

MEETING

ADULTS AND SAFEGUARDING COMMITTEE

DATE AND TIME

THURSDAY 20TH SEPTEMBER, 2018

AT 7.00 PM

VENUE

HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4BG

TO: MEMBERS OF ADULTS AND SAFEGUARDING COMMITTEE (Quorum 3)

Chairman: Councillor Sachin Rajput
Vice Chairman: Councillor David Longstaff

Roberto Weeden-Sanz
Jess Brayne
Paul Edwards

Caroline Stock
Helene Richman
Jo Cooper

Reema Patel
Golnar Bokaei

Substitute Members

Brian Gordon
Anthony Finn

Anne Hutton
Daniel Thomas

Claire Farrier
Gill Sargeant

In line with the Constitution's Public Participation and Engagement Rules, requests to submit public questions or comments must be submitted by 10AM on the third working day before the date of the committee meeting. Therefore, the deadline for this meeting is Monday 17 September at 10AM. Requests must be submitted to Naomi Kwasa: naomi.kwasa@barnet.gov.uk 0208 359 4144

You are requested to attend the above meeting for which an agenda is attached.

Andrew Charlwood – Head of Governance

Governance Service contact: Naomi Kwasa: naomi.kwasa@barnet.gov.uk 0208 359 4144

Media Relations Contact: Gareth Greene 020 8359 7039

ASSURANCE GROUP

Please consider the environment before printing. The average Print Cost for this Agenda is £ 6.48 per copy.

ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	Minutes	5 - 8
2.	Absence of Members	
3.	Declarations of Members Disclosable Pecuniary Interests and Non-Pecuniary Interests	
4.	Report of the Monitoring Officer (if any)	
5.	Members' Items (if any)	9 - 12
6.	Public Questions and Comments (if any)	
7.	Adult Social Care: Responding to Winter Demand	13 - 22
8.	Integrated Health and Social Care	23 - 32
9.	Quarter 1 2018/19 Adults and Safeguarding Performance Report	33 - 50
10.	Adult Social Care Financial Recovery Plan 2018-19	51 - 60
11.	Committee Forward Work Programme	61 - 62
12.	Any other items that the Chairman decides are urgent	

FACILITIES FOR PEOPLE WITH DISABILITIES

Hendon Town Hall has access for wheelchair users including lifts and toilets. If you wish to let us know in advance that you will be attending the meeting, please telephone Naomi Kwasa: naomi.kwasa@barnet.gov.uk 0208 359 4144. People with hearing difficulties who have a text phone, may telephone our minicom number on 020 8203 8942. All of our Committee Rooms also have induction loops.

FIRE/EMERGENCY EVACUATION PROCEDURE

If the fire alarm sounds continuously, or if you are instructed to do so, you must leave the building by the nearest available exit. You will be directed to the nearest exit by uniformed custodians. It is vital you follow their instructions.

You should proceed calmly; do not run and do not use the lifts.

Do not stop to collect personal belongings

Once you are outside, please do not wait immediately next to the building, but move some distance away and await further instructions.

Do not re-enter the building until told to do so.

This page is intentionally left blank

Decisions of the Adults and Safeguarding Committee

4 June 2018

Members Present:-

AGENDA ITEM 1

Councillor Sachin Rajput (Chairman)
Councillor David Longstaff (Vice-Chairman)

Councillor Roberto Weeden-Sanz	Councillor Caroline Stock
Councillor Jess Brayne	Councillor Jo Cooper
Councillor Paul Edwards	Councillor Reema Patel
Councillor Golnar Bokaei	Councillor Helene Richman

1. MINUTES

The Chairman introduced the minutes of the last meeting. A Member questioned if it was possible for Members who had not attended the previous Committee as they were then Councillors, to vote upon the accuracy of the minutes. The Governance Officer in attendance advised that it was possible. Following further questioning, the Legal Officer in attendance advised the Committee that if Members did not wish to vote on minutes at a meeting that they had not attended, then they could abstain if they wished.

Following discussion on the matter, the Chairman moved to the vote. Votes were recorded as follows:

For	9
Against	0
Abstentions	1

RESOLVED that the minutes of the meeting dated 22 January 2018 be agreed as a correct record.

2. ABSENCE OF MEMBERS

None.

3. DECLARATIONS OF MEMBERS DISCLOSABLE PECUNIARY INTERESTS AND NON-PECUNIARY INTERESTS

None.

4. REPORT OF THE MONITORING OFFICER (IF ANY)

None.

5. MEMBERS' ITEMS (IF ANY)

At the invitation of the Chairman, Councillor Brayne introduced her Members Item.

Following discussion on the item, the Chairman suggested that the Health Overview and Scrutiny Committee would be the most appropriate avenue for the consideration of the issues raised.

Following discussion, the Committee requested that the Barnet Health Overview and Scrutiny Committee consider working with “Race on the Agenda” (ROTA) in partnership with BAMER organisations in order to deliver better mental health services for BAMER service users and in doing so, note point 3 set out in the Member’s Item which suggests the committee consider “inviting ROTA to speak with Councillors about their work and how we can provide better mental health services for our BAMER constituents.”

RESOLVED that the Committee issues their instructions as set out above.

6. PUBLIC QUESTIONS AND COMMENTS (IF ANY)

None.

7. PERSONAL ASSISTANTS SERVICE UPDATE

The Chairman introduced the report, which provided the Committee with an update on the Personal Assistant (PA) Service provided by Your Choice Barnet.

Councillor Jess Brayne MOVED the following motions:

- 1. That the Committee agrees to write to Secretary of State for Adults Social Care and Health, asking for Barnet to receive its adequate and fair share of funding for Adult Social Care.**
- 2. That the Committee request that Barnet Members of Parliament make similar representations on Barnet’s behalf.**

The Chairman moved to the vote on the motions. Votes were recorded as follows:

For	4
Against	6
Abstentions	0

The motion was LOST.

The Strategic Director for Adults, Communities and Health suggested that the Committee could consider a report on integrated care and the Care Closer to Home Network. The Chairman advised that he would welcome such a report. Ms. Wakeling undertook to add this to the Forward Work Programme.

A Member noted that the report stated that the Association of Directors of Adult Social Services (ADASS) had suggested that an additional £1 billion was needed to cover the unavoidable costs of demography, inflation, and the national living wage, and questioned what the expectations of Barnet’s contribution to this would be. Ms. Wakeling undertook to provide this information to the Committee outside the meeting.

Following the consideration of the report, the Chairman MOVED to the vote on the recommendations set out in the report.

The Committee unanimously RESOLVED:.

1. That the Adults and Safeguarding Committee notes the performance of the Personal Assistants Service and the continued work to maximise referrals to the service from the direct payment service users.

8. QUARTERLY PERFORMANCE REPORT END OF YEAR 2017/18

The Chairman introduced the paper which set out the annual overview of performance of the End of Year 2017/18, and included provisional budget outturns for revenue and capital, and progress of key activities and indicators.

A Member noted that the report provided information on Key Performance Indicators (KPIs) and questioned if it would be possible to have further information on how such indicators and confidence levels were established. The Chairman suggested that Officers arrange a briefing session for all Members on KPIs to assist Members in fully benefiting from performance reports.

Following the consideration of the report, the Committee unanimously RESOLVED:

1. To review the finance (provisional), performance and risk information in relation to the Theme Committee's Commissioning Plan.

9. PROGRESS REPORT - ADULTS MULTI AGENCY SAFEGUARDING HUB (MASH)

The Chairman introduced the report, which provided the Committee with an update on the report received by the Adult and Safeguarding Committee on 22 January 2018.

Councillors had the opportunity to ask officers questions on the report. The Strategic Director for Adults, Communities and Health highlighted the work being done with Barnet residents with lived experience of safeguarding to co-design and develop services, specifically through 3 routes; the safeguarding adults user forum, involvement board and the Communities Together Network.

A Member asked whether these residents were paid for their time and Ms Wakeling confirmed there is a reward and recognition policy.

Following the consideration of the report, the Chairman MOVED to the vote on the recommendations set out in the report.

The Committee unanimously RESOLVED:

That the Adults and Safeguarding Committee notes the progress of the Adult MASH.

10. COMMITTEE FORWARD WORK PROGRAMME

Members considered the Forward Work Programme as set out in the report.

The Chairman asked that officers bring a report to a future meeting on integrated care around CHINS as mentioned in Item 7. Ms Wakeling confirmed that this would be brought to the meeting, as well as a report on performance.

A Member requested if it would be possible to receive a report on the plans for preparing for winter pressures, particularly in relation to integrated working with health and social care, as well as a report on the financial recovery plan, particularly in relation to the risk assessment on areas of overspend. The Chairman agreed he would arrange with officers to bring both these reports to the next meeting if possible.

