might be about staying safe (safeguarding), completing daily tasks, living independently, or getting involved in activities, volunteering or work.

There is no set ‘journey’ for people accessing adult social care – instead we will work with each individual to look at what is important to them and be ambitious about how that can be achieved.

What we know from our data:

- We support **many thousands** of people each year – around 5,000 for long term support. Around 2,000 people are aged between 18-65, and over 3,000 are 65+.
- We also provide **short term support** for another 2,000 people per year, with most people going on to recover their independence. In 2022/23, 88.3% of people were still at home 91 days after discharge from hospital into reablement/rehabilitation services. This is better than national and regional averages.
- Most people we support live in their own home, with a smaller proportion supported in care or nursing homes. 85% of people with a learning disability supported by the council live in their own home or with their family, which is the top 25% nationally.
- Similarly, permanent admissions of older adults aged 65 and over to care homes are low in Barnet, with 382 individuals long-term support needs met by admission to residential and nursing care homes, per 100,000 population. Again, this is in the top quartile of performance nationally.

- We are supporting more people with long term support each year, and we know that people's needs are getting more complex. We also support many people with **keeping safe** (safeguarding concerns). From April 2022 to March 2023 almost 1,400 people were involved in safeguarding concerns.

What we know from people's experiences:

- Overall, **88%** of people in the Department of Health and Social Care's annual national survey were (extremely, very and quite) **satisfied with their care and support** services.
- 88% of people in the same survey said that the services they receive help them feel **safe and secure**.
- These findings are similar to what we hear when we engage with residents, including speaking to people about this plan. We heard a lot of positive feedback about experiences with staff and care and support services. We heard challenges around communication and ensuring information was clear to those receiving it.

**Louisa's story:**

*'When I lost my sight, I was assigned a support worker from Barnet adult social care. Losing my sight so suddenly was the most traumatic thing that happened to me. My whole world felt like it ended – I didn't know what was happening, if I was going to be okay or even how to get out of bed. I have never felt so scared in my life'. Louisa was supported from her hospital stay onwards by a practitioner who had a similar lived experience: 'When I was discharged, they came to visit me at home. They brought all these things to help me; even little things that helped me make a cup of tea, or to help me see better by changing the lamp bulbs. I remember the first time I went back outside was with them. They brought me a mobility cane and explained how I needed to use it to get out and about. We then went around my block, and it was the first time I thought I would be okay.'*

**3. We will work with people to shape and develop care and support.**

In Barnet, we know that individuals and communities are the experts in their own experience. Only by working together can we make sure that adult social care services are excellent for everyone.

This priority is about making sure that people are involved in all areas of adult social care, from shaping their own care and support, helping us to understand and improve services, recruiting our staff, to designing new services and making changes to adult social care.

We recently developed a whole strategy just focusing on this area, which is often called engagement and co-production. Over 300 people were directly involved in co-producing this strategy. Our Voluntary and Community sector partners helped us to ensure that resident groups who the council finds harder to engage with were also part of developing the strategy, such as people with learning disabilities and those from under-represented faith and cultural groups. The Engagement and Co-Production strategy for adult social care can be found [online](#).

What we know from our data:

- In 2022/23, we **engaged with over 800 people** as part of our engagement and co-production work in adult social care.
- 300 carers co-produced the carers and young carers strategy. Barnet Carers Centre lead the carers partnership board, which includes carers with lived experience, to oversee the delivery of the strategy and action plan.
- 140 people, both those living with dementia and their carers, co-produced Barnet's dementia strategy.
- Our **People's Voice community** has over 236 residents with lived experience of adult social care who are invited to get involved, and is growing every month.
- The Involvement Board and People's Voice members have engaged in projects to review services and shape improvements, including for wheelchair services, reablement services and wellbeing services. Residents have also helped to design assessment forms, feedback forms, and the language we use in social care. They are involved in recruitment and training of staff, developing resources and delivering briefings on a wide range of experiences including autism and being a carer.

What we know from people's experiences:

- From our surveys of people who had a recent experience of an adult social care assessment, 96% agreed with the statement 'I was part of planning my care and support in a way that makes sense to me.'
- We get lots of positive feedback as part of our engagement meetings and events, for example:
  - "Being part of the [Involvement] Board has boosted my confidence. I'm now involved in other communities and speaking up." [Involvement Board member]
  - "Really heartening to see co-production done in a sincere way, with residents feedback given equal standing with that of the professionals" [Feedback from the 'language of social care' event]

Engagement in Barnet

*In 2022 we developed a new Engagement and Co-Production strategy for adult social care. We involved over 300 people through surveys, focus groups, and going out into the community. This was all overseen by a steering group made up of residents, staff, voluntary sector and other organisations like the NHS.*

*This was a great experience in breaking down the barriers and working on a project together as equals from the start, with positive feedback from both staff and residents:*

*“I'm relishing this opportunity to be involved in the steering group...I'm thankful to be able to input my thoughts and feelings into that whole process. All in all, I'm grateful for the opportunity to 'give back' for all that I've received”. Resident member of the steering group.*

*“Having started a role in the engagement team during the development of the strategy and joining the steering group where I could see residents, officers and managers all working together as equals in a setting where constructive challenge was welcome, made me sure that this was a good place to work and that we have the appetite and environment for true co-production” Staff member of steering group.*

The strategy has three priorities which are:

- *We will hear from more people about their experiences and use this to make a positive change.*
- *We will build our People's Voice community to provide more opportunities to be part of adult social care.*
- *We will move beyond feedback to participation in adult social care and ensure that people have a voice across a wider range of services.*

### Interested in getting involved?

Join People's Voice and you will get:

- opportunities to have your say in the way that works for you.
- to take part in focus groups, surveys, interviews or in other ways to help make a change on topics that are most important to you.
- an opportunity to represent the community on our Involvement Board.
- access to our newsletters, which are co-produced by a group of People's Voice members.

**Who can join:** Anyone with experience of adult social care can join People's Voice. This includes carers.

**We can support you to take part:** Whatever your requirements, we will support you to take part where we can. For example, we have meetings in accessible venues and can provide British Sign Language, large print or Easy Read documents.

Sign up using our [online form](#) or call the team on **0208 359 5582**.

#### 4. We will work towards more equal access and more inclusive services.

This priority is about better understanding equality and inclusion in adult social care, including barriers to accessing services for people from different communities, and how inclusive those services are once accessed.

What we know from our data:

- In the Council's Residents' Perception Survey 2021/22, 88% of residents agreed that their local area was a place where people **from different backgrounds get on well together**.
- In the same survey, disabled residents were less satisfied than non-disabled residents, across a range of question areas.
- Learning disability support is **accessed less by all other ethnicities** compared to white residents.

- Black residents are **twice as likely to access mental health** social care support services than white residents. This rises to three times more likely for those in the 20 to 39 age range. This reflects trends across the country.

What we know from people's experiences:

- In our annual adult social care survey, we looked at differences in people's responses by age, gender and ethnicity. For many questions there was **very little difference** in people's experiences.
- However, we found small **differences by ethnicity when it came to overall satisfaction** - 91% of White respondents were quite, very or extremely satisfied with care and support, compared to 87% of people from other ethnicities.
- The council commissioned an in-depth study about the **experiences of disabled people** in Barnet. One of the key findings was that disabled residents belong and see themselves as belonging to multiple groups, whether relating to their disability, ethnic or religious background, or gender identity.
- We recently worked with Community Barnet to understand people's experiences of **safeguarding in our diverse communities**. Initial findings showed that many residents are not familiar with the word 'safeguarding' and preferred phrases like 'keeping all adults safe'.

### **Dara's story**

*The Prevention and Wellbeing team worked with Dara, who was living with mental health challenges including schizophrenia. She was living alone and wanted to feel more settled, as well as connect with others in the Lao and Thai communities. The Prevention and Wellbeing coordinator identified local Thai and Lao businesses, and visited them with Dara, speaking to people to find out about local groups, as well as encouraging Dara to contact the embassies for further connections. Dara was able to attend a temple in another part of London and also took part in an annual new year celebration. The coordinator also worked with Dara to apply for a volunteering role in a charity shop and join a gardening group, as well as practical things like sorting out a Freedom Pass, tax returns and housing. Dara said that her self-confidence has increased, as well as her wellbeing. She said: "thank you, you have helped me a lot. I don't feel lonely any more".*



## 5. We will be realistic in how we use resources, keeping up with changes and ways of working, and being creative with finding solutions.

The first part of this priority recognises that we are in an extremely challenging time for adult social care. Budgets are getting tighter while people's needs are getting more complex. We are good at working efficiently and will keep building on this so that we are making best use of limited money and resources to meet people's needs.

The other part of this priority is about opportunities – there are creative solutions and exciting technology that we are exploring to get the right support to those who need it and enable people to live the lives they want.

We aim to always focus on improvement and innovation where we can – this means always looking at what could be working better, having more of an impact, or trying new ways of working. This is called our 'transformation approach'.

We have some key ways of measuring how we are doing, and using this information to make changes, including a performance framework, a quality assurance framework, quality board and engagement strategy.

We also use people's feedback, data and professional expertise to make good decisions. For example, we are rolling out better ways of using our data to improve our services to people and are continuing to bring together relevant professionals to make good decisions about risk.

What we know from our data:

- The council has a total net revenue budget of £296.6 million, and **46% of the budget** is allocated to adult social care (£135.8 million in 2023/24).
- Adult social care represents approximately **14% of the Barnet economy** with over 10,000 people employed in the sector.
- There are **80 registered care homes** and approximately **85 registered home care agencies**, along with supported living schemes, day services and other services, such as personal assistants.
- We have over **400 members of staff** working within Barnet Council adult social care, with a relatively low turnover rate (people leaving) of around 11%.
- The Barnet website is working towards the **highest accessibility standards**, which are the Web Content Accessibility Guidelines version 2.1 (AA standard).

What we know from people's experiences:

- When we asked people for their views on this plan and the priorities, this priority was rated by 26% as the most important. People said:
  - "Using resources well is key to helping the vulnerable".
  - "Things are changing all the time".

- “Not wasting limited resources”.

Ben’s story:

*“My wife has Multiple Sclerosis (MS). She uses a wheelchair, and her mobility has deteriorated over the years. We have set carers who are really understanding of the needs of my wife, friendly and helpful. The relationship with the carers and agency is excellent and just knowing you have the support when things are difficult makes life easier. I adjust and arrange everything in advance to make sure cover is in place for my wife; everything must be planned in advance.*

*Recently I was unwell and was admitted to hospital unexpectedly for tests. I had to phone the care agency and let them know I was in hospital but struggled getting through because of network issues. The care agency had been putting things into place and arranging a plan with Barnet to cover all scenarios to plan care for my wife. It was a great relief to hear that care and support for my wife was covered. Everything worked out well and I was thankful. It took a big weight off my shoulders.”*

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### 3. How we will know it's working

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We have many ways to understand people's experiences of adult social care and how we are doing. These are listed below as well as where to find them.

The Care Quality Commission (CQC) are the independent regulators of health and adult social care in England. For many years they have monitored and inspected care providers such as care homes and homecare agencies. The CQC has a new responsibility to assess local authorities delivery of their duties under part 1 of the Care Act 2014. This new approach to assessing local authorities will help us better understand our performance and areas of focus.