Councillor Patel advised the Committee that she wished a motion to discuss the impact of Brexit on the social care workforce in Barnet and the impact of Brexit on demand for residential care in Barnet.

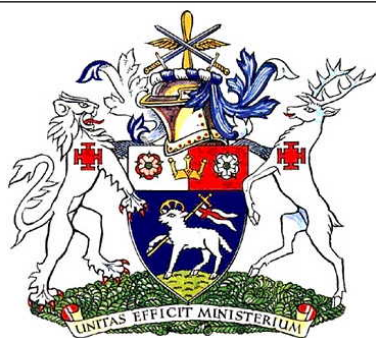
The Chairman highlighted that the Policy and Resources Committee would be the appropriate committee to discuss the implications of Brexit on Barnet residents and that the Adults and Safeguarding Committee was not the appropriate forum for this topic. The Chairman, acting upon advice from the Legal Officer, ruled the motion out of order on the grounds that the suggestion did not fit within the Terms of Reference of the Adults and Safeguarding Committee and was instead within the remit of the Policy and Resources Committee.

RESOLVED that the Committee note the Forward Work Programme.

11. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT

The Chairman thanked the retiring Governance Officer for her service to the Adults and Safeguarding Committee over a considerable amount of time and welcomed the new Governance Officer to the Committee.

The meeting finished at 21.03



Adults and Safeguarding Committee

20 September 2018

Title	Members' Item in the name of Councillor Paul Edwards
Report of	Head of Governance
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	None
Officer Contact Details	Naomi Kwasa, Governance Officer Email: naomi.kwasa@Barnet.gov.uk Tel: 020 8359 4144

Summary

The report informs the Committee of a Member's Items and requests instructions from the Committee.

Officers Recommendations

1. That the Committee's instructions in relation to the Member's items are requested.

1. WHY THIS REPORT IS NEEDED

- 1.1 A Member of the Committee has requested that the items tabled below are submitted to the Adults and Safeguarding Committee for consideration and determination. The Committee are requested to provide instructions to Officers of the Council as recommended.

Adults & Safeguarding Committee, 20 September 2018

Member's Item: Cllr Paul Edwards

Adults Social Care staffing

Since 2010, social care spending in England has shrunk by £7bn. In London it is estimated that, by the end of the decade, the social care funding gap could be in the region of £300 million.

On top of such root and branch cuts imposed by Central Government, we see in Barnet further cuts to spending on Adult Social Care as a result of Barnet Council's mismanagement of its finances.

In Barnet the first quarter accounts sent to Councillors, Adults Services contribution to these cuts will be achieved by freezing 40 staff vacant posts.

Adult Social care is about making sure we as a Council not only look after people with profound and increasingly complex needs, but that we also need to help many of our residents transform their lives and live independently in their own homes. We know that this is what residents want.

The freezing of 40 posts in Adult Social Care is a significant reduction in the resources available to address these complex needs and will inevitably have an impact on supporting an ageing population as demand increases.

Skills for Care has predicted that there is a need to see a 44% rise in the number of additional social care jobs by 2030.

The Adults and Safeguarding committee requests a report on the current social care staffing environment, where are the pressures on staffing and what are the causes of these pressures? The committee also needs to be appraised of the associated risks assessments carried out in the freezing of the above 40 posts and how these risks will be managed. The risk assessments need to include not only those employed directly by the Council, but also those employed by external day and residential care service providers.

This report should include, but not be limited to:

- *The number of established posts and job titles.*
- *The total number of vacant posts by job titles.*
- *How many of these are frozen posts?*
- *Levels of agency staff used, broken down by department*
- *Staff turnover*
- *Skills shortages reported when recruiting staff*
- *Insight into staff satisfaction measures*

- *Risks to current staffing and recruitment levels, i.e. Colindale move, competition for staff from other boroughs, reduced immigration*
 - *What is being done to address & manage these risks*

2. REASONS FOR RECOMMENDATIONS

- 2.1 No recommendations have been made. The Committee are therefore requested to give consideration and provide instruction.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

- 4.1 Post decision implementation will depend on the decision taken by the Committee.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 As and when issues raised through a Member's Item are progressed, they will need to be evaluated against the Corporate Plan and other relevant policies.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 5.2.1 None in the context of this report.

5.3 Social Value

- 5.3.1 None in the context of this report.

5.4 Legal and Constitutional References

- 5.4.1 The Council's Constitution (Members of the Council, Article 2) states that a Member, including appointed substitute Members of a Committee or Sub-Committee may have one item only on an agenda that he/she serves. Members' items must be within the term of reference of the decision making body which will consider the item.

5.5 Risk Management

- 5.5.1 None in the context of this report.

5.6 Equalities and Diversity

- 5.6.1 Members' Items allow Members of a Committee to bring a wide range of issues to the attention of a Committee in accordance with the Council's Constitution. All of these issues must be considered for their equalities and diversity implications.

5.7 Corporate Parenting

5.7.1 None in the context of this report.

5.8 Consultation and Engagement

5.8.1 None in the context of this report.

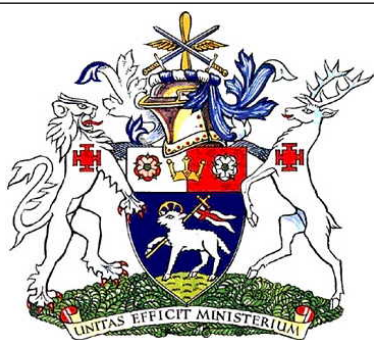
5.9 Insight

5.9.1 None in the context of this report.

6 BACKGROUND PAPERS

6.1 None.

AGENDA ITEM 7



Adults and Safeguarding Committee

20 September 2018

Title	Adult Social Care: responding to winter demand
Report of	Chairman of the Adults and Safeguarding Committee
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	None
Officer Contact Details	Jon Dickinson, Assistant Director Adult Social Care, 020 8359 4871 jon.dickinson@barnet.gov.uk

Summary

At a previous committee meeting, members of the Adults and Safeguarding Committee asked for a report on how services respond to increased demand over winter, including from the NHS; and local performance on Delayed Transfers of Care (DTOC). This report presents this information for the committee's consideration.

Officers Recommendations

1. That the Adults and Safeguarding Committee notes the work carried out by Barnet's adult social care services to prepare for and respond to additional demand over winter.

1. WHY THIS REPORT IS NEEDED

- 1.1 This report provides the Adults and Safeguarding Committee with information on the work being carried out by Barnet Council's adult social care services on winter demand.

2. REASONS FOR RECOMMENDATIONS

National Context

- 2.1 Recent winters have seen NHS A&E services come under considerable pressure and 2017 was one of the most challenging known to the sector. With no significant flu outbreaks or prolonged periods of poor weather, it was difficult for many national experts to explain the high numbers of attendances to A&E departments or the increasing length of stay of patients admitted into hospital beds. Hospital performance against the national 4-hour standard in emergency departments declined. Nationally, there was growing attention paid to the numbers of people remaining in hospital once deemed to be 'medically fit' to go home. These individuals would be considered to be a 'delayed transfer of care' due to being delayed from leaving hospital for a variety of reasons. Most people leaving hospital do so with no follow-on support from health or care services. However, some people's discharge from hospital may be delayed due to the need to arrange out of hospital health care, social care, or for other reasons such as housing.
- 2.2 Between 2012/13 and 2016/17, the number of attendances at A&E departments increased by more than 1.6 million (7.5 per cent) and the number of emergency in-patient admissions from A&E increased by more than 481,000 (12.8 per cent). Between September 2016 and September 2017, emergency admissions to hospital increased by more than 3%.
- 2.3 The national A&E performance standard is 'no less than 95% of patients attending A&E to be admitted, transferred or discharged with 4 hours'. This standard was met nationally in 2012/13 (95.9 %) and 2013/14 (95.7 %) but has been missed for the past three years, with performance deteriorating each year to 89.1% in 2016/17. Over the second quarter (July to September) of 2017/18, 90.1% of patients were seen within four hours, a slightly worse performance than the same period last year. For major A&E departments (those providing 24/7 consultant-led care), performance was worse, with only 85.2% of patients spending less than four hours in A&E.

Delayed transfers of care

- 2.4 NHS Trusts are responsible for submitting the information for the national performance dataset on delayed transfers of care to NHS England each month. The data attributes delays according to which sector is responsible for the delay

– NHS, Social Care, or joint responsibility – and provides a reason for the delay, such as time taken sourcing care or carrying out an assessment. The council reviews and agrees this data before it is submitted for every local in-patient site. Local in-patient sites are run by the Royal Free London NHS Foundation Trust (RFL), Central London Community Health NHS Trust (CLCH) and Barnet, Enfield and Haringey NHS Trust (BEHMT). In addition, the council requests weekly 'sitreps' (situation reports giving a snapshot of performance in that week) from four out-of-borough Acute Trusts, with hospitals located close to the London Borough of Barnet. These are:

- London North West University Healthcare NHS Trust
- North Middlesex University Hospital NHS Trust
- University College London Hospital NHS Foundation Trust
- Whittington Healthcare NHS Trust.

2.5 Processes are in place with all these Trusts to ensure that the nationally submitted performance data is agreed as correct by the council. The local data is checked and challenged by practitioners, ensuring that the category and attribution is reported correctly. The monthly count is then mutually agreed by both the local authority and the Trust before submission to NHS England is made by the Trust within specified timeframes. The regular monitoring of notifications and weekly 'sitreps' also assists with resource allocation and early intervention to support hospital discharges.

2.6 In response to concerns about delayed transfers of care, each health and care system in England was set a national target for delayed transfer of care. Health and care systems are defined by local Health and Wellbeing Boards. The target is measured using a rate of 'delays per day per 100,000 population'. This is the average number of people whose transfer of care has been delayed each day in that month, converted into a standardised rate per 100,000 population. This data, which is available on the NHS England (NHSE) website, is reported six weeks in arrears. Barnet's original target, set in 2017, was 9 days per day, with adult social care's element of the target being to achieve 2.6 days per day per 100,000 population by September 2017 for social care delays. The council achieved this target, reducing social care delays from 6.6 delays per day per 100,000 population in July 2017, when the targets were set, to the target level. Barnet has consistently maintained this achievement against target since then for social care delays. For 'joint' delays (where social care and the NHS both take responsibility), the target was set at 0.97 delays per day per 100,000 population. In July 2017 joint delays were at 0.75 delays per day per 100,000 population, already achieving the target level, and remained below that level for 10 months out of the 11 since then.

- 2.7 The targets have been achieved through a mixture of service improvement, use of the Improved Better Care Fund and crucially, work with NHS Trusts to ensure that national performance data is accurate. In 2017, a detailed analysis of NHS data carried out by council officers showed that some NHS organisations had been submitting national performance data which inflated the number of delays attributed to Barnet Council. These reporting errors have been rectified, making a significant positive impact. Our historical resubmissions for attribution and accuracy in count resulted in an overall reduction of 234 days delayed between April 2017 and February 2018 for social care delays. This has contributed to Barnet's now ranking in the second quartile. Barnet has performed better than the target in all months so far in 2018/19.
- 2.8 Targets have been refreshed for 2018. From July 2018, Barnet's adult social care target has been set at 2.03 delays per day per 100,000 population for social care and 0.35 delays per day per 100,000 population for joint delays, with a total system target of 6.8 delays per day per 100,000 population. Barnet's reported performance in June 2018 was 1.32 delays per day per 100,000 population for social care.

Local and national comparators

- 2.9 In July 2017, when the targets were set, Barnet ranked 122nd out of 151 local authorities nationally. By March 2018 we had improved to a ranking of 75th. We maintained improved performance and continued to rank in the second quartile of all local authorities despite increased pressures due to the onset of winter.
- 2.10 Barnet is currently 15th out of 32 London boroughs as at June 2018 and is performing better than comparator group, London and national averages for social care delays. For June 2018, the total rate of delayed days in Barnet was lower than the comparator group average rate of 2.03, the London average rate of 1.79, and the national average rate of 3.0.

3. WORKING WITH THE NHS

- 3.1 Barnet's Adults and Communities service works with different NHS Trusts on urgent care and hospital discharge, as Barnet residents may be admitted to many different hospitals inside or outside the Borough. Within the borough, the council has Adult Social Care teams working at all the main hospital sites, which are listed below:
- Royal Free NHS Foundation Trust:
 - Barnet and Chase Farm Hospital
 - Royal Free Hospital
 - Chase Farm Hospital

Central London Community Healthcare NHS Trust (CLCH), non-acute community health services:

- Edgware Community Hospital
- Finchley Memorial Hospital

Barnet, Enfield and Haringey Mental Health Trust (BEHMHT), non-acute mental health services based at the Springwell Centre on the Barnet Hospital site and the Dennis Scott Unit based at Edgware Community Hospital.

- 3.2 In recognition of the increased pressure on NHS services and the national target, the council has worked closely with the NHS and social care providers to ensure that residents are discharged from hospital safely and promptly. The service achieved improved assessment times and minimised delays that had been caused by equipment and provision of care. This included discussions with providers about improved responses e.g. care home managers needing to assess and admit patients with improved turnaround times.
- 3.3 The Council worked with the NHS to establish the new 'discharge to assess' service, assessing people outside of the hospital environment. LBB also commissioned more care hours to support this new way of working.
- 3.4 Reablement pathways were reviewed and improved, with social workers reviewing individuals earlier and encouraging independence. This released the necessary capacity to meet the increased demand in the market.
- 3.5 Social Care senior managers and operational leads worked on improving relationships with key NHS partners by attending all strategic and operational meetings. Barnet have been present at all the Multi-Agency Discharge Events (MADE) that have taken place across the acute sites.
- 3.6 Officers have worked with partners in Health to develop clear and agreed process for discharge. This includes input into choice protocol documentation, which puts the onus on the patient and family to make decisions on their future when ready for discharge.
- 3.7 Training and coaching has been delivered to all hospital managers and lead practitioners to allow them to develop their resilience and improve their teams and relationships with key partners.
- 3.8 Briefings have been given to all staff across the department about hospital performance and good news stories have been celebrated and shared with staff through 'in-house' communications.
- 3.9 Other enablers for effective hospital discharge include making full use of commissioned services such as telecare and equipment. In addition, as many social care discharges are to care and nursing homes, the council has been

carrying out specific work with care and nursing homes to improve quality, prevent admissions to hospital from care homes and make discharge back to homes smoother:

- a. Significant Seven - Training is currently being provided to over 90% of care staff within older adult care homes in Barnet. This training supports the identification and management of individuals with deteriorating conditions within the home and preventing hospital admissions. This training is funded by BCCG but provided by the LBB Care Quality Team staff.
- b. Capital Nurse projects – There are a number of national initiatives aimed at enhancing the skills of nurses in care homes as well as improving retention rates amongst this key group of staff that the team is supporting; these include 'Passport into Leadership', student nurse rotations in care homes and supporting nurses who have qualified in other countries to gain their PIN numbers. Having highly skilled, confident nurses within the homes can prevent the need for some hospital admissions. Again the LBB Care Quality Team are actively involved in driving this programme forward locally across Barnet.
- c. End of Life Care – This is an area that sits predominantly with Barnet CCG, however the Care Quality Team is currently supporting a pilot project (in two care homes) currently being run by a local GP and funded by the Barnet Community Education Provider Network (CEPN). Additionally, the team is working with colleagues across the North Central London region to explore how there can be a better, more consistent approach to advanced care planning and end of life care within care homes across the region. Effective knowledge and management of end of life care can significantly reduce the need to seek hospital admissions.
- d. Red Bag project – This has been implemented by the Care Quality Team. There is clear evidence from NHS England's Vanguard sites (sites which test out innovations in health care) that the use of Red Bags can significantly reduce the length of hospital admissions for people living in care homes. The bag accompanies a resident to hospital and clearly identifies the person as coming from a Care Home thus raising awareness to hospital and ambulance staff. It keeps important information about a Care Home resident's health in one place which helps ambulance and hospital staff determine the treatment that a resident needs more effectively. The standardised information includes the resident's general health, any existing medical conditions they have, and highlights their current health concern. It also has room for personal

belongings (such as clothes for use while in hospital and for discharge, glasses, hearing aid, dentures, etc). It stays with the patient whilst they are in hospital. When the resident is ready to go home, a copy of their discharge summary will be placed in the Red Bag. The Care Home staff will have immediate access to this important information when their resident arrives back home.

3.10.1 The Council also runs a 'Keep Warm and Well' programme. Since 2011 the Keep Warm and Well programme has acted as a one stop shop for information/advice regarding how to stay well during cold weather. They offer Winter Warm packs which include items such as blankets, hats, gloves, hot water bottle, thermos cup and a thermometer to vulnerable residents. In the last winter over 200 of these packs were provided to Barnet residents, by the Keep Warm and Well Officer, Social Care Staff, Barnet Homes and other local partners.

3.10.2 Adult and Communities in partnership with Argenti Care Technology and key NHS Teams at Barnet General Hospital, Royal Free Hospital and Edgware Community Hospital launched an innovative new approach to supporting Adults on discharge or admission avoidance pathways. Adults who are a high priority for discharge home or who are at risk of needing to be admitted to hospital are the first in the country to be supported by a telecare device which constitutes a 2-way voice communication and built in falls detector. Over 70 Adults have been supported using these devices since January 2018 and there are several examples of where the Adult has alerted the monitoring centre for support and direct assistance has been provided which enabled the adult to stay at home.