Some data, information and surveys are collected and reported by every local authority. These measures and questions are agreed nationally, which helps to see how we are doing over time and compared to other areas:

- [Adult Social Care Outcomes Framework](#) measures how well care and support services achieve the outcomes that matter most to people.
- Adult Social Care User Survey and [Survey of Adult Carers](#) in England – these are national surveys with a set of questions asked by every local authority. The user survey takes place every year, and the carers survey every 2 years.
- Compliments and complaints – all councils with adult social care duties must have a dedicated social care complaints procedure which follows national guidance. we listen to and learn from compliments and complaints. We publish an [annual complaints report](#).

We also have some Barnet-specific ways of knowing how we are doing:

- We have a feedback survey that goes to people after they have had an interaction with the council's adult social care team. This gives us a quicker picture of people's experiences. We share any individual feedback with staff members and managers, and look at the wider messages and themes in order to take appropriate action.
- We review feedback surveys and other performance measures from care homes, homecare agencies and other care providers.
- We have internal and external audits – this is where a professional looks at the way we practice adult social care and gives recommendations.
- Most of this information is published and reported through the scrutiny process. Look for papers called 'performance report'.
- Local elected Councillors oversee adult social care through: [Adults and Health Overview and Scrutiny Subcommittee](#)

#### 4. Action Plan

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Priority area	Action	Service / partner strategy
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<p><b>1. We will support people to live well and be part of communities.</b></p>	<p>1. We will continue to deliver our <b>prevention and wellbeing service</b>, working with staff from across adult social care, and better recording the impact of these interventions. We will expand the role of the prevention team at the beginning of a resident’s engagement with adult social care, ensuring a preventative approach is offered to people when they first contact us.</p>	
	<p>2. We will continue to work closely with both commissioned and other Voluntary and Community Sector services in the borough to ensure a <b>joined-up approach to prevention</b>. We will facilitate a network of social care VCS organisations.</p>	<p>Community Participation Strategy</p>
	<p>3. We will work with colleagues across the council and partners to establish job roles for people with a learning disability and continue to work with BOOST to improve <b>opportunities for disabled people to get into work</b> and stay in employment.</p>	
	<p>4. We will put our <b>Carers and Young Carers strategy into action</b> – this includes identifying carers early, making sure carers have individualised support, involving carers in shaping future services, and raising the profile of carers and young carers.</p>	<p>Carers and Young Carers Strategy (2023-28)</p>
	<p>5. We will take a <b>neighbourhood approach</b> to all of our prevention activity, to make sure services are tailored to local need and culturally appropriate.</p>	
	<p>6. We will continue to be a <b>dementia friendly borough</b> and put our dementia strategy into action, in partnership with our NHS and other partners. We will focus on prevention, diagnosis, living well and dying well with dementia.</p>	<p>Dementia Strategy (2023-28)</p>
	<p>7. We will become an <b>Age-Friendly borough</b>, developing our full action plan, recruiting age friendly champions and working with residents, businesses, partners to make Barnet more age-friendly.</p>	
	<p>8. We will work with colleagues across the council to better understand what people need from <b>our information and advice offer</b> and change or adapt to make sure this is accessible to everyone</p>	<p>Resident Experience and Digital Strategy</p>
<p><b>2. We will be ambitious about what people can achieve and get the right support for each individual.</b></p>	<p>1. We will continue to work in a way that builds on people’s <b>strengths, aspirations and communities</b> – through making sure we have the right staff, training and systems to support these conversations.</p>	

	2. We will improve the experience for <b>young people coming into adult social care</b> , through earlier planning and support, working closely with young people, families and professionals to get it right first time, and checking in regularly.	
	3. We will improve our approach to prioritising and communicating with <b>people before they have</b> an assessment or review	
	4. We will establish a new service to support people with self-neglect including <b>hoarding behaviours</b>	
	5. We will continue <b>improving our reablement service</b> , led by occupational therapists and making sure people get a quick review after leaving hospital.	
	6. We will continue to quickly respond to <b>safeguarding concerns</b> and conduct investigations when these are required.	
	7. We will move forward with establishing new extra care housing for people with a range of different needs	
	8. We will continue to work with care providers on supporting people to be <b>as independent as possible</b> , including through contract monitoring, support and the right training for front line carers.	
	9. We will work with <b>care providers</b> to ensure a high quality of services and make sure the focus is on people's wellbeing and meaningful activities	
	10. We will work with <b>care providers to meet changing and evolving needs</b> of residents, for example more services for people requiring urgent or crisis care, and more suitable accommodation for all groups	
	11. We will work with council colleagues and partners to make stronger links between adult <b>social care and housing</b> . As part of this we will create more opportunities to separate accommodation from care and support where possible. This will mean more choice and control over how people are supported and where they live.	Right Homes strategy  Barnet Housing Strategy

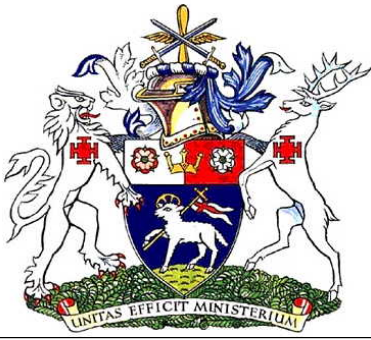
<b>3. We will work with people to shape and develop care and support.</b>	1. We will embed our new feedback system that gives us a better and more immediate understanding of people’s experiences of being supported by Barnet council adult social care	Engagement and Co-Production Strategy and Charter for Adult Social Care
	2. We will bring together all our feedback (like complaints, surveys, audits) to better understand the bigger picture and make positive changes	
	3. We will increase the number of people involved in the engagement and co-production work – both in our People’s Voice community and reaching out to a wider range of people in Barnet	
	4. We will make sure that residents are involved in ‘business as usual’ – including recruiting new social care staff and developing training	
	5. We will continue working with our excellent Involvement Board to make positive changes in adult social care	
	6. We will continue with our annual programme of co-production working groups,, focusing on topics that will have the biggest impact for people who draw on care & support and carers.	
	7. We will continue to build our relationships with other parts of the council, the NHS and other partners to make sure that any feedback, concerns and ideas for change get to the right place to make an impact	
<b>4. We will work towards more equal access and more inclusive services.</b>	1. We will continue to work with colleagues across the council to understand where there are inequalities and disproportionate impact on some people	
	2. We will continue to work with the Mental Health Trust to understand and tackle inequalities in mental health	

	3. As part of our engagement work we will capture people's experiences from different parts of the community to enable us to better understand and tackle inequalities	
	4. We will introduce autism leads in each area with monthly protected time to develop resources and train up their teams, and improve the experience of neurodivergent young people coming into adult services	
	5. We will work with Council colleagues to put into action the findings from recent research into disabled people's experiences in Barnet	
	6. We will put into action findings from research with diverse communities of experiences and perceptions of safeguarding	
	7. We will work with the Involvement Board, People's Voice group and community groups to better understand the differences between people's experiences and co-design action plans to address these.	
	8. We will continue to recruit and retain a diverse group of staff who are reflective of the wider Barnet community	
<b>5. We will be realistic in how we use resources, keeping up with changes and ways of working, and being creative with finding solutions.</b>	1. We will continue our improvement, innovation and transformation programmes – always looking at areas we could change for the better and having a clear plan about how we will make a change	
	2. We will continue to make changes to our systems to improve the experience for residents and better understand the impact of our work	



	3. We will continue to manage our finances so that we have a sustainable budget for the future	
	4. We will continue to focus on having competent, caring and skilled staff and workforce – including making sure we are recruiting and keeping good staff and giving good support and training.	
	5. We will continue to build our care technology service, including rolling out digital technology, using new kit, supporting people coming out of hospital and linking with people’s existing home technology to support people to stay independent and well at home	
	6. We will continue to work together with NHS colleagues to make sure that people’s care and support is being funded appropriately, including from Continuing Healthcare Funding	
	7. We will keep working together with other public services and with the voluntary and community sector, particularly across the wider partnership with the health services	

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**AGENDA ITEM 12**  
**Adults and Health Overview and**  
**Scrutiny Sub-Committee**

**Title** Mid-year Quality Accounts

**Date of meeting** 24 January 2023

**Report of** Overview and Scrutiny Manager

**Wards** All

**Status** Public

**Urgent** No

**Appendices**

Appx A – Health Overview and Scrutiny Committee (HOSC) comments on Quality Accounts 2022-23

Appx B - Central London Community Healthcare NHS Trust response to comments from HOSC on QA 2022-23

Appx C – North London Hospice response to comments from HOSC on QA 2022-23 (to follow)

**Officer Contact Details** Tracy Scollin, Principal Scrutiny Officer  
[tracy.scollin@barnet.gov.uk](mailto:tracy.scollin@barnet.gov.uk)

### Summary

This report provides updates from the Central London Community Healthcare NHS Trust and North London Hospice following their annual Quality Accounts report (2022-23) to the Barnet Health Overview and Scrutiny Committee on 17<sup>th</sup> May 2023. A mid-year report was requested from the Royal Free London NHS Foundation Trust and this will be provided at the meeting of the A&H Overview and Scrutiny Sub-Committee on 6<sup>th</sup> March 2024.

### Recommendations

1. That the Adults and Health Overview and Scrutiny Sub-Committee review progress since the publication of the annual Quality Accounts 2022-23 and feedback any comments.

## 1. Reasons for the Recommendations

- 1.1 Healthcare providers publishing Quality Accounts have a legal duty to send their Quality Account to the Overview and Scrutiny Committee (OSC) in the local authority area in which the provider has its registered office, inviting comments on the report from the OSC prior to publication. This gives OSCs the opportunity to review the information contained in the report and provide a statement on their view of what is reported. Providers are legally obliged to publish this statement within the Quality Account.
- 1.2 Mid-year Quality Accounts are requested from the Central London Community Healthcare NHS Trust, North London Hospice, and Royal Free London NHS Foundation Trust to receive a report on progress on actions requested by the committee in May 2023, at the mid-year point. The committee is invited to consider and note the responses provided and feedback any comments to the Trusts.

## 1. Post Decision Implementation

- 1.1 Comments from the Adults & Health OSC will be fed back to the Trusts.

## 2. Corporate Priorities, Performance and Other Considerations

### Corporate Plan

- 2.1 This report is aligned with the key priorities in the new corporate plan. The work of Overview and Scrutiny will support the Council in becoming a 'listening council' and 'caring for people, our places and the planet'.

### 2.2 Sustainability

- 2.3 There are no direct environmental implications from noting the recommendations.

### Corporate Parenting

- 2.4 In line with Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in decision-making across the council. There are no implications for Corporate Parenting in relation to the recommendations in this report.

### Risk Management

- 2.5 All work will be carried out within the council's approach to risk management.

### Insight

- 2.6 There are no insight implications in relation to the recommendations of this report.

### Social Value

- 2.7 The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. There are no social value implications in relation to the recommendations in this report.

## 3. Resource Implications (Finance and Value for Money, Procurement, Staffing, IT and Property)

- 3.1 There are no resource implications in the relation to the recommendations of this report.

## 4. Legal Implications and Constitution References

4.1 The Terms of Reference of the Adults & Health Overview & Scrutiny Sub-Committee are set out at Section 2B 12 of the Barnet Constitution: [COMMITTEES \(moderngov.co.uk\)](http://www.moderngov.co.uk).

4.2 Providers of NHS healthcare are required to publish a quality account each year. These are required by the Health Act 2009, and in the terms set out in the National Health Service (Quality Accounts) Regulations 2010 as amended ('the quality accounts regulations'). Information on quality accounts can be found on the NHS website at <http://www.nhs.uk/quality-accounts>.