Lessons Learnt from last Winter

3.11 Representatives from all key Health and Social Care organisations came together in Summer 2018 to look back on the recent Winter/Spring performance and look to see what worked well and what could be improved on. A subsequent report was published and work is taking place to address the lessons learned in advance of winter 2018. The review identified that good partnership working was evident across the system and positive relationships are present at Urgent Care Boards. Areas being addressed include:

- Defining optimum services for the weekend – this does not mean replicating the delivery pattern of Monday to Friday.
- GP's feedback that there was not enough communication about the range of services available.

- Improving how people access urgent services. With many services being delivered by different organisations, it is important that more choice doesn't lead to more confusion
- Communications to the public regarding alternatives for A&E for need to be clearer and more frequent. Barnet Healthwatch have been tasked to help develop the message.
- Consider asking Barnet Healthwatch to undertake a survey of A&E patients so that the reasons for choosing A&E are better understood.
- Consider if GPs are going into care homes systematically in order to avoid potentially unnecessary admissions.
- Care home staff have not always been sufficiently involved in planning, and should be an integral part of the collaborative effort.
- Given that only around 40% of RFL's patients are from Barnet CCG area, it is important to work with neighbouring CCGs and to ensure messages about services are reaching patients/public who are not Barnet residents.
- Workforce capacity is a challenge, therefore consider a shared approach to the recruitment and supply of certain staff groups, e.g. OTs, HCAs, etc.

4 ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

Not applicable

5 POST DECISION IMPLEMENTATION

Work with the NHS and care providers to support hospital discharge and prepare for winter 2018 will continue.

6. IMPLICATIONS OF DECISION

6.1 Corporate Priorities and Performance

The work being carried out by Adults and Communities with regard to improving performance with Health Partners reflects the vision in the Corporate Plan 2015-20. This document states that Health and Social Care Services will be Personalised and Integrated, with more people being supported to live in their own homes.

The paper also reflects the fact that the London Borough of Barnet is committed to implementing its vision for adult social care, which is focused on providing personalised, integrated care with more residents supported to live in their own home. The council will also invest in effective telecare, housing adaptations and community support to achieve this.

There is also clear evidence to correlate with the aims stated in the 2018/19 addendum to the Corporate Plan. This document states that 'Over the next year we will also be enhancing health care support to care homes to avoid unnecessary hospital admissions and support people in the last phase of life. We are implementing the 'Red Bag' Initiative which ensures an agreed set of key documents, personal items and medication accompanies people from care homes to and from hospital in a clearly identifiable red bag to facilitate smooth hospital admission and discharge.'

6.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 6.2.1 Funding for the hospital social work teams of £995K per annum is built into the Adults and Communities base budget. This covers management and staffing costs across the teams.

6.3 Social Value

- 6.3.1 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. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

6.4.1 Legal and Constitutional References

The Terms of Reference for the Adults and Safeguarding Committee are set out in the Council's Constitution (Article 7, Committees, Forums, Working Groups and Partnerships). The Adults and Safeguarding Committee has the following responsibilities:

- (1) Responsibility for all matters relating to vulnerable adults, adult social care and leisure services.
- (2) Work with partners on the Health and Well Being Board to ensure that social care, interventions are effectively and seamlessly, joined up with public health and healthcare and promote the Health and Well Being Strategy and its associated sub strategies.
- (3) To submit to the Policy and Resources Committee proposals relating to the Committee's budget for the following year in accordance with the budget timetable.
- (4) To make recommendations to Policy and Resources Committee on issues relating to the budget for the Committee, including virements or underspends and overspends on the budget. No decisions which result in amendments to the agreed budget may be made by the Committee unless and until the amendment has been agreed by Policy and Resources Committee.
- (5) To receive reports on relevant performance information and risk on the

services under the remit of the Committee.

6.5 Risk Management

The council has an established approach to risk management, which is set out in the Risk Management Framework. There is a risk captured related to unpredictable surge in demand across Health and Social Care (AC004).

6.6 Equalities and Diversity

6.6.1 Section 149 of the Equality Act 2010 sets out the public sector equality duty which obliges the council to have due regard to the need to: eliminate unlawful discrimination, harassment, victimisation; advance equality of opportunity between those covered by the Equalities Act and those not covered e.g. between disabled and non-disabled people; and foster good relations between these groups. The protected characteristics are age, disability; gender reassignment; pregnancy and maternity; religion or belief; sex; sexual orientation.

6.6.2 By section 149(2) of the Equality Act 2010, the duty also applies to 'a person, who is not a public authority but who exercises public functions and therefore must, in the exercise of those functions, have due regard to the general equality duty'. This means that the council, The Barnet Group LTD, Your Choice (Barnet) Limited and Barnet Homes LTD will need to have regard to their general equality duty.

6.7 Corporate Parenting

6.7.1 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 this report.

6.8 Consultation and Engagement

6.8.1 Not Applicable

6.8.1 **Insight**

6.8.2 Not applicable

7. BACKGROUND PAPERS

7.1 None

	<p style="text-align: right;">AGENDA ITEM 8</p> <p style="text-align: center;">Adults and Safeguarding Committee</p> <p style="text-align: center;">20 September 2018</p>
Title	Integrated health and social care
Report of	Councillor Sachin Rajput – Committee Chairman
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	
Officer Contact Details	Jess Baines-Holmes, Assistant Director Adults Joint Commissioning Will Hammond, Head of Transformation

Summary

This report provides an update on integrated working between adult social care and health in Barnet and the local progress of the Care Closer to Home programme (CC2H), which aims to move more care from hospital to primary care settings. The CC2H programme is being led locally by NHS Barnet CCG and the council, whilst forming part of the North London Sustainability and Transformation Plan (NCL STP).

Officer Recommendations

1. The Committee is asked to note the progress that has been made on the integration of health and social care.

1. PURPOSE OF REPORT

Introduction

1.1 The Adults and Safeguarding Committee has responsibility for all matters relating to adult safeguarding and adult social care. This report provides an update to the committee on local integration of health and adult social care to improve the health and wellbeing of residents.

1.2 Health and care integration in Barnet

1.2.1 A range of integrated services for adults are in place, jointly commissioned by the Council and NHS Barnet Clinical Commissioning Group (CCG):

1. Integrated Learning Disability Service

The multidisciplinary community service for people with learning disabilities, comprising specialist health and social care professionals. This includes social work, psychology, psychiatry, speech and language therapy, community nursing and physiotherapy.

2. Learning Disability Services for 10 service users (accommodation re-provision)

Lifetime funding agreement for individuals with complex learning disabilities accommodated at a residential service and the associated future planning.

3. Integrated provision of mental health services for adults of working age & older adults

Multidisciplinary services for people with needs relating to mental ill health comprising specialist health and social care professionals. This includes social workers, community psychiatric nurses and approved mental health practitioners.

4. Health & Social Care Integration (Better Care Fund)

A programme of services to deliver transformation in integrating health and social care, covered in more detail later in this report.

5. Integrated Community Equipment Service

The service providing a range of specially designed equipment available to help people live more independently and safely at home.

6. Voluntary & Community Sector Commissioning (prevention & early support)

Community services supporting people to remain independent, reduce social isolation and provide support to people to prevent or reduce deterioration.

The value of these services, excluding the Better Care Fund (BCF), is circa £11m per annum (section 1.3 of this report gives more detail on the BCF). These are overseen by the officer Joint Commissioning Executive Group (JCEG), which reports to the Health and Wellbeing Board. The services are managed through Section 75 agreements.

1.2.1 There is also a joint commissioning team in place, funded by both the Council and the Clinical Commissioning Group, responsible for commissioning social care and non - acute NHS services for adults in the borough. This team leads on commissioning social

care provision, community health services, mental health, voluntary sector and therapies.

1.3 Better Care Fund

- 1.3.1 The Better Care Fund is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.
- 1.3.2 The Council and Barnet Clinical Commissioning Group have a Better Care Fund plan with a total pooled budget of circa £24m per annum.
- 1.3.3 Barnet's Better Care Fund Plan for 2017-19 was submitted to NHS England (NHSE) in September 2017. NHSE approval of the plan was received in November 2017.
- 1.3.4 The approved plan continues the work of the vision set out in the Better Care Fund Plans 2015/16 and 2016/17.
- 1.3.5 It incorporates elements of the North London Sustainability and Transformation Plan, notably our local work on Care Closer to Home and Urgent and Emergency Care Transformation.
- 1.3.6 National BCF policy sets out that, at the local level, Clinical Commissioning Groups and Local Authorities retain the responsibility for BCF spending decisions and monitoring. Health and Wellbeing Boards are responsible, under national policy, for overseeing the strategic direction of the BCF and the delivery of better integrated care within their area. Locally the Joint Commissioning Executive Group has delegated responsibilities to oversee the delivery of the Plan and report progress to the HWB at regular intervals.
- 1.3.7 The core elements of the BCF plan are services for the frail elderly and those with long term conditions. These include the council's care quality work, prevention services, social work staffing, a dedicated integrated community team (the Barnet Integrated Locality Team) and rapid response team, seven-day hospital social work, and community health. All Better Care Fund and improved Better Care Fund schemes are monitored quarterly.
- 1.3.8 Both the core BCF and the IBCF are subject to national conditions and being measured by nationally determined metrics. For the core BCF these national conditions for 2017 - 2019 are:
 - Plans to be jointly agreed;
 - NHS contribution to adult social care is maintained in line with inflation;

- Agreement to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care; and
- Managing Transfers of Care

1.3.9 National Performance Metrics are reported in the following areas:

- Delayed Transfers of Care (DToC)
- Non-elective admissions
- Admissions to residential and care homes
- Effectiveness of reablement

1.3.10 The Improved Better Care Fund is additional funding given directly to local government: Locally the iBCF plan comprises:

- Market stabilisation: Increasing the minimum price paid for residential and nursing placements in borough; providing inflationary uplifts to providers.
- Supporting the NHS: Commissioning and purchasing of additional packages and hours of home care, telecare and enablement to support hospital discharge.
- Social Care Market Development: Rapid improvement work with providers, identifying opportunities to create more placements for adults with dementia and complex needs.

1.3.11 The performance metrics cover both health and social care performance, with the exception of the metric on admissions to residential and care homes. Barnet is on track to achieve its BCF performance targets for 2018/19. The rate of new admissions to residential care remained low throughout 2017/18 and outperformed the annual target. Delayed transfers of care from hospital due to social care fell significantly during 2017/18 and have been held at a low level so far in 2018/19.

1.4 Operational integration

- 1.4.1 In adult social care, social work staff work in integrated teams with the NHS in learning disability and mental health services. In older people's services, social workers are based in all hospital sites (acute and community), and work as part of ward rounds, and multi-disciplinary team care planning through the Barnet Integrated Locality Team.

1.5 NCL Sustainability and Transformation Plan

- 1.5.1 Sustainability and Transformation Plans were introduced in NHS planning guidance published in December 2015 (NHS England et al 2015). Forty-four areas were identified as the geographical 'footprints' on which the plans would be based, and final plans were due to be completed in October 2016.
- 1.5.2 STPs are mandated for NHS organisations and are seen as the unit of planning by NHS England and the Department of Health and Social Care, especially for financial

planning. Local authority involvement is not mandated for local government in the same way. Across England, local authorities are involved in each of the STPs but the nature of the relationship varies.

- 1.5.3 The five London boroughs of Barnet, Camden, Enfield, Haringey and Islington make up the North London (NCL) footprint. The partnership is made up of the five Clinical Commissioning Groups, five local authorities and 11 local NHS Trusts including Barnet's local NHS providers: Barnet, Enfield & Haringey Mental Health NHS Trust; Central London Community Healthcare (CLCH) NHS Trust and the Royal Free London NHS Foundation Trust. The NCL STP published its case for change in September 2016 and its STP Plan in June 2017.
- 1.5.4 Now known as North London Partners in Health and Care, the partnership's work to date has focused primarily upon:
- Understanding the current NCL health and care landscape, and the future ambitions of the various organisations within it and establishing system wide planning.
 - Building relationships and embedding governance for STP wide strategic planning.
 - Developing shared plans across the NCL sector to deliver improvements to health and care and delivery system efficiencies and financial benefits.
 - Engaging with patients and public to refine and improve plans and inform delivery.
 - Integrating services vertically and horizontally, at different levels. For example, at NCL level, integrated urgent care and out-of-hours (111) services are delivered across North London Partners. There are 13 cross-NCL workstreams. Local authorities have initiated a five-borough local authority funded workstream on social care, which is governed by the local authorities but also forms part of STP reporting. This is chaired by Barnet Council's Strategic Director for Adults, Communities and Health. At borough level, GP Federations are developing to support CC2H Integrated Networks (CHINs) and implement borough-based primary care. CHINs are the main STP vehicle through which neighbourhood-level health and care integration will be delivered and are explained in greater detail later in this paper.
- 1.5.5 The five local authorities in North London have been working together to identify their shared adult social care challenges and where a shared response would deliver greatest benefit to local people. Three key areas for further work in 2018 have been agreed:
- Streamline health and social care processes around the hospital by improving consistency in the social care element of the hospital discharge process.
 - Develop a sustainable social care market through building more capacity in the nursing home sector, including consideration of joint commissioning and pricing with CCGs. This has already involved direct engagement with providers on

nursing supply issue and looking at options for sector development. Further actions for this workstream include develop of a new dialogue of collaboration with the market, identifying suitable sites, providers and models of nursing care to meet the future need of the population, the develop of a care home strategy for NCL, identifying the sub-regional supply gap and outlining the preferred means of addressing this, for example re-designation, new supply etc.

- Develop a sustainable social care workforce by developing a joint approach to recruitment and retention of staff in social care, focusing on nursing and the independent sector. This includes; development of an improved career pathways for social care workers, training and development mapped to pathways to make career journeys clear, and the development of a shared recruitment portal for social care providers – similar to Devon’s ‘Proud to Care’ portal, which provides a single vehicle for the local system to promote recruitment into the sector and training.

1.6 Barnet Care Closer to Home (CC2H)

- 1.6.1 The SCL STP gives local areas responsibility for the delivery of the CC2H workstream, with the establishment of CHINs (CC2H Integrated Networks) and QISTs (Quality Improvement support teams) a core deliverable for 2017/18 and 2018/19.
- 1.6.2 It has been agreed by the Council, Barnet Clinical Commissioning Group and the Health and Wellbeing Board that the CC2H work programme will be jointly led by both the Council and Barnet Clinical Commissioning Group.
- 1.6.3 The Care Closer to Home Programme Board has joint membership and provides governance for the Programme. There are alternate chairing arrangements shared between the Council’s Strategic Director for Adults, Communities and Health, and the CCG’s Director of Care Closer to Home.
- 1.6.4 The three main elements of the CC2H programme are:
- 1.6.5 Extended GP Access. Developed and improved access to core general practice from 8am – 8pm. Following a procurement exercise, a contract award for extended access was made to the Barnet GP Federation. Extended access is now provided from three community hubs with six satellite sites. The service has been operational since April 2017 and will provide an additional 38,000 appointment slots per annum for local patients.
- 1.6.6 Quality Improvement Support Teams (QISTs). These are teams working with general practice to improve quality, reduce variation and build resilience through tailored information and analytics. Barnet CCG was successful in a bid to the NHS England Diabetes Transformation programme for money to support diabetes management in primary care and received £249k to be invested in a Diabetes-QIST, which is now live

and initially working with the Burnt Oak CHIN. The Diabetes-QIST will be used as a “prototype” for QIST development in Barnet.

- 1.6.7 Care Closer to Home Integrated Networks (CHINs). Typically covering populations of c.50,000-80,000, CHINs will be home to a number of services, providing an integrated, holistic, person-centred model of health and care. At the heart of this will be separate GP practices working in networks and over time, developing into wider multi-disciplinary teams.
- 1.6.8 The first Barnet CHIN, centred on a group of five practices in Edgware/Burnt Oak/Watling Way, went live in February 2018, with a focus on Diabetes and Paediatrics. Together these practices have a registered population of c.50,000, equating to approximately 12.5% of the Borough’s total GP registered population. The second CHIN will be centred across a group of practices in Oakleigh and East Barnet. It will focus on frailty (increased vulnerability and fragility related to the ageing process) and will go-live in October 2018. Three more CHINS are also being developed and will come on stream over the remainder of the financial year.
- 1.6.9 The council is working with the Burnt Oak CHIN to establish links between the CHIN and the services provided/supported by the Council which help residents’ physical, mental, emotional and financial wellbeing, such as:
- Burnt Oak Opportunity Support Team (BOOST): a multi-agency team with staff from JobCentre Plus, Barnet Homes, and the Council’s Benefits Service and Education and Skills Team.
 - The Council’s borough wide local area co-ordination service, which connects people to community activities and self-help.
 - A range of Neighbourhood Services for older adults including befriending, lunch clubs, health promotion, a handyperson scheme, Later Life Planning advice service, dementia advisors, and falls prevention activities.
 - Adult social care services, including information and advice available from a Care Space hub, co-located with the voluntary sector.
 - Resources and services that support self-care and self-management by Barnet’s Public Health Team.
 - Access to exercise referral and specialist prevention pathways through the Council’s leisure services.
 - Housing advice and support provided by Barnet Homes and Homeless Action in Barnet (HAB).
- 1.6.10 The Burnt Oak CHIN will be able to provide information about these services and make referrals or support people to self-refer to these services. Staff and/or volunteers from some of these services may also be available on-site at the CHIN for advice sessions. The connections between the above services and CHINs across Barnet will be formalised and strengthened over time. As the other CHINs develop, they will receive a similar offer from LBB, with tailored, local information on council-run or -supported services and help engaging with these services as they develop connections within the CHINs.