## 5. Consultation

5.1 None.

## 6. Equalities and Diversity

6.1 Section 149 of the Equality Act 2010 sets out the Public-Sector Equality Duty which requires a public authority (or those exercising public functions) to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not.
- Fostering of good relations between persons who share a relevant protected characteristic and persons who do not.

6.2 The broad purpose of this duty is to integrate considerations of equality into everyday business and keep them under review in decision making, the design of policies and the delivery of services. The protected characteristics are: age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex and sexual orientation.

6.3 In order to assist in meeting the duty the Council will:

- Try to understand the diversity of our customers to improve our services.
  - Consider the impact of our decisions on different groups to ensure they are fair.
  - Mainstream equalities into business and financial planning and integrating equalities into everything we do.
  - Learn more about Barnet's diverse communities by engaging with them.
- This is also what we expect of our partners.

6.4 This is set out in the Council's Equalities Policy, which can be found on the website at: <https://www.barnet.gov.uk/your-Council/policies-plans-and-performance/equality-and-diversity>

## 7. Background Papers

7.1 None

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## **Appx A HOSC Comments for Quality Accounts 2022-23, 17 May 2023**

### **North London Hospice:**

- The Committee was impressed with the Community Engagement Strategy and Quality Improvement Goals
- Despite the challenges with Covid-19 and related staff shortages, the Committee was pleased that staff had managed and had shown determination to continue to provide care
- The Committee was pleased to see that the Compassionate Neighbours Scheme was a success, and that the number of attendances to Outpatient and Wellbeing Services had reduced from 3402 to 1421 over the past year
- The Committee congratulated the Hospice on its CQC rating
- The Committee found the 'Categories of Incidents' Chart in the report helpful
- The Committee was pleased to see that patient safety was improving in several areas, including a reduction in the number of medication incidents from 94 in the previous year to 64
- The Committee was pleased that the number of falls had reduced from 24 the previous year to 20.

However:

- The Committee asked why there had been a higher number of closed bed days than the previous year, to 645 from 156. It was noted that this was due to refurbishment.
- The Committee noted that the number of complaints had increased from 15 to 21 over the past year, with eight complaints partially upheld - it was noted that the complaints listed included those related to retail and fundraising, as well as clinical work
- The committee noted that the Hospice continued to have staff shortages, although many of the reasons were part of a national trend and the Hospice's work on recruitment was ongoing.

### **Royal Free London NHS Foundation Trust:**

- The Committee was pleased that the Trust's recruitment over the past year had achieved its highest ever number of newly appointed staff
- The Committee welcomed the fact that there had been only one case of MRSA in Barnet Hospital - an improvement on eight the previous year
- The Committee noted that additional staff training around sepsis had been embedded across the Trust.

However:

- The Committee was concerned that some of the performance targets against key national data had been poorer over the past year
- The Committee noted that A&E performance was not as high over the winter of 2022-23 though it was noted that this has begun to show improvement
- The Committee noted that the Royal Free Hospital was keen to increase communication between departments but had some progress to make on adoption of the Electronic Patient Record

- The Committee queried the status of patient readmission rates and whether these could be improved
- The Committee was disappointed that there had been eight never events over the past year
- The Committee was concerned that the number of C.diff infections had increased over the past year but noted that actions were being taken to improve this.

**Central London Community Healthcare NHS Trust:**

- The Committee commented that the colour chart demonstrating quality performance against key indicators was helpful
- The Committee was pleased to see the zero tolerance approach to pressure ulcers
- The Committee welcomed the introduction of dementia champions, to focus on improving the Trust's response to dementia patients and their carers, in collaboration with Age UK Barnet
- The Committee congratulated the Trust on its 'outstanding' CQC rating in 'well-led' for its community health services for adults

However:

- The committee commented that the colour chart showed poor performance on falls – though it was noted that the target set is high and the team is working hard on falls prevention
- The Committee was disappointed that the staff vacancy rate was higher than usual though noted this was common across many sectors currently and that CLCH was working hard to recruit and retain staff
- The Committee was concerned that only 55% of the volunteer group surveyed felt that they had a positive impact on staff
- The Committee was disappointed that community health services for adults and for children, young people and families had received a 'requires improvement' CQC rating on safety though it was noted that an action plan was in place.



## **Appx B - CLCH RESPONSES TO THE POINTS RAISED BY BARNET HOSC, December 2023**

**The committee commented that the colour chart showed poor performance on falls – though it was noted that the target set is high and the team is working hard on falls prevention.**

The trust continues to have a zero target for falls in bedded units with moderate or above harm however for the year to date there have been six falls. In response to this there has been a falls review which demonstrated that a common root cause of 4 of the falls reported is that patients do not seek support from staff when trying to mobilize.

In response to this the following actions have been put in place:

- There are discussions with patients about the increased risk of a fall as they become more independent.
- Falls education leaflets are shared with divisions via falls champions. The leaflets are given to patients on admission and also on day 10 prior to discharge
- Work is underway to develop Independence guidance.
- Matrons are now using new post falls review template. Its use will be reviewed at the falls prevention group.
- A call bell response times audit will be reviewed and the results shared monthly.

The trust is also:

- Enhancing the post falls management approach – this includes top to toe checks and lifting equipment guidance.
- Ensuring alignment of the current falls policy and national audit of inpatient falls (NAIF) guidance.
- Ensuring that falls sensors are in use across all our bedded areas
- Ensuring that the 'Actions Required' from a multifactorial falls risk assessment (MFRA) are completed at the time of admission and inform care planning.

**The committee was disappointed that the staff vacancy rate was higher than usual though noted this was common across many sectors currently and that CLCH was working hard to recruit and retain staff.**

As with all other NHS trusts, CLCH has to work hard to recruit and retain staff. As of October 2023 the clinical staff turnover rate was 13.6% with a clinical staff turnover rate of 16.4%. This is an improvement on the figures as reported in the quality account for 2022-2023 which showed the clinical staff turnover rate as 17% and a vacancy rate of 17.6%.

A number of innovative initiatives have been put in place to recruit and retain staff. These include apprentice nursing associates (ANAs) being introduced into specialist services such as walk in centres and the development of professional networks – for example role specific networks are in place for physiotherapy, occupational therapy, speech and learning therapy and health visitors. The trust continues to expand the number and type of apprenticeships that we offer. Currently we have 46 ANAs, 24 registered nurse degree apprenticeships, seven occupational therapy apprentices, and 40 non-clinical apprentices. Plans for further expansion continue.

Furthermore a forum for community nursing is being developed. The Trust also has a modelling the way group. This group meets monthly to discuss, amongst other things, new ways of working and support of new roles.

Finally the trust continues to recruit from overseas. There are 188 staff in the overseas' recruitment pipeline. This figure includes 169 nurses and 13 occupational therapists.

**The committee was concerned that only 55% of the volunteer group surveyed felt that they had a positive impact on staff.**

During the current year – 2023/2024 the head of volunteering and engagement manager has made a concerted effort with the trust's volunteers to show the positive impact that their time has had on both staff and patients. In this year's engagement survey 71% of volunteers said they could see the difference they make when volunteering and 64% said they were regularly thanked for their volunteering team.

The volunteering manager will continue to build on the results of this survey using case studies and impact testimonials from staff. She will also be feeding back information about the amount of around time and the number of patient interactions to demonstrate to volunteers how much their time and talent means to CLCH.

**The committee was disappointed that community health services for adults and for children, young people and families had received a 'requires improvement' CQC rating on safety though it was noted that an action plan was in place.**

The rating of the 'Safe' domain relates to the inspection of children's services that was held in February 2020. Following this in June 2020, the CQC set CLCH an action to ensure that there were sufficient suitably qualified members of health visiting staff in Brent to meet the needs of children and their families, and to monitor workforce levels across all health visiting teams to ensure they can safely meet service demand. In response to this the Trust continued to actively recruit health visiting staff to ensure that service demand is met. This is coupled with continuous demand and capacity monitoring to ensure that safe staffing levels are achieved. Additionally a complete review of the staffing model and the clinical model in health visiting teams across the Trust was undertaken. This included exploring the potential to make changes to the provision of the service contract with our commissioning partners.

With respect to patients requiring Harrow community health services, in December 2022 the CQC set the Trust an action to ensure that there were robust processes and systems in place to meet their needs safely.

In response to this, the Trust successfully recruited several new members of staff; introduced clinical triage functions to ensure that staffing is applied appropriately across the service's three localities and is introducing a 'units of time' for the allocation process to ensure caseload allocation is equitable and achievable within the working day of a community nurse. Furthermore work continues across the Trust to ensure that safe and effective staffing levels are in place to meet the needs of the populations we provide services to.

There has been no further reinspection by the CQC regarding this but we believe that the Trust would now achieve a good rating.

With specific regard to Barnet, the Trust no longer provides any health visiting services here. The provider is now Solutions4Health.

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## Appx C - Response from North London Hospice

### 16.01.24

- The Committee asked why there had been a higher number of closed bed days than the previous year, to 645 from 156. It was noted that this was due to refurbishment.

There had been a number of closed beds, due to the IPU being refurbished. We also had an outbreak of COVID at one point, and had to deep clean, and beds remained closed for a short period.

- The Committee noted that the number of complaints had increased from 15 to 21 over the past year, with eight complaints partially upheld - it was noted that the complaints listed included those related to retail and fundraising, as well as clinical work.

We have seen an increased number of complaints, due to improvements in our complaints management. Some concerns had turned into complaints. Some complaints had been upheld because our complaints management internal investigators operate under an open and transparent system, and they concluded that the complaint needed to be upheld. There were also a couple of complaints that had to be sent to us just before the 12 month period of the time they were allowed, so this may have happened in the previous year. We have looked at how this can be added to our data to make this clearer. (so it is added in the correct time period).

Moving forward we will be ensuring that we report on where the complaint has arisen from and this will be reported to all external bodies.

We also believe that now that COVID restrictions are over we are seeing people complain where necessary about any issues they have with their care.

- The committee noted that the Hospice continued to have staff shortages, although many of the reasons were part of a national trend and the Hospice's work on recruitment was ongoing.

This trend of staff shortages has continued Nationally, and we have filled our vacancies on the in-patient unit and in the community. We are continuing to improve on the way we work across our boroughs, and making sure that patients are seen in the most efficient way possible.

We have made improvements to the data we collect about if any staff shortages have an impact on patient care. – this does not seem to be the case.

- The committee commented that the colour chart showed poor performance on falls – though it was noted that the target set is high and the team is working hard on falls prevention.

Our benchmarking shows us that we are below the national standard for falls within a hospice environment.

We have implemented a new call bell system in our In-patient unit, and this has been beneficial in noting people more likely to have a fall and has allowed us to be more proactive in our response times to those at risk of falling.

- The Committee was disappointed that the staff vacancy rate was higher than usual though noted this was common across many sectors currently and that CLCH was working hard to recruit and retain staff.

Many of our vacancies have now been filled and this has allowed us to make further improvements to our patient care.

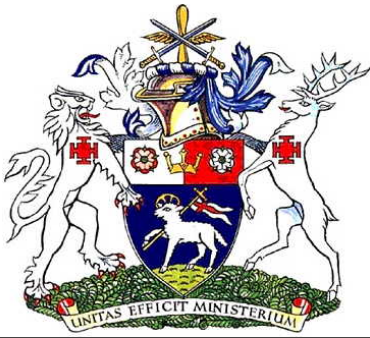
- The Committee was concerned that only 55% of the volunteer group surveyed felt that they had a positive impact on staff.

We have continued to work with our volunteers across our organisation and engage with them. We have started to look at our ways of working with our volunteers. We have improved the way we communicate to our volunteers, including WhatsApp groups and encouraging them to follow us on social media.

We are also trying to recruit volunteers from all backgrounds and ages. We are also making sure that we understand the skill set of our volunteers, so we can utilise their skills across the organisation.

- The Committee was disappointed that community health services for adults and for children, young people and families had received a 'requires improvement' CQC rating on safety though it was noted that an action plan was in place.

We had conducted an "CQC internal inspection audit" where our head of quality found areas around safety that needed improvements. The action plan has now been completed. The CQC rating in our Haringey community service was overall good, and all actions that we made internally following this inspection have been completed and updated back to the CQC.



## Adults & Health Overview and Scrutiny Sub Committee

<b>Title</b>	Task and Finish Group Updates
<b>Date of meeting</b>	24 January 2024
<b>Report of</b>	Overview and Scrutiny Manager
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Appendices</b>	Appendix A –Task and Finish Group Updates
<b>Officer Contact Details</b>	Tracy Scollin, Principal Overview and Scrutiny Officer <a href="mailto:Tracy.scollin@barnet.gov.uk">Tracy.scollin@barnet.gov.uk</a>
<b>Summary</b>	
This report provides an update on Task and Finish Groups which were commissioned by this Sub-Committee.	
<b>Recommendations</b>	
1. That the Overview and Scrutiny Committee notes and comments on the progress of the Task and Finish Groups.	
<b>1. Reasons for the Recommendations</b>	
1.1 Part 3C (52) of the council’s Committee Procedure Rules outlines the options for Overview and Scrutiny Committees and Sub-Committees to appoint Task and Finish Groups:	

“Overview and Scrutiny Committees may conduct reviews via informal Task and Finish Groups but the findings must be reported back to the relevant Committee or Sub-Committee. In conducting Task and Finish Groups they may also ask people to attend to give evidence at their meetings.

Task and Finish Groups will be carried out in accordance with the principles set out in the Protocol for Member/Officer Relations in Part 5 of the Constitution.

Following any Task and Finish Group review, a report will be submitted to the relevant Committee or sub-committees for onward submission to the Executive.”

- 1.2 The progress of current Task and Finish Group is outlined in Appendix A.

## **2. Alternative Options Considered and Not Recommended**

- 2.1 None in the context of this report.

## **3. Post Decision Implementation**

- 3.1 The 2023-2024 scrutiny topics for review were decided at meetings of the Overview and Scrutiny Committee and Sub-Committees in June/July 2023
- 3.2 Part 3C (52) of the council’s Committee Procedure Rules states that following any Task and Finish Group review, a report will be submitted to the relevant Committee or sub-committees for onward submission to the Executive.

## **4. Corporate Priorities, Performance and Other Considerations**

### **Corporate Plan**

- 4.1 The Overview and Scrutiny Committee work programmes and proposed Task and Finish Group topics include suggestions and input from Councillors, officers, members of the public, community groups and the voluntary sector.

*The input of executive members, senior officers, and external partners will all assist scrutiny Members to effectively fulfil their role as critical friends constructively challenging decision makers. [Centre for Governance and Scrutiny 2022]*

- 4.2 The work programme should reflect the Council’s priorities and should be targeted on issues where scrutiny can add real value. Good practice guidelines for setting overview and scrutiny work programmes state that if scrutiny is to be effective in driving service improvement and making a real difference to outcomes for local people, its work programme must be:

- Informed by the priorities and concerns of local people.
- Led by scrutiny members.
- Manageable and realistic
- Integrated effectively with corporate budget-making and strategic planning and policy setting processes and add value in contributing to the achievement of the Council’s corporate objectives.



- Reflect a proactive approach to driving service improvement, rather than being simply reactive in response to decisions of the Executive.

4.3 This report is aligned with the key priorities in the new corporate plan. Built on the pillars of “caring for people, our places and the planet” and underpinned by a foundation of being Engaged and Effective. The work of Overview and Scrutiny will support the Council in becoming a ‘listening council’ collaborating and building a continuous dialogue with residents and communities. In doing so, residents are involved in decision-making, and Scrutiny acts to amplify the voice of the public, on issues of concern.

#### **Corporate Performance / Outcome Measures**

4.4 This item measure how “We act on concerns of local residents and involve them in decision making.”

#### **Sustainability**

4.5 None in the context of this report.

#### **Corporate Parenting**

4.6 In line with Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in decision-making across the council. This duty will be considered when including items to the work programme.

#### **Risk Management**

4.7 None in the context of this report.

#### **Insight**

4.8 Insight data and evidence will be used to support scrutiny reviews on the work programme.

#### **Social Value**

4.9 None in the context of this report.

### **5. Resource Implications (Finance and Value for Money, Procurement, Staffing, IT and Property)**

5.1 A dedicated team supports the Overview and Scrutiny function, and the Task and Finish Groups will be delivered within the existing Governance service budget.

### **6. Legal Implications and Constitution References**

6.1 The terms of reference of the Overview & Scrutiny Committees and Sub-Committees are set out in Part 2B and 2C of the Constitution. Procedure rules relating to Overview & Scrutiny are set out in Part 3C of the Constitution. Further rules relating to Overview & Scrutiny are set out in Part 3D (Budget and Policy Procedure Rules) and Part 3E (Access to Information Procedure Rules).

6.2 The Council’s Constitution Part 2B – Terms of Reference and Delegation of Duties to Committees and Sub-Committees of the Council,

10.1.1 states that the Committee will oversee an agreed work programme that can help secure service improvement through in-depth investigation of performance issues and the development of an effective strategy/policy framework for the council and partners.

6.3 Part 3C (52) of the Committee Procedure Rules [here](#) outlines the authority given to Overview and Scrutiny Committees and Sub-Committees to appoint Task and Finish Groups:

Overview and Scrutiny Committee may conduct reviews via informal Task and Finish Groups but the findings must be reported back to the relevant Committee or Sub-Committee.

Task and Finish Groups will be carried out in accordance with the principles set out in the Protocol for Member/Officer Relations in Part 5 of the Constitution.

Following any Task and Finish Group review, a report will be submitted to the relevant Committee or sub-committees for onward submission to the Executive.

6.4 This report complies with the requirements of the Constitution.

## **7. Consultation**

7.1 Consultation and engagement of Councillors, Officers, members of the public, community groups and the voluntary sector was undertaken to provide input into the list of topics for scrutiny and will be ongoing as the work programme is implemented.

7.2 The Scrutiny team has engaged with Councillors through the political assistants and Officers. The team also undertook a public consultation exercise on engage Barnet and in the Barnet First eNews letter.

7.3 The Overview and Scrutiny Committee and Sub-Committees agreed their programme of Task and Finish Groups for 2023/24 at their first meetings (see Background Papers).

## **8. Equalities and Diversity**

8.1 Pursuant to the Equality Act 2010, the Council and all other organisations exercising public functions on its behalf must have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act; advance equality of opportunity between those with a protected characteristic and those without; promote good relations between those with a protected characteristic and those without. The relevant protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. It also covers marriage and civil partnership with regard to eliminating discrimination. The work of overview and scrutiny will be transparent and accessible to all sectors of the community.

## **9. Background Papers**

9.1 Item 25: Work Programmes for Overview and Scrutiny 2023/24 - [Agenda for Council on Tuesday 11th July, 2023, 7.00 pm \(moderngov.co.uk\)](#)

## Appendix A

### 1. Primary Care (GP) Access Task and Finish Group

**Membership:** Cllr Caroline Stock (Chair), Cllr Elliott Simberg, Cllr Matthew Perlberg, Cllr Richard Barnes, Cllr Gill Sargeant, Cllr Nick Mearing-Smith

The Task and Finish Group held its second meeting on 19<sup>th</sup> October. Since the first meeting a background report was written which contained evidence from the council, ICB and Barnet Healthwatch and described the population, context, and primary care landscape in Barnet.

The Chair of the PCN 2 Patient Participation group, Malcolm Cohen, Dr Nick Dattani, Millway Medical Practice, Colette Wood, Director of Integration NCL ICB and Sarah Campbell, Manager Barnet Healthwatch attended to address the group, provide clarification on the structures and pressures on the system, provided evidence and responded to questions from the Group. More detailed discussions were held on the issues raised at the first meeting in July, resulting in a set of recommendations and actions:

- Learn from the best Practices in Barnet and beyond, to ensure the best models are in place for Barnet and recommendations are made to support Primary Care so that it can deliver a good and consistent service across the borough. This work will also be in line with the NHS National Access Improvement Plan<sup>i</sup> (triage, cloud-based telephony, enhanced appointments and more).
- A commitment to closer examination of the funding for Barnet given its older population relative to other Boroughs, and its large number of care homes and importer of residents to care homes from other boroughs. There was an acknowledgement from the ICB that an outdated funding formula is used and that levelling up across NCL may be needed.

Following the meeting on 20<sup>th</sup> November it remained unclear whether there was equity of funding for Barnet given its large number of care homes. A request was made to the ICB for further clarification though it was understood NHSE funding is complex.

#### Site visits to GP surgeries

In November the group conducted five site visits to GP Practices across Barnet, which provided constructive information with a clear pattern of issues experienced by many Practices. These were shared with the ICB:

- changing model of Primary Care not being communicated to patients – managing patient expectations
- support for Practices around new iCloud telephony system
- demand outstripping supply
- burden of non-health related work for GPs
- impact of social issues and housing on GPs' workload

The Group also attended a meeting of the PCN Clinical Directors, providing a link with all seven PCNs in Barnet.

The Group decided not to gather evidence directly from patients since there was clear evidence in feedback to Members, Barnet Healthwatch, community groups and other sources, that access is problematic for many. The Group heard from the Healthy Hearts Programme on GP access problems encountered by residents and particularly

underrepresented groups, the ICB Neighbourhood Model, the ICB on funding and the NCL Care Homes Programme at the November meeting.

## **Final Recommendations**

A meeting was held on 11 December and was attended by the Group and Dr Nick Dattani, Colette Wood, Director of Integration, NCL ICB, Sarah Campbell, Barnet Healthwatch, Malcolm Cohen, Chair, Barnet Patient Participation Group and Dr Janet Djomba, Deputy Director Public Health, LBB.

The final recommendations were agreed:

### **1. Communicating with residents**

Access to GP appointments is becoming increasingly difficult, both because of reduced numbers of GPs and increasing needs in the population. At the same time there is a wide range of qualified Allied Health Professionals (AHP) (nurse practitioners, pharmacists etc.) who can meet many of the patients' needs. An action is needed to change people's perception and expectations of Primary Care. The recommendation includes:

- A simple flow diagram to clearly show residents how to reach the right practitioner. The version already circulated can be built on and shared in places such as *Barnet First*, local press and social media – ensure this reaches those who may be digitally excluded. An Action Plan to be provided by Barnet and ICB Comms teams with timelines, exploring all avenues to communicate the changes
- A simple short video/animation to facilitate the message. All materials need to be available in other languages
- As funds are limited, Health Champions, the voluntary sector and social prescribers should also be asked to help communicate this. Also Age Concern and others would be asked to help elderly residents with understanding digital access.

### **2. Allocation of funding**

Barnet needs assurance that it is receiving sufficient funds to support its large and increasing elderly and frail population. The ICB has agreed that it is feasible that Barnet is receiving insufficient funding, as the formula used is heavily weighted towards deprivation, not elderly residents, and the inner London Boroughs have historically received greater funding. However according to the figures produced for the meeting in November it did not appear to be clearly the case that funding was unfair.