- 1.6.11 The measures above are a form of ‘social prescribing’. This is a model that is defined by NHS England as ‘a means of enabling GPs and other frontline healthcare professionals to refer people to ‘services’ in their community instead of offering only medicalised solutions’. This should have a positive impact on the patient’s health and wellbeing and in turn reduce demand on the health sector. LBB’s Public Health team are now leading on the further development of social prescribing in Barnet, mapping existing resources and exploring digital platforms to support GPs.

2 REASONS FOR RECOMMENDATIONS

- 2.1 Report requested by the Committee to provide an update on health and social care integration and Care Closer to Home.

3 ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 None.

4 POST DECISION IMPLEMENTATION

- 4.1 The Care Closer to Home Programme Board will continue to lead the mobilisation of Barnet CHINs and provide progress updates to the Health and Wellbeing Board and the Adults and Safeguarding Committee as requested.

5 IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.2 The corporate plan includes the priority that ‘Health and Social Care services will be personalised and integrated, with more people supported to live longer in their own homes’. The work referred to in this report is clearly aligned to deliver this priority. The priorities of the council are also aligned to the delivery of the Health and Wellbeing Strategy.

5.2 Resources (Finance and Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 5.2.1 All programmes mentioned above are delivered through existing resources and are within agreed budgets.
- 5.2.2 The Better Care Fund is now made up of three elements: the CCG minimum contribution; the Disabled Facilities Grant; and the improved BCF (IBCF).

	2017/18 Gross Contribution	2018/19 Gross Contribution
Total Local Authority Contribution exc iBCF	£2,163,540	£2,355,949
Total iBCF Contribution	£5,372,890	£6,838,955
Total Minimum CCG Contribution	£22,736,151	£23,168,138
Total Additional CCG Contribution	£0	£0

Total BCF pooled budget	£30,272,581	£32,363,041
--------------------------------	--------------------	--------------------

5.3 Social Value

5.3.1 The Public Services (Social Value) Act 2012 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders. The council's contract management framework oversees that contracts deliver the expected services to the expected quality for the agreed cost. Requirements for a contractor to deliver activities in line with Social Value will be monitored through this contract management process.

5.4 Legal and Constitutional References

5.4.1 The Council's Constitution (Article 7, Article 7 – Committees, Forums, Working Groups and Partnerships) sets out the responsibilities of all council Committees. The responsibilities of the Adults and Safeguarding Committee include:

- (1) Responsibility for all matters relating to vulnerable adults and adult social care.
- (2) Work with partners on the Health and Well Being Board to ensure that social care, interventions are effectively and seamlessly joined up with public health and healthcare and promote the Health and Wellbeing Strategy and its associated sub strategies.

5.5 Risk Management

5.5.1 CC2H risks are managed in accordance with Barnet's Programme Management Toolkit and Approach. They are documented in the Programme Highlight Report.

5.6 Equalities and Diversity

5.6.1 The Equality Act 2010 requires organisations exercising public functions to demonstrate that due regard has been paid to equalities in:

- Elimination of unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- Advancement of equality of opportunity between people from different groups.
- Fostering of good relations between people from different groups.

5.6.1 The Equality Act 2010 identifies the following protected characteristics: age; disability; gender reassignment; marriage and civil partnership, pregnancy and maternity; race; religion or belief; sex and sexual orientation.

5.6.2 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.

5.6.3 This is set out in the council's Equalities Policy together with our strategic Equalities Objective - as set out in the Corporate Plan - that citizens will be treated equally with understanding and respect; have equal opportunities and receive quality services provided to best value principles.

5.6.4 Progress against the performance measures we use is published on our website at: www.barnet.gov.uk/info/200041/equality_and_diversity/224/equality_and_diversity

5.7 Corporate Parenting

5.7.1 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 this report.

5.8 Consultation and Engagement

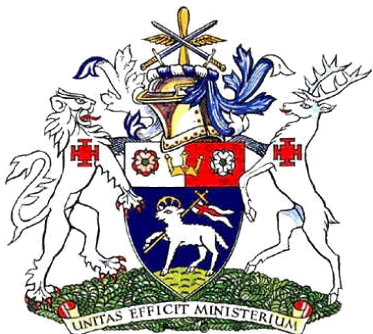
5.8.1 LBB and the CCG jointly engage with residents about the design and implementation of CHINs. The CCG undertake other consultation and engagement activity in line with their existing channels and protocols.

5.9 Insight

5.9.1 The QISTS lead on the development of analytics and insight to inform the development of CHINs.

6 BACKGROUND PAPERS

None

	<p style="text-align: right;">AGENDA ITEM 9</p> <p style="text-align: center;">Adults and Safeguarding Committee</p> <p style="text-align: center;">20 September 2018</p>
Title	Quarter 1 2018/19 Adults and Safeguarding Performance Report
Report of	Councillor Sachin Rajput – Committee Chairman
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	None
Officer Contact Details	Alaine Clarke, Head of Performance and Risk alaine.clarke@barnet.gov.uk

Summary

This report provides an update on the Theme Committee priorities in the Corporate Plan 2018/19 Addendum for **Quarter 1 (Q1) 2018/19**, including budget forecasts for revenue and capital, progress on activities, performance of key indicators and any high level risks.

Officer Recommendations

1. The Committee is asked to review the financial, performance and risk information for Q1 2018/19 and make any referrals to Policy and Resources Committee or Financial Performance and Contracts Committee in accordance with the terms of reference of these Committees.

1. PURPOSE OF REPORT

Introduction

- 1.1 The Adults and Safeguarding Committee has responsibility for all matters relating to vulnerable adults, adult social care and leisure services; and works with partners on the Health and Wellbeing Board to ensure that social care interventions are effectively and seamlessly joined up with Public Health and healthcare. The priorities for the year ahead (see table 1) are set out in the Corporate Plan 2018/19 Addendum, which is available online at <https://www.barnet.gov.uk/citizen-home/council-and-democracy/policy-and-performance/corporate-plan-and-performance>
- 1.2 This report provides an update on these priorities for **Q1 2018/19**, including budget forecasts for revenue and capital, progress on activities, performance of key indicators and any high level risks.
- 1.3 This report is in addition to the Q1 2018/19 Strategic Performance Report to Policy and Resources Committee and the Q1 2018/19 Contracts Performance Report to Financial Performance and Contracts Committee. These reports can be found on the committee section of the council's website at <https://barnet.moderngov.co.uk/ieDocHome.aspx?bcr=1>

Table 1: Adults and Safeguarding Committee priorities for 2018/19

Priorities	Key activities
Embedding strength-based best practice	<ul style="list-style-type: none">• Share and develop strength-based working with citizens, health providers and the voluntary and community sector• Implement the prevention and wellbeing co-ordination model with the local voluntary and community sector• Work with partners to support communities to take practical actions to enable people to live well with dementia and make Barnet a dementia-friendly borough• Focus on Improving Mental Health in the community through the delivery of an enablement model that will allow people to lead better lives through targeted support. This will include an improved pathway/access to services through joint working with the NHS• Offer employment support to people who use adult social care through the new employment support framework and Your Choice Barnet (YCB) services• Continue to provide advice and support to carers
Integrating local health and social care	<ul style="list-style-type: none">• Implement the rapid response homecare to support timely hospital discharge and work with NHS Barnet Clinical Commissioning Group (CCG) to enhance support to care homes to avoid unnecessary hospital admissions• Work in partnership with the CCG to implement the Care Closer to Home programme• Develop a Care Home Strategy and an enhanced offer for care homes, including the red bag initiative to accompany people from care homes to and from hospital and Significant Seven (S7) training to support staff in the early identification of deterioration of patients• Improve the health of carers through delivery of the carers and young carers strategy.• Work with NHS England to develop a joined-up plan for the future care needs of people in specialist residential services under the Transforming