It was agreed that a recommendation be made to the NCL finance team to investigate this in more detail, and provide clarification around the funding, including what the weighted population is against the raw data, how funding is allocated across NCL and whether this considers the latest census data and other characteristics. The challenges of staffing in Barnet would be added to this recommendation for the finance team to consider – Barnet is competing to attract and retain a limited pool for staff and is close to places that receive Inner London Weighting.

### **3. Primary and Secondary Care**

Several GP Practices had reported that GP time is wasted when hospitals ask them to make appointments for patients in secondary care, after they have been seen by a hospital consultant, often within the same hospital. This should be done internally to reduce bureaucracy and was an issue that Primary Care had highlighted over many years at the Primary/Secondary Care Interface Group. The ICB is trying to mandate consultant-to-consultant referrals given that the Primary Care Referral Support System would be closed down across NCL at the end of March 2024.

#### **4. Phone system updates (iCloud telephony)**

A recommendation that dates for different improvements and final implementation are requested from the ICB and that the Group is kept updated if deadlines are not met. The ICB noted that access is the single most important thing the Primary Care Team is focused on at present, with a view to all Barnet Practices having a full telephony service by March 2024. The ICB Primary Care team in Barnet is working to train and inform Practices that are less experienced with this and need support.

The Group should follow up to check the upgrading to iCloud telephony is completed within the deadline.

A final meeting was scheduled for Thursday 8<sup>th</sup> February 2024 to meet secondary care colleagues and Dr Dattani, to discuss progress on consultant-to-consultant referrals and try to gain buy-in from the Royal Free London NHS Foundation Trust and University College London Hospitals NHS Foundation Trust. Patient expectation and signposting aspects of this would also be discussed.

The report would be drafted in the interim by the Principal Scrutiny Officer, and sent to the Group. This should be succinct but would include all the problems uncovered by the Group's enquiries. Final report would be circulated to the Adults & Health OSC, 6<sup>th</sup> March 2024.

#### **2. Discharge to Assess Task and Finish Group**

**Members:** Cllr Phillip Cohen, Cllr Tony Vourou, Cllr Gill Sargeant, Cllr Lucy Wakeley.

First meeting scheduled for 1<sup>st</sup> February, 6pm (Hendon/hybrid) with NHS and LBB senior system leaders.

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<sup>i</sup> [Delivery plan for recovering access to primary care \(england.nhs.uk\)](https://www.england.nhs.uk)

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## Adults and Health Overview and Scrutiny Sub-Committee

<b>Title</b>	<b>Cabinet Forward Plan</b>
<b>Date of meeting</b>	24 January 2024
<b>Report of</b>	Head of Governance
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Appendices</b>	Appendix A – Cabinet Forward Plan (Key Decision Schedule)
<b>Officer Contact Details</b>	Andrew Charlwood, Head of Governance Andrew.Charlwood@barnet.gov.uk

### Summary

The report details the Cabinet Forward Plan for 2023/24. The Sub-Committee is requested to consider any items they may wish to request for pre-decision scrutiny during 2023-2024. Items that the Committee may wish to request for pre-decision scrutiny during 2023/24 will be include in the Sub-Committee’s work programme for 2023/24.

### Recommendations

**The Adults & Health Overview and Scrutiny Sub-Committee considers the Cabinet Forward Plan and any items the Committee may wish to request for pre-decision scrutiny during 2023/24.**

#### 1. Reasons for the Recommendations

- 1.1 The Council’s Constitution (Committee Procedure Rules, Part 3C, Section 38) states: Overview and Scrutiny Committee and Sub-Committees have the power and responsibility to review or scrutinise decisions made, or other action taken, in connection with the discharge of any functions which are the responsibility of the executive.
- 1.2 The attached Appendix A sets out the upcoming Key Decisions which the Authority proposes to take at forthcoming Cabinet meetings. The committee is requested to review the plan and

	determine if there are any items that the committee may wish to request for pre-decision scrutiny during 2023/24.
<b>2.</b>	<b>Alternative Options Considered and Not Recommended</b>
2.1	The sub-committee could decide to not review the Cabinet Forward Plan. However, this is not recommended as non-Executive Members should have the opportunity to have an input in major policies and strategies as they are in development.
<b>3.</b>	<b>Post Decision Implementation</b>
3.1	Any item that is subject to pre-decision scrutiny will be included in the sub-committee's work programme for 2023/24.
<b>4.</b>	<b>Corporate Priorities, Performance and Other Considerations</b>
	<p><b>Corporate Plan</b></p> <p>4.1 This report is aligned with the key priorities in the new corporate plan. Built on the pillars of "caring for people, our places and the planet" and underpinned by a foundation of being Engaged and Effective. The work of Overview and Scrutiny will support the Council in becoming a 'listening council' collaborating and building a continuous dialogue with residents and communities. In doing so, residents are involved in decision-making and Scrutiny acts to amplify the voice of the public, on issue of concern.</p> <p><b>Corporate Performance / Outcome Measures</b></p> <p>4.2 This item will support delivery of the measure how "We act on concerns of local residents and involve them in decision making".</p> <p><b>Sustainability</b></p> <p>4.3 None in the context of this report.</p> <p><b>Corporate Parenting</b></p> <p>4.4 In line with Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in decision-making across the council. This duty will be considered when including items to the work programme.</p> <p><b>Risk Management</b></p> <p>4.5 None in the context of this report.</p> <p><b>Insight</b></p> <p>4.6 Insight data and evidence will be used to support scrutiny reviews on the work programme.</p> <p><b>Social Value</b></p> <p>4.7 None in the context of this report.</p>
<b>5.</b>	<b>Resource Implications (Finance and Value for Money, Procurement, Staffing, IT and Property)</b>
5.1	As part of the Governance review a dedicated team has been created to support the Overview and Scrutiny function and this will be delivered within the existing Governance service budget.
<b>6.</b>	<b>Legal Implications and Constitution References</b>



- 6.1 The terms of reference of the Overview & Scrutiny Committees and Sub-Committees are set out in Part 2B and 2C of the Constitution. Procedure rules relating to Overview & Scrutiny are set out in Part 3C of the Constitution. Further rules relating to Overview & Scrutiny are set out in Part 3D (Budget and Policy Procedure Rules) and Part 3E (Access to Information Procedure Rules).
- 6.2 The terms of reference of the Adults & Health Overview & Scrutiny Sub-Committee are set out in section 9 and 10 of Part 2B and include:
- All matters as they relate to Adult Social Care;
  - Reviewing and scrutinising matters relating to the planning, provision and operation of health services in Barnet including inviting the relevant Chief Executive(s) of NHS organisations to account for the work of their organisation (s) as set out and required by the Health and Social Care Act 2001 and related primary and secondary legislation.
  - Referring contested major service reconfigurations to the Secretary of State in accordance with the Health and Social Care Act 2001
  - Receiving and commenting upon any external inspections and reviews
  - To be responsible in accordance with Regulation 28 of the Local Authority (Public Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 for scrutiny of the Council's health functions other than the power under Regulation 23(9) to make referrals to the Secretary of State.
  - To recommend to Council that a referral be made to the Secretary of State under Regulation 23(9) of the Local Authority (Public Health, Health and Wellbeing and Health Scrutiny) Regulations 2013.
- 6.3 To have specific responsibility for scrutiny of the following functions:
- Health and social care infrastructure and service
  - NHS England, Clinical Commissioning Groups (CCGs) and the Health and Wellbeing Board
  - Public Health
  - Other policy proposals which may have an impact on health, public health, social care and wellbeing.
  - Collaborative working with health agencies.
  - Commissioning and contracting health services.
  - To review the planning, provision and operation of Health services in Barnet and ensure compliance with Regulation 21(1) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 by inviting and taking account of information and reports from local health providers and other interested parties including the local HealthWatch.
  - Where a referral is made through the local HealthWatch arrangements, to comply with Regulation 21(3) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 by ensuring that the referral is acknowledged within 20 days and that the referrer is informed of any action taken.
  - Where appropriate, to consider and make recommendations for response to NHS consultations on proposed substantial developments/variations in health services that would affect the people of London Borough of Barnet.
  - Where appropriate, to consider and make recommendations for response to consultations from local health trusts, Department of Health and Social Care.

- Care Quality Commission and any organisation which provides health services outside the local authority's area to inhabitants within it.
- To discharge the functions conferred by Section 244 (2ZE) of the National Health Service Act 2006 as amended and Regulation 21 of the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny Regulations 2013) of reviewing and scrutinising, matters relating to the planning, provision and operation of health services in Barnet.
- To respond to consultations from local health trusts, Department of Health and Social Care and any organisation which provides health services outside the local authority's area to inhabitants within it.

## **7. Consultation**

7.1 None in the context of this report.

## **8. Equalities and Diversity**

8.1 Pursuant to the Equality Act 2010, the Council and all other organisations exercising public functions on its behalf must have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act; advance equality of opportunity between those with a protected characteristic and those without; promote good relations between those with a protected characteristic and those without. The relevant protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. It also covers marriage and civil partnership with regard to eliminating discrimination. The work of overview and scrutiny will be transparent and accessible to all sectors of the community.

## **9. Background Papers**

9.1 None



## London Borough of Barnet

### Cabinet Forward Plan (Key Decision Schedule) 2024

The Cabinet currently consists of the following members of the London Borough of Barnet:

Councillor Barry Rawlings	Leader of the Council and Cabinet Member – Resources and Effective Council
Councillor Ross Houston	Deputy Leader and Cabinet Member – Homes and Regeneration
Councillor Paul Edwards	Cabinet Member – Adult Social Care
Councillor Ammar Naqvi	Cabinet Member – Culture, Leisure, Arts and Sports
Councillor Anne Clarke	Cabinet Member – Community Wealth Building
Councillor Sara Conway	Cabinet Member – Community Safety and Participation
Councillor Pauline Coakley Webb	Cabinet Member – Family Friendly Barnet
Councillor Alison Moore	Cabinet Member – Health and Wellbeing
Councillor Alan Schneiderman	Cabinet Member – Environment and Climate Change
Councillor Zahra Beg	Cabinet Member – Equalities, Voluntary and Community Sector

This is a list of Key Decisions which the Authority proposes to take at forthcoming Cabinet meetings. The Cabinet agenda containing all the reports being considered will be published 5 clear days before the meeting.

#### Advanced Notice of Executive Decisions

The Council is required to publish notice of all key decisions at least 28 days before they are taken by Cabinet. Details of the decisions to be taken at forthcoming meetings of the Cabinet are detailed in the table below.

## Definition of a Key Decisions

A Key Decision relates to those executive decisions which are likely to:

- i) result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the local authority's budget for the service or function to which the decision relates; a decision is considered significant if it exceeds an expenditure or savings in revenue of £500,000 and capital of £1 million.
- ii) be significant in terms of its effects on communities living or working in an area comprising two or more wards in the Borough.

A decision is significant for the purposes of (i) above if it involves expenditure or the making of savings of an amount in excess of £1m for capital expenditure or £500,000 for revenue expenditure or, where expenditure or savings are less than the amounts specified above, they constitute more than 50% of the budget attributable to the service in question.

## Notice of Intention to Conduct Business in Private

The Council is required to give at least 28 clear days' notice if **Cabinet wishes to hold any of the meeting in private**. Any person can make representations to the Cabinet if they believe the decision should instead be made in the public Cabinet meeting by emailing [governanceservice@barnet.gov.uk](mailto:governanceservice@barnet.gov.uk)

## Urgency

If, due to reasons of urgency, a Key Decision must be taken where 28 days' notice have not been given a notice will be published (on the website) as early as possible and Urgency Procedures as set out in the Constitution must be followed.

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
<b>6 February 2024</b>					
<u>Business Planning 2024-2030 and In-Year Budget Management 2023/24</u>	<p>To approve and recommend the Budget and Medium-Term Financial Strategy to Full Council on 27 Feb 2024.</p> <p>Approve 2023/24 In-year Budget Management: bad debt write offs, in-year budget virement and changes to the capital programme.</p>	Councillor Barry Rawlings, Leader of the Council and Cabinet Member for Resources & Effective Council	Public	Yes	Chief Finance Officer Report: 2024-2030 MTFS and 2023/24 In-year budget management
<u>Chief Finance Officer Report – Quarter 3 2023/24 Financial Monitoring Report</u>	<p>Note Q3 revenue and capital monitoring for 2023/24</p> <p>Approve 2023/24 Budget Management: bad debt write offs, in-year budget virement and changes to the capital programme. Building Controls Fees and Charges.</p>	<p>Councillor Barry Rawlings, Leader of the Council and Cabinet Member for Resources &amp; Effective Council</p> <p>Executive Director Strategy &amp; Resources</p>	Public	Yes	
<u>Our Plan for Adult Social Care 2024-2029</u>	That Cabinet approve Our Plan for Adult Social Care 2024-2029	<p>Councillor Paul Edwards, Cabinet Member for Adult Social Care</p> <p>Executive Director for Communities,</p>	Public	Yes	Our Plan for Adult Social Care 2024-2029

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
		Adults and Health			
<p><u>Improving Barnet's Roads 2024/25</u></p> <p><u>Presentation of the Highways Investment Strategy, associated funding proposal, and programme of schemes for 2024/25</u></p>	<p>To note the outcome of Our plan for Barnet 2023-2026 Highways Investment Strategy setting out a sustainable asset-based funding strategy approach to improving the condition of the borough's highway network.</p> <p>To approve the additional funding identified in the Highways Investment Strategy, subject to Full Council approval of the Councils MTFS budget for 2024/25.</p> <p>To note the additional funding allocated to the Council through the Department for Transport Local highways maintenance: additional funding from 2023 to 2034.</p> <p>To approve the programme of Improving Barnet's Roads Carriageways and Footways schemes planned to be conducted in 2024/25.</p> <p>To confirm delegation of such operational adjustments as may be necessary to maximise delivery of the 2024/25</p>	<p>Councillor Alan Schneiderman, Cabinet Member for Environment &amp; Climate Change</p> <p>Director of Highways and Transportation</p>	Public	Yes	<p>Report plus appendix listing:</p> <p>Proposed programme of carriageway and footway full and sectional resurfacing schemes targeting repairs to the highway network following the Councils adopted asset management approach.</p>

<b>Subject</b>	<b>Summary of Decision</b>	<b>Cabinet Member and Lead Officer</b>	<b>Public, Part Exempt or Private</b>	<b>Key – Yes / No</b>	<b>Additional documents to be submitted; and / or Any Consultation to be undertaken</b>
	programmes to the Director of Highways and Transportation.				
<u>Brent Cross</u>	Approvals relating to ongoing delivery of Brent Cross Cricklewood Regeneration	Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes & Regeneration	Part-Exempt	Yes	
<u>Street Scene Vehicle Washing Procurement</u>	To approve the award of a contract for the supply of vehicle washing services	Councillor Alan Schneiderman, Cabinet Member for Environment & Climate Change	Part-Exempt	Yes	
<u>Street Scene Vehicle/Equipment Parts Procurement</u>	To approve the award of a contract for the supply of vehicle and equipment parts	Councillor Alan Schneiderman, Cabinet Member for Environment & Climate Change	Part-Exempt	Yes	
<u>Street Scene Vehicle Hire Procurement</u>	To approve the award of a contract for the supply of hire vehicle services	Councillor Alan Schneiderman, Cabinet Member for Environment & Climate Change	Part-Exempt	Yes	
<u>Future Parking Service Provision</u>	The report will seek to obtain authorisation to proceed with the preferred model for Parking service delivery and consequent	Councillor Alan Schneiderman, Cabinet Member for Environment &	Public	Yes	Options appraisal

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
	procurements.	Climate Change  Director, Street Scene			
<u>Small Sites Programme - Nightingale Nursery</u>	A proposal to deem the site at 23 Victoria Road, Barnet, EN4 9PH, formerly known as Nightingale Nursery, surplus to requirements, and seeks approval to bring the site forward for residential development under the Small Sites Modular programme	Councillor Ross Houston – Deputy Leader, Cabinet Member for Homes and Regeneration  Assistant Director of Development Delivery	Public	Yes	Site plan and public report
<u>Arts Depot, 5 Nether Street, Tally Ho Corner, North Finchley, London N12 0GA – New Lease</u>	Approval for new lease.	Councillor Barry Rawlings, Leader of the Council and Cabinet Member for Resources & Effective Council  Head of Property and Portfolio Management	Part-Exempt	Yes	Heads of Terms pertaining to the grant of this lease.
<u>Homeless Action in Barnet, 36b Woodhouse</u>	Approval for new lease.	Councillor Barry Rawlings, Leader of the Council and Cabinet Member	Part-Exempt	Yes	Heads of Terms pertaining to the grant of this lease.



Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
<u>Road, London N12 ORG – New Lease</u>		for Resources & Effective Council  Assistant Director Growth & Corporate Services - Growth & Development  Head of Property and Portfolio Management			
<u>Review of the Management Agreement with Barnet Homes</u>	To agree the approach, timetable and scope of the review of the Barnet Homes Management Agreement	Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes & Regeneration  Deputy Chief Executive Head of Strategic Housing	Part-Exempt	Yes	
<u>Opendoor Homes Acquisitions</u>	To approve the acquisition of approximately 300 homes from the open market through Opendoor Homes.	Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes and	Part-Exempt	Yes	Full Business Case

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
		Regeneration  Group Director Development and Property			
<u>Touchpoint Housing LBB Portfolio Purchase</u>	To approve the purchase of the Touchpoint Housing LBB portfolio.	Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes and Regeneration  Group Director Development and Property	Part-Exempt	Yes	Full Business Case
<u>Fire safety in timber framed houses</u>		Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes & Regeneration  Head of Strategic Housing – Growth Team, Customer and Place	Part-Exempt	Yes	
<u>Extension and variation of the</u>	This report seeks authority to extend the contract with YCB for	Councillor Paul Edwards, Cabinet	Part-Exempt	Yes	Public and exempt reports

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
<u>care and support contract at Ansell Court Extra Care Scheme</u>	care and support at Ansell Court extra cares scheme from 11 February 2024 (as allowed for within the contract) and to vary the payment model to bring it in-line with more recent extra care schemes	Member for Adult Social Care  Director of Integrated Commissioning			
<u>Enablement contracts</u>	<p>This report seeks authority to waive Contract Procedure Rules and award a block enablement contract directly to one of the current incumbent contractors (Bliss) under single tender action for a period of 3 months from 22nd May 2024 to 31st August 2024.</p> <p>This report seeks authority to extend the current contractual arrangement and award a block enablement contract directly to one of the current incumbent contractors (YCB) to for block enablement hours for a period of 6 months from 1st April 2024 to 31st August 2024.</p>	Councillor Paul Edwards, Cabinet Member for Adult Social Care  Director of Integrated Commissioning	Part-Exempt	Yes	Public and exempt reports
<u>Pan-London Vehicle</u>	Endorsement/ Approval of representative appointment,	Councillor Barry Rawlings, Leader	Part-Exempt	Yes	

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
<u>Incorporation – Nominee arrangements</u>	Membership of PLV and relevant delegated authority.	of the Council and Cabinet Member for Resources & Effective Council  Councillor Pauline Coakley Webb – Cabinet Member for Family Friendly Barnet			
<b>12 March 2024</b>					
<u>Our Plan for Barnet – Delivery and Outcomes Framework, Q3 2023-24</u>	To note the Delivery and Outcomes Framework.	Councillor Barry Rawlings, Leader of the Council and Cabinet Member for Resources & Effective Council  Transformation Director  Head of Programmes, Performance and Risk	Public	No	

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
<u>Brent Cross</u>	Approvals relating to ongoing delivery of Brent Cross Cricklewood Regeneration	Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes & Regeneration		Yes	
<u>Barnet Homes Annual Delivery Plan 2024/25</u>	Approval of the Barnet Homes delivery plan for 24/25	Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes & Regeneration		Yes	
<u>Barnet Group Ltd Budget and Business Plan</u>	To approve the budget and business plan of the Barnet Group Ltd	Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes & Regeneration		Yes	

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
<u>Equalities, Diversity and Inclusion Policy</u>	To approve a new Equalities, Diversity and Inclusion Policy	Councillor Zahra Beg, Cabinet Member for Equalities, Voluntary & Community Sector  Executive Director of Strategy & Resources Strategy Manager	Public	Yes	Report to Cabinet New EDI Policy State of the Borough Report Report on Resident Engagement
<u>West Hendon Playing Fields (WHPF) – project update</u>	Noting of project progress since the Sports Hub Masterplan was approved by Environment Committee in March 2020 and the Outline Business Case was approved by Policy & Resources Committee in June 2021.	Councillor Alan Schneiderman, Cabinet Member for Environment & Climate Change  Councillor Ammar Naqvi, Cabinet Member for Culture, Leisure, Arts & Sport  Assistant Director Greenspaces & Leisure	Public	Yes	

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
<u>Main Modifications to Barnet's Local Plan</u>	<p>Approve the Main Modifications (necessary for soundness and legal compliance) to the Local Plan for public consultation.</p> <p>Approve Additional Modifications to the Local Plan. The Additional Modifications generally relate to points of clarification, factual updates and typographical or grammatical errors. They do not materially affect the substance of the Plan and are therefore not subject to public consultation</p>	<p>Councillor Ross Houston, Deputy Leader, Cabinet Member for Homes &amp; Regeneration</p> <p>Director of Growth</p>	Public	Yes	<p>Table of Main Modifications to the Local Plan</p> <p>Table of Additional Modifications to the Local Plan</p>
<u>Draft Supplementary Planning Document – Planning Contributions</u>	Approve the draft Supplementary Planning Document on Planning Contributions for Public Consultation	<p>Councillor Ross Houston, Deputy Leader, Cabinet Member for Homes &amp; Regeneration</p> <p>Director of Growth</p>	Public	Yes	Draft Supplementary Planning Document on Planning Contributions
<u>Approval to undertake renewable energy procurement, through a long-</u>	To source energy from renewable assets, by jointly procuring a PPA, starting as soon as possible, with other London Councils	Councillor Barry Rawlings, Leader of the Council and Cabinet Member for Resources & Effective Council	Public	Yes	LBB has been working with a number of other London boroughs, advised by an independent renewable energy services provider, as well