Priorities	Key activities
Needs-based support	<p>Care programme</p> <ul style="list-style-type: none"> • Expand homecare, enablement and support options for residents e.g. offer more technology services and increase supported living and nursing care • Work with Barnet Homes and YCB to build a new extra care scheme at Moreton Close (renamed Ansell Court); and progress two further schemes in the west and south of the borough • Re-commission care and support services at two extra care schemes (Goodwin Court and Wood Court) • Work with Barnet Homes to enhance existing sheltered housing and housing plus to meet the increasing needs of older residents and those with disabilities • Deliver the wider vision for accommodation and support services embedding greater use of all services and shaping the market to deliver an even greater range of housing options for independent living • Prototype employment services for working age adults to support them to find and maintain employment • Work closely with YCB to monitor and support their person-centred approach to increase independence and help people to progress to employment • Work with Barnet Mencap - Bright Futures (following the recent procurement) to ensure that prevention services are provided to more residents and that through the strength-based approach more people are supported to achieve great, sustainable outcomes
Improving leisure facilities and physical activity	<ul style="list-style-type: none"> • Complete implementation of the new leisure management contract including new services for residents • Continue construction of two new leisure centres - Barnet Copthall and New Barnet – for a planned opening in 2019 • Deliver improvements to existing leisure centres • Raise awareness of sport and physical activity and increase participation through the Fit and Active Barnet Partnership • Co-ordinate funding applications, volunteering and training opportunities through the Fit and Active Barnet Partnership • Complete an Indoor Sport and Recreation Study which will act as a strategic review and complement to the Barnet Playing Pitch Strategy and Local Plan
Health and Wellbeing	<ul style="list-style-type: none"> • Commission lead providers for health checks and smoking cessation services to simplify administration and deliver improved outcomes • Implement the Healthy Weight Implementation Plan across the partnership

Budget forecasts

- 1.4 The forecast **revenue outturn** (after reserve movements) at Q1 2018/19 for Adults and Communities was **£96.077m**; a projected **overspend of £0.667m** (0.7% of the overall budget) (see table 2).
- 1.5 Because of the timing of this report, the latest forecast at Month 4 (July 2018) has been included too (see table 2a). This shows the forecast **revenue outturn** (after reserve movements) to be **£96.202m**; a projected **overspend of £0.792m** (0.8% of the overall budget). This has been used as the basis for recovery planning to mitigate against an overspend position at the end of the year.

Table 2: Revenue forecast (Q1 2018/19)

Service	Revised Budget	Q1 18/19 Forecast	Variance from Revised Budget Adv/(fav)	Reserve Move-ments	Q1 18/18 Forecast after Reserve Move-ments	Variance after Reserve Move-ments Adv/(fav)	Variance after Reserve Move-ments Adv/(fav)
	£000	£000	£000	£000	£000	£000	%
Integrated Care – Learning Disabilities	32,019	31,976	(43)	(171)	31,805	(214)	(0.7)
Integrated care – Mental Health	6,544	7,017	473	(120)	6,897	353	5.4
Integrated Care – Older Adults	29,584	30,738	1,154	(270)	30,468	885	3.0
Integrated Care – Physical Disabilities	7,369	8,041	671	(40)	8,001	632	8.6
Workforce	14,396	13,996	(400)	0	13,996	(400)	(2.8)
A&C Other	5,498	4,910	(588)	0	4,910	(588)	(10.7)
Adults and Communities	95,410	96,677	1,267	(600)	96,077	667	0.7

Table 2a: Revenue forecast (Month 4 (July) 2018/19)

Service	Revised Budget	M4 18/19 Forecast	Variance from Revised Budget Adv/(fav)	Reserve Move-ments	M4 18/18 Forecast after Reserve Move-ments	Variance after Reserve Move-ments Adv/(fav)	Variance after Reserve Move-ments Adv/(fav)
	£000	£000	£000	£000	£000	£000	%
Integrated Care – Learning Disabilities	32,019	32,196	177	(171)	32,026	7	0.0
Integrated care – Mental Health	6,544	7,003	459	(120)	6,884	339	5.2
Integrated Care – Older Adults	29,584	30,252	668	(270)	29,982	399	1.3
Integrated Care – Physical Disabilities	7,369	8,102	733	(40)	8,063	693	9.4
Workforce	14,396	14,350	(46)	0	14,350	(46)	(0.3)
A&C Other	5,498	4,898	(600)	0	4,898	(600)	(10.9)
Adults and Communities	95,410	96,802	1,392	(600)	96,202	792	0.8

- 1.6 The Q1 (see table 2) overspend is driven mainly by an overspend of £1.654m in the care placements budgets as Adult Social Care (ASC) has experienced increasing complexity and demand for services since 2014/15.

Despite mitigating actions factored in to reduce spend, including various increases to income, there are significant pressures in homecare and nursing care placements. Older Adults services have experienced activity growth in nursing care of 8% and 10% in homecare. There were 38% more new homecare packages in Q1 2018/19 than in Q1

2017/18. The average cost for new homecare packages was also 10% higher than last year.

The Mental Health service is projecting to overspend by £0.284m in supported living due to forecast activity growth. Physical Disabilities services are overspending by £0.632m due to the full year effect of new clients in 2017/18.

Projected placements pressures at Q1 are partly mitigated by underspends in Supported Living Learning Disabilities (£0.508m) relating to lower than expected growth from 2017/18.

The non-placements budgets are projecting to underspend by £0.988m in 2018/19. The projected underspend in the Adults and Communities Workforce of £0.400m is due to transitioning several agency staff to permanent roles and carrying 30 in-year vacancies in order to offset the placements overspend.

The underspends projected in community equipment (£0.253m) and Telecare (£0.173m) are a result of planned capitalisation of the costs of large items of equipment via the Disabled Facilities Grant (DFG) budget. Voluntary Organisations budgets are also projecting underspends of £0.307m due to planned reduction of prevention contracts.

Deprivation of Liberty Safeguards (DOLS) continues to be a cost pressure (£0.137m) in 2018/19 because of Supreme Court judgements in 2014/15 and a loss of grant funding since 2015/16. The overspend relates to the cost of assessments.

- 1.7 The projected **capital outturn** at Q1 2018/19 for Adults and Communities was **£1.283m** (100% variance from the revised budget).

Table 3: Capital forecast (Q1 2018/19)

Service	2018/19 Revised Budget	Additions/ (Deletions)	(Slippage)/ Accelerated Spend	Q1 2018/19 Forecast	Forecast variance from Approved Budget	Forecast variance from Approved Budget
	£000	£000	£000	£000	£000	%
Investing in IT	-	1,283	-	1,283	1,283	100.0
Adults and Communities	-	1,283	-	1,283	1,283	100.0

- 1.8 The Investing in IT project has spend to date of £0.159m and forecast spend of £1.283m. Policy and Resources Committee on 19 July 2018 approved this project for inclusion in the capital programme and agreed a budget of £4.2m to cover costs in 2018/19 and 2019/20. The capital forecast table will be updated to reflect the revised budget in Q2.

Committee priorities

- 1.9 The update on Committee priorities includes performance and risk information as follows:
- Progress on activities
 - Performance of key indicators¹
 - High level risks from the Corporate Risk Register²
 - Strategic issues/escalations related to the Theme Committee's terms of reference and annual plan.
- 1.10 An overall status for each of the Committee's priorities is shown in table 4. This reflects the Q1 2018/19 position on budget forecasts, progress on activities, performance of key indicators and any high level risks.

Table 4: Overall status for priorities (Q1 2018/19)

Adults and Communities Committee priorities	Overall status
Embedding strength-based best practice	Amber
Integrating local health and social care	Amber
Needs-based support	Green
Improving leisure facilities and physical activity	Green
Health and Wellbeing	Amber

Embedding strength-based practice

- 1.11 A programme of work to embed strength-based social care improvement has been reported monthly to a dedicated officer oversight group. This has included case audits, direct observations and reviews of supervision activity that ensure practitioners understand and follow strength-based principles. All panel authorisations have reviewed the proposed care package for strength-based principles and requested changes where required to ensure care is strength-based, with overall performance reported into the Delivery Unit leadership team.

The mental health enablement pathway has continued to receive high levels of referrals, especially into the Network team, which now has peer support workers. The pathway includes wellbeing opportunities such as the community garden and allotment. The employment and support contracts for adults with learning disabilities and mental health needs have been actively managed and developed by commissioners – employment for adults with mental health needs is at the quarterly target of 7.5% and for adults with learning disabilities is only three individuals short of the target (75 against a target of 78).

New admissions to residential care for both older and working age adults have remained low. Both the mental health and learning disabilities indicators for people living in stable accommodation/in their own homes are performing well against the quarterly target. Innovative work has been carried out by the strategic telecare partnership between the council and Argenti with residents in supported living to increase independence and dignity

¹ New RAG rating reflects the percentage variance of the result against the target as follows: On target = **GREEN (G)**; Up to 9.9% off target = **AMBER (A)**; 10% or more off target = **RED (R)**. The Direction of Travel (DOT) status shows the percentage variation in the result since last year e.g. Improving (**↑ I**), Worsening (**↓ W**) or Same (**→ S**). The percentage variation is calculated as follows: Q1 18/19 result minus Q1 17/18 result equals difference; then difference divided by Q1 17/18 result multiplied by 100 = percentage variation.

² The Corporate Risk Register includes strategic risks (strategic and business critical risks) and high level (scoring 15 and above) service/joint risks (service and contract delivery risks). All risks are managed in line with the council's risk management framework. The risk registers are live documents and the Q1 2018/19 Corporate Risk Register provides a snapshot in time (as at end June 2018). All risk descriptions for the strategic and high level service/joint risks are available in Appendix A.

through the use of technology. Further work is now underway with students at Barnet and Southgate College's London Hub for Telecare to utilise new research and enhance the council's local offer.