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
<p><u>term Power Purchase Agreement (PPA), in partnership with a number of other, as yet unconfirmed, London Councils.</u></p>	<p>N.B. PPAs come in different forms and shapes. The purpose of green Power Purchase Agreements (PPA) is that energy consumers secure long-term renewable energy supply, from a new renewable power development, along with the green certificates verifying the supply as renewable. In most cases, volumes and price for the renewable energy delivered is agreed and structured individually. There are two types of PPAs:</p> <p>Physical PPAs represent a direct relationship between consumer and generator, and they imply that the latter will physically deliver the energy volume specified. A range of pricing mechanisms can be employed to optimize the value of the contract.</p> <p>Virtual PPAs offer options to consumers regardless of geographical distance. In these</p>	<p>Director of Growth</p>			<p>as an external advisor that LBB is in a strategic sustainability partnership with.</p> <p>As a result, these councils have formed a group that will procure a single PPA and have agreed the proposed PPA contract duration, timing of PPA procurement, preferable volumes, contracting structures etc.</p> <p>Internally we are consulting with Energy Resource Manager, Assistant Director for Estates and Decarbonisation, Procurement Partner and Sustainability Team.</p> <p>Authorisation to proceed with procurement will enable communication with school, and Barnet Homes stakeholders who</p>



Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
	<p>Virtual PPAs, no physical energy exchange is involved (although an additional renewable power installation is still built) and comprises a contract for difference between spot and PPA price.</p> <p>Both PPAs are a means of hedging against future spot price fluctuations. The procurement process will establish the most suitable for LBB at that time.</p> <p>The councils collaborating on the procurement are not yet confirmed, but they will be by the time the decision is presented to cabinet for approval.</p>				<p>use existing energy arrangements through LBB and further engagement to promote the opportunity of accessing a PPA to be established.</p>
<b>16 April 2024</b>					
<p><u>Grahame Park North East Full Business Case</u></p>	<p>Approval of the Full Business Case</p>	<p>Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes &amp; Regeneration</p>		<p>Yes</p>	

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
<u>Whitings Road and Moxon Street Full Business Case</u>	Approval of the Full Business Case	Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes & Regeneration		Yes	
<u>Culture Strategy</u>	Approval of Strategy	Councillor Ammar Naqvi, Cabinet Member for Culture, Leisure, Arts & Sports		Yes	
<u>Library Strategy</u>	Approval of the process for a new strategy for the Library Service in Barnet	Councillor Ammar Naqvi - Cabinet Member - Culture, Leisure, Arts and Sports	Public	Yes	Draft Library Strategy

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
		Executive Director Children's Services  Head of Libraries			
<u>Brent Cross</u>	Approvals relating to ongoing delivery of Brent Cross Cricklewood Regeneration	Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes & Regeneration		Yes	
<u>Education Standards Report</u>	Barnet is well known for the quality of its schools and the diversity of its educational offer. The quality of Barnet's schools is a significant contributory factor to making the borough a popular and desirable place to live and supports our strategic drive to be the most family friendly borough in London. This report will	Councillor Pauline Coakley Webb – Cabinet Member Family Friendly Barnet  Chief Executive and Director of Education and Learning (BELS)		Yes	

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
	provide information on validated results for 2022/23 assessments and national examinations.				
<b>14 May 2024</b>					
<u>Brent Cross</u>	Approvals relating to ongoing delivery of Brent Cross Cricklewood Regeneration	Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes & Regeneration		Yes	
<u>Corporate Parenting Strategy</u>	In Barnet we want the same things for the children and young people in our care as any good parent would want for their child. Our vision is for all children and young people in Barnet to live their lives successfully with the right support. This Corporate Parenting Strategy supports this work, focusing on our responsibility for our children in care and care leavers.	Councillor Pauline Coakley Webb – Cabinet Member Family Friendly Barnet  Director Children’s Social care		Yes	
<b>18 June 2024</b>					
<u>Our Plan for Barnet –</u>	To note the Delivery and Outcomes Framework.	Councillor Barry Rawlings, Leader	Public	No	


Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
<u>Delivery and Outcomes Framework, Q4 2023-24</u>		of the Council and Cabinet Member for Resources & Effective Council  Transformation Director  Head of Programmes, Performance and Risk			
<u>Chief Finance Officer Report - Financial Outturn 2023/24 Q4</u>	Revenue and capital forecast outturn for the financial year 2023/24 as at Q4	Councillor Barry Rawlings, Leader of the Council and Cabinet Member for Resources & Effective Council		Yes	
<u>Brent Cross</u>	Approvals relating to ongoing delivery of Brent Cross Cricklewood Regeneration	Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes & Regeneration		Yes	

<b>Subject</b>	<b>Summary of Decision</b>	<b>Cabinet Member and Lead Officer</b>	<b>Public, Part Exempt or Private</b>	<b>Key – Yes / No</b>	<b>Additional documents to be submitted; and / or Any Consultation to be undertaken</b>
<b>23 July 2024</b>					

<b>Subject</b>	<b>Summary of Decision</b>	<b>Cabinet Member and Lead Officer</b>	<b>Public, Part Exempt or Private</b>	<b>Key – Yes / No</b>	<b>Additional documents to be submitted; and / or Any Consultation to be undertaken</b>
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	<h2 style="text-align: center;">Adults &amp; Health Overview and Scrutiny Sub-Committee</h2>
<p style="text-align: right;"><b>Title</b></p>	<p style="text-align: center;"><b>Work Programme for Adults &amp; Health Overview and Scrutiny Sub-Committee 2023/24</b></p>
<p style="text-align: center;"><b>Date of meeting</b></p>	<p>24 January 2024</p>
<p style="text-align: center;"><b>Report of</b></p>	<p>Faith Mwende, Overview and Scrutiny Manager</p>
<p style="text-align: center;"><b>Wards</b></p>	<p>All</p>
<p style="text-align: center;"><b>Status</b></p>	<p>Public</p>
<p style="text-align: center;"><b>Urgent</b></p>	<p>No</p>
<p style="text-align: center;"><b>Appendices</b></p>	<p>Appendix A – Adults &amp; Health Overview and Scrutiny Sub-Committee Work Programme</p> <p>Appendix B – Health and Wellbeing Board Work Programme</p>
<p style="text-align: center;"><b>Officer Contact Details</b></p>	<p>Tracy Scollin, Principal Scrutiny Officer, <a href="mailto:tracy.scollin@barnet.gov.uk">tracy.scollin@barnet.gov.uk</a></p>
<h3>Summary</h3>	
<p>The report sets out the Work Programme for the Adults &amp; Health Overview and Scrutiny Sub-Committee 2023/24.</p> <p>The work programme will be considered at every meeting of the Sub-Committee.</p> <p>The Sub-Committee can make any amendments necessary, to enable it to respond to issues of concern or to request new pre-decision items ahead of their consideration by Cabinet/Council.</p> <p>The Work Programme for the Barnet Health and Wellbeing Board is also attached for information.</p>	
<h3>Recommendations</h3>	
<ol style="list-style-type: none"> <li>1. That the Adults &amp; Health Overview and Scrutiny Sub-Committee notes and comments on the 2023-2024 work programme.</li> <li>2. That the Adults &amp; Health Overview and Scrutiny Sub-Committee notes the 2023-24 Health and Wellbeing Board work programme.</li> </ol>	
<ol style="list-style-type: none"> <li>1. Reasons for the Recommendations</li> </ol>	

- 1.1 The Council’s Constitution Part 3C Committee Procedure Rules states: The Overview and Scrutiny Committee will consider its outline work programme, and that of the Overview and Scrutiny sub-committees, at its first meeting following the Annual Meeting of Council...and report the agreed outline work programme to the first available ordinary meeting of the Council.
- 1.2 The work programme includes suggestion and input from Councillors, officers, members of the public, community groups and the voluntary sector.
- A strong and effective work programme underpins the work and approach of Scrutiny. But work to develop and refine the work programme requires support. The input of executive members, senior officers, and external partners will all assist scrutiny Members to effectively fulfil their role as critical friends constructively challenging decision makers. [CfGS 2022]*
- 1.3 The work programme should reflect the Council’s priorities and should be targeted on issues where scrutiny can add real value. Good practice guidelines for setting overview and scrutiny work programmes state that if scrutiny is to be effective in driving service improvement and making a real difference to outcomes for local people, its work programme must be:
- Informed by the priorities and concerns of local people.
  - Led by scrutiny members.
  - Manageable and realistic
  - Integrated effectively with corporate budget-making and strategic planning and policy setting processes and add value in contributing to the achievement of the Council’s corporate objectives.
  - Reflect a proactive approach to driving service improvement, rather than being simply reactive in response to decisions of the Executive.
- 1.4 The attached work programme reflects this approach.

**2. Alternative Options Considered and Not Recommended**

2.1 There is no alternative in the context of this report.

**3. Post Decision Implementation**

3.1 The 2023-2024 work programmes and scrutiny topics was presented to Full Council on 11 July for agreement.

**4. Corporate Priorities, Performance and Other Considerations**

**Corporate Plan**

4.1 This report is aligned with the key priorities in the new corporate plan. Built on the pillars of “caring for people, our places and the planet” and underpinned by a foundation of being Engaged and Effective. The work of Overview and Scrutiny will support the Council in becoming a ‘listening council’ collaborating and building a continuous dialogue with residents and communities. In doing so, residents are involved in decision-making and Scrutiny acts to amplify the voice of the public, on issue of concern.

**Corporate Performance / Outcome Measures**

4.2 This item measure how “We act on concerns of local residents and involve them in decision making”.

### **Sustainability**

4.3 None in the context of this report.

### **Corporate Parenting**

4.4 In line with Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in decision-making across the council. This duty will be considered when including items to the work programme. This is especially relevant for the work programme for the children and education sub-committee.

### **Risk Management**

4.5 None in the context of this report.

### **Insight**

4.6 Insight data and evidence will be used to support scrutiny reviews on the work programme.

### **Social Value**

4.7 None in the context of this report.

## **5. Resource Implications (Finance and Value for Money, Procurement, Staffing, IT and Property)**

5.1 As part of the Governance review a dedicated team has been created to support the Overview and Scrutiny function and this will be delivered within the existing Governance service budget.

## **6. Legal Implications and Constitution References**

6.1 The Council's Constitution Part 2B – Terms of Reference and Delegation of Duties to Committees and Sub-Committees of the Council, Article 10.1.1 states that the Committee will oversee an agreed work programme that can help secure service improvement through in-depth investigation of performance issues and the development of an effective strategy/policy framework for the council and partners.

6.2 The Council's Constitution Part 3C - Committee Procedure Rules, Article 36.1 states that the Overview and Scrutiny Committee will consider its outline work programme, and that of the Overview and Scrutiny sub-committees, at its first meeting following the Annual Meeting of Council

6.3 Article 36.2 - In setting the outline work programme, account will be taken of the need to scrutinise forthcoming policy, for example, the budget and other major policies or strategies in development, whilst leaving flexibility to allow additional items to be added to the agendas for committees and sub-committees and to commission task and finish group reviews during the year in response to new requests for scrutiny.

6.4 Article 52.1 - Overview and Scrutiny Committee may conduct reviews via informal Task and Finish Groups but the findings must be reported back to the relevant Committee or Sub-Committee.

6.5 Article 36.3 - The Overview and Scrutiny Committee will report the agreed outline work programme to the first available ordinary meeting of the Council.

6.6 Under the Barnet Constitution Part 2 C, the Adults & Health Overview and Scrutiny Sub-Committee will perform the overview and scrutiny role and function in relation to all matters as they relate to Adult Social Care;

6.7 The committee will be responsible for reviewing and scrutinising, matters relating to the planning, provision and operation of health services in Barnet including inviting the relevant Chief

Executive(s) of NHS organisations to account for the work of their organisation (s) as set out and required by the Health and Social Care Act 2001 and related primary and secondary legislation.	
<b>7.</b>	<b>Consultation</b>
7.1	Consultation and engagement of Councillors, Officers, members of the public, community groups and the voluntary sector was undertaken to provide input into the work programme and will be ongoing as the work programme is implemented.
7.2	The Scrutiny team has engaged with Councillors through the political assistants and Officers. The team also undertook a public consultation exercise on engage Barnet and in the Barnet First eNews letter.
<b>8.</b>	<b>Equalities and Diversity</b>
8.1	Pursuant to the Equality Act 2010, the Council and all other organisations exercising public functions on its behalf must have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act; advance equality of opportunity between those with a protected characteristic and those without; promote good relations between those with a protected characteristic and those without. The relevant protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. It also covers marriage and civil partnership with regard to eliminating discrimination. The work of overview and scrutiny will be transparent and accessible to all sectors of the community.
<b>9.</b>	<b>Background Papers</b>
9.1	Part 2B of the Council’s Constitution: <a href="http://modern.gov.co.uk">COMMITTEES (modern.gov.co.uk)</a> .



**London Borough of Barnet**

**Adults & Health Overview and Scrutiny Sub-Committee  
2023-24  
Forward Work Programme**

Unless otherwise shown meetings take place at:

Hendon Town Hall

The Burroughs

London NW4 4BQ

Contact: [tracy.scollin@barnet.gov.uk](mailto:tracy.scollin@barnet.gov.uk)  
Principal Scrutiny Officer

Title of Report	Overview of decision	Report Of ( <i>officer</i> )
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24 January 2024

Cabinet Forward Plan (Key Decision Schedule)	To consider the Cabinet Forward Plan for any items the Committee may wish to request for pre-decision scrutiny during 2023/24	Head of Governance
Scrutiny Work Programme	To agree the work programme for O&S and sub committees	Head of Governance
Committee Terms of Reference update	Update further to legislation changes, to be in effect 31 <sup>st</sup> January 2024	Head of Governance
Mid-year Quality Accounts	Royal Free London NHS Foundation Trust, North London Hospice and Central London Community Healthcare to present progress at mid-year point	Director of Public Health
Adult Social Care Strategy, 2024-29		Assistant Director Adults and Communities
Barnet Multi-Agency Safeguarding Adults Board	To note the Barnet Multi-Agency Safeguarding Adults Board Annual Report	Assistant Director Adults and Communities

Barnet vaccination programmes update	To receive regular performance update.	Director of Public Health
Quarter 2 (Q2) 2023/24 Adult Social Care Report and Our Plan for Adult Social Care 2024-29	To receive regular performance report and Our Plan for Adult Social Care 2024-29	Director of Adults and Communities
Task and Finish Groups/Scrutiny Panels Recommendation Tracking	The Committee considered a report which detailed progress made in implementing recommendations made by Task and Finish Groups and Scrutiny Panels (accepted by Cabinet only) at six-monthly intervals	Head of Governance
6 March 2023		
Cabinet Forward Plan (Key Decision Schedule)	To consider the Cabinet Forward Plan for any items the Committee may wish to request for pre-decision scrutiny during 1023/24	Head of Governance Head of Governance
NHS Estates	Report on overall plan for Barnet's Estates including disposable assets	
Scrutiny Work Programme	To agree the work programme for O&S and sub committees	Head of Governance
NHS Sustainability Plan		

Post Covid Services	Update from RFL NHS Foundation Trust	
Adult Social Care Engagement and Co-Production Annual Report	To note the Engagement and Co-Production Annual Report	Executive Director of Adults and Health
Commissioning approach for care homes in Barnet		Executive Director of Children's Services
Quarter 3 (Q3) 2023/24 Adult Social Care Report	To receive regular performance report	Executive Director of Adults and Health
15 May 2023		
Cabinet Forward Plan (Key Decision Schedule)	To consider the Cabinet Forward Plan and any items the Committee may wish to request for pre-decision scrutiny during 2023/24	Head of Governance
Scrutiny Work Programme		Head of Governance
NHS Screening Programmes update		Director of Public Health



NHS Quality Accounts 2022/23	<ul style="list-style-type: none"> <li>Royal Free London NHS Foundation Trust</li> <li>Central London Community Healthcare NHS Trust</li> <li>North London Hospice</li> </ul>	
Overview and Scrutiny Annual Report	Agree the Annual Report to Full Council	Head of Governance
5 June 2024		
Key Decision List	To review the Cabinet's Key Decisions enabling the committee to identify appropriate matters for the overview and scrutiny work programme and overview of specific decisions proposed in the Forward Plan	Head of Governance
Scrutiny Work Programme	To agree the work programme for O&S and the sub committees	Head of Governance
Quarter 4 (Q4) 2023/24 Performance Report	To note the Corporate Performance and Risk report	Executive Director of Adults and Health
Task and Finish Groups/ Scrutiny Panels - Recommendation Tracking	Report on progress made in implementing recommendations made by Task and Finish Groups and Scrutiny Panels (accepted by Cabinet only) at six-month intervals	Head of Governance

To be allocated		
Barnet HealthWatch Annual Report		Head of Assessment and Children in Need
Solutions4Health Update		Strategic HR Director
Children and Maternity Services - NCL ICB Startwell Programme	Progress update. To be carried out with Children and Education Overview and Scrutiny Sub-Committee. To include residents who draw on the services.	
Mental Health Services update	To receive a performance update from mental health service providers on key developments, performance, the Mental Health Services Review (implementation of core offer) and the Community Transformation Programme. With input from people who draw on mental health services.	
Winter pressures 2023/24	Looking at plans in place for winter 2024/25 and lessons learned from the previous winter	

Equipment Recycling - Barnet Social Care and NHS	Review of providers in Barnet and potential for increasing recycling of equipment eg walking aids when no longer needed	Executive Director of Adults and Health
Update on Neighbourhood Model	Update following Barnet pilot schemes	Programme Lead, NCL Neighbourhood Model

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**London Borough of Barnet  
Health and Wellbeing Board  
Forward Work Programme  
2023 / 2024**

Contact: Pakeezah Rahman (Governance) [pakeezah.rahman@barnet.gov.uk](mailto:pakeezah.rahman@barnet.gov.uk)

Subject	Decision requested	Report Of	Contributing Officer(s)
<b>18 JANUARY 2024</b>			
<b>Deep Dive</b>			
Long Term Conditions – Cardiovascular Disease Prevention Plan  <i>Part of Key Area 2 – Starting, Living and Aging Well</i>	The Board listens to the experience of residents, and the work currently underway to improve health and wellbeing in the area	Joint Director of Public Health and Prevention, LBB and the Royal Free	Public Health Consultant (Live and Age Well), London Borough of Barnet (Deborah Jenkins)  Barnet Borough Partnership team
<b>DISCUSSION items</b>			
Dementia Friendly Barnet	The Board notes and comments on progress on making Barnet a Dementia Friendly borough.	Joint Director of Public Health and Prevention, LBB and the Royal Free	Senior Public Health Strategist, London Borough of Barnet (Seher Kayikci)
Fit and Active Barnet – Year 1 Progress and Year 2 Action Plan	The Board to note and comment on progress, and put forward ideas for future action	Executive Director for Adults, Communities and Health, London Borough of Barnet	Assistant Director, Greenspace and Leisure, London Borough of Barnet (Cassie Bridger)
Barnet Borough Partnership Update	The Board notes the verbal update	Executive Director for Adults, Communities and Health. London Borough of Barnet  Chief Executive, Barnet Hospital	
<b>9 MAY 2024</b>			
<b>Deep Dive</b>			

\*A **key decision is one which**: a key decision is one which will result in the council incurring expenditure or savings of £500,000 or more, or is significant in terms of its effects on communities living or working in an area comprising two or more Wards

Subject	Decision requested	Report Of	Contributing Officer(s)
Aging Well  <i>Part of Key Area 2 – Starting, Living and Aging Well</i>	The Board listens to the experience of residents, and the work currently underway to improve health and wellbeing in the area	Joint Director of PH and Prevention, LBB and the RF  Executive Director for Adults, Communities and Health, London Borough of Barnet	
<b>DISCUSSION items</b>			
Annual Director of Public Health Report 2023/24	The Board notes the report and its recommendations.	Director of Public Health and Prevention, London Borough of Barnet	
Joint Strategic Needs Assessment	The Board to approve – subject to comments – the final version of the Joint Strategic Needs Assessment 2023-24.	Chair and Vice Chair of the HWB	
<b>NOTING items</b>			
North Central London Population and Integrated Health Strategy – Year 1 Performance	The Board to note and comment on the performance of the first year of the strategy.	Director of Integration, North Central London Integrated Care Board	
Health and Wellbeing Strategy – 6-month progress report and proposal for development of new Health and Wellbeing Strategy	The Board to note and comment on progress	Chair and Vice Chair of Health and Wellbeing Board	Health and Wellbeing Policy Manager, London Borough of Barnet (Claire O’Callaghan)

<b>Subject</b>	<b>Decision requested</b>	<b>Report Of</b>	<b>Contributing Officer(s)</b>
Pharmaceutical Needs Assessment Update	The Board approves – subject to comment – any updates to the assessment.	Director of Public Health and Prevention, London Borough of Barnet	Public Health Consultant (Live and Age Well), Public Health, London Borough of Barnet (Deborah Jenkins)  Head of Insight and Intelligence, London Borough of Barnet (James Rapkin)
Communicable Diseases Update	The Board notes the verbal update	Director of Public Health and Prevention, London Borough of Barnet	Deputy Director of Public Health, London Borough of Barnet (Janet Djomba)
<b>11 JULY 2024</b>			
<b>Deep Dive</b>			
Improving children’s life chances  <i>Part of Key Area 2 – Starting, Living and Aging Well</i>	The Board listens to the experience of residents, and the work currently underway to improve health and wellbeing in the area	Chair and Vice Chair of the HWB	
<b>DISCUSSION items</b>			
ICB Joint Capital Resource Strategy	The Board to comment on and note the annual update of the strategy.	Director of Integration, North Central London Integrated Care Board	Capital Programmes Team, ICB
<b>NOTING items</b>			
Communicable Diseases Update	The Board notes the verbal update	Director of Public Health and Prevention, London Borough of Barnet	Deputy Director of Public Health, London Borough of Barnet (Janet Djomba)
<b>SEPTEMBER 2024 (TBC)</b>			



Subject	Decision requested	Report Of	Contributing Officer(s)
<b>Deep Dive</b>			
Grahame Park and Burnt Oak <i>Part of Key Area 3 – Ensuring delivery of co-ordinated and holistic care, when we need it</i>	The Board listens to the experience of residents, and the work currently underway to improve health and wellbeing in the area	Chair and Vice Chair of the HWB	Public Health Consultant, (Neighbourhoods and Communities) London Borough of Barnet (Rachel Wells)
<b>DISCUSSION items</b>			
<b>NOTING items</b>			
Health and Wellbeing Strategy – 6-month progress report and update on development of new Health and Wellbeing Strategy	The Board to note and comment on progress	Chair and Vice Chair of Health and Wellbeing Board	Health and Wellbeing Policy Manager, London Borough of Barnet (Claire O’Callaghan)
Pharmaceutical Needs Assessment Update	The Board approves – subject to comment – any updates to the assessment.	Director of Public Health and Prevention, London Borough of Barnet	Public Health Consultant (Live and Age Well), Public Health, London Borough of Barnet (Deborah Jenkins)  Head of Insight and Intelligence, London Borough of Barnet (James Rapkin)

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