The carers' support contracts are moving into the second year and a programme of carer reviews is being established with the external providers.

1.12 There are 11 key indicators linked to this priority in the Corporate Plan. Two are annual indicators and will be reported later in the year. Five have met the quarterly target; three cannot be reported because of difficulties reporting from case management system (Mosaic); and one has not met the quarterly target.

- **Adults with learning disabilities in paid employment (RAG rated AMBER) – 9.6% against a target of 10.3%.** 75 (against a target of 78) adults with learning disabilities in contact with the council's adult learning disabilities team were in paid employment in Q1, compared with 79 in Q4. Commissioners continue to work closely with employment support contract providers to ensure the service is accessible and meets needs. Learning Disabilities case reviews for the year will focus on adults with more complex needs but employment opportunities will be proactively identified with challenge provided by Assistant Directors at the weekly panel authorisation meeting to ensure these are considered where appropriate.

Indicator	Polarity	17/18 EOY	18/19 Target	Q1 18/19			Q1 17/18 Result	Benchmarking
				Target	Result	DOT		
Permanent admissions to residential and nursing care homes, per 100,000 population age 65+	Smaller is Better	312.5	468.5 ³	122.5	63.6 (G)	↓ W +8%	58.9	Nearest Neighbours 404.2 England 610.7 (NASCIS, 2016/17)
Permanent admissions to residential and nursing care homes, per 100,000 population age 18-64	Smaller is Better	3.2	12.0	3.0	1.2 (G)	↓ W	0.0	Nearest Neighbours 7.7 England 12.8 (NASCIS, 2016/17)
Adults with learning disabilities who live-in their own home or with their family	Bigger is Better	75%	72.5%	72.5%	75.3% (G)	↑ I +7.5%	70.0%	Nearest Neighbours 68.5% England 76.2% (NASCIS, 2016/17)
Adults with learning disabilities in paid employment	Bigger is Better	10.1%	10.9%	10.3%	9.6% (A)	↓ W -3%	9.9%	Nearest Neighbours 9.1% England 5.7% (NASCIS, 2016/17)

³ This target has been revised to bring it into line with the trajectory agreed in Better Care Fund monitoring.

Indicator	Polarity	17/18 EOY	18/19 Target	Q1 18/19			Q1 17/18	Benchmarking
				Target	Result	DOT	Result	
Adults with mental health needs in paid employment	Bigger is Better	6.7%	7.5%	7.5%	7.5% (G)	↓ W -1.3%	7.6%	No benchmark available ⁴
Adults with mental health needs who live independently, with or without support	Bigger is Better	82.4%	83%	83%	83.8% (G)	↑ I +0.8%	83.1%	No benchmark available ⁵
Contacts that result in a care package	Monitor	22.9%	Monitor	Monitor	No result ⁶	N/A	18.2%	No benchmark available
Service users receiving ongoing services with telecare	Bigger is Better	25.4%	26.5%	25.7%	No result ⁷	N/A	23.4%	No benchmark available
Instances of information, advice and guidance provided to carers	Bigger is Better	3874	3600	900	No result ⁸	N/A	724	No benchmark available
People who feel in control of their own lives (Annual)	Bigger is Better	72.1% ⁹	73%	N/A	Due Q3 18/19	N/A	N/A	Nearest neighbours 73.1 England 77.7 (NASCIS, 2016/17)
Service users who find it easy to get information (Annual)	Bigger is Better	61.1% ¹⁰	69.8%	N/A	Due Q3 18/19	N/A	N/A	Nearest neighbours 72.8 England 73.5 (NASCIS, 2016/17)

⁴ NHS Digital did not produce benchmarking data for this indicator in 2016/17 due to issues with the quality of data from the NHS trusts who provide the information.

⁵ NHS Digital did not produce benchmarking data for this indicator in 2016/17 due to issues with the quality of data from the NHS trusts who provide the information.

⁶ This indicator cannot be reported because of difficulties with Mosaic configuration, reports and data quality.

⁷ This indicator cannot be reported because of difficulties with Mosaic configuration, reports and data quality.

⁸ This indicator cannot be reported because of difficulties with Mosaic configuration, reports and data quality.

⁹ This survey indicator has a confidence interval of +/-4.1%pts. The result differs slightly to that reported in Q3 2017/18 (69.9%) due to further data cleansing.

¹⁰ This survey indicator has a confidence interval of +/-4.1%pts. The measures from the annual social care survey have been subject to further validation and are being resubmitted to NHS Digital, the publishers of national social care data. These updated figures are not yet reflected in the published NHS Digital results. The result differs slightly to that reported in Q3 2017/18 (61.7%) due to further data cleansing.

1.13 There are six high level risks linked to this priority. Two are strategic (STR) risks and four are service (AC = Adults and Communities) risks. Note that the case management system risk sits at strategic and service level.

- **STR020 and AC028 - Lack of fully functioning case management system (residual risk score 20).** The programme plan has been revised to focus on meeting Adults and Communities' statutory duties and a review of the build and configuration is being undertaken. The delivery focus has been on safeguarding related activity, statutory reporting and budgetary control – this activity continues to be closely scrutinised by the Programme Board. Lessons learned from statutory reporting will improve the functioning of business processes and case recording. Work has been taken forward to help determine the long-term solution for customer billing. Data inputting backlogs have been reduced substantially. The commercial process is ongoing. Authority to procure a new implementation partner was agreed by Policy and Resources Committee in July 2018.
- **STR007 - Significant adults safeguarding incident (residual risk score 15).** The risk controls include adherence to the London multi-agency safeguarding adults' policy and procedures; a training programme and supervision policy; practice standards; performance monitoring; quality assurance and audit programmes. The Safeguarding Adults Board reports annually to the Adults and Safeguarding Committee and the Health and Wellbeing Board. It should be noted that even with very effective management of the safeguarding process, a safeguarding incident could still occur.
- **AC001 - Increased overspend to meet statutory duties (residual risk score 20).** Budget and performance monitoring and management controls are in place. Work to reduce addressable spend e.g. expenditure on agency staff has been carried out. The Priorities and Spending Review will identify future demand pressures, which the council will seek to reduce and manage. As part of this, strength-based practice will focus on reducing demand for services and finding more creative ways to manage complex need. The dedicated social care monies allocated by the Government have been assigned to priority areas of spend and preventative services as agreed by Adults and Safeguarding Committee in June 2017. A three per cent precept was agreed and applied to support the budget position in 2018/19. Demand for care services continues to increase and significant work has been undertaken to forecast likely demand for services in 2018/19. As a result, recovery planning is underway to avoid and mitigate an overspend position.
- **AC002 - Failure of care provider (residual risk score 16).** A health and social care project group is leading development of a Care Home Strategy and an enhanced offer for care homes to deliver improved quality of services and reduce risk of failure. This is focused on a project to roll-out red bags to care homes and Significant Seven (S7) training to providers. S7 is a training tool which has been implemented in Barnet to support staff in the early identification of deterioration in the patient. Adults and Communities' Integrated Care Quality team continues to work closely with providers to ensure any issues are quickly identified and escalated and providers are supported to resolve them. A joint approach to managing provider concerns is in place led by the primary commissioner as appropriate. Work continues to pilot joint approaches to monitoring the market across London as developed by London ADASS commissioning leads, and with regional sub groups the West London Alliance and the North Central London STP.
- **AC031 – Budget management (residual risk score 16).** Following the move to the new case management system, delays in resolving issues have limited the ability for the council to produce routine budget reports, which could result in budget issues not being identified and addressed in a timely fashion, leading to overspend. The permanent finance reporting

solution for budget monitoring has been tested and used in Q1 forecasting and for the Adult Social Care Finance Return in place of the Mosaic standard report. Work has been undertaken to reduce backlogs in inputting and ensure financial information is up-to-date on Mosaic though there are still some issues with incomplete or untimely information. The finance build and service structure review, which will support financial reporting, was pushed back due to the focus on statutory reporting.

Integrating local health and social care

- 1.14 Delayed transfers of care have remained low and better than the national targets, with April and May 2018 seeing the lowest levels of social care delays in 18 months. The target set for Barnet Adult Social Care by the Department of Health and Social Care/Ministry of Housing, Communities and Local Government was 2.03 delays per day per 100,000 population. Barnet Council has met this target in April and May 2018. It has also transpired that data submitted to NHS Digital by NHS providers in the past has not always been accurate in terms of Barnet Council's performance, so historical national data should be treated with caution in terms of target performance. A range of interventions help to manage delayed discharges, including maintenance of the discharge to assess pathway and co-location of brokerage staff with hospital teams to ensure quick sourcing of care. Heads of Service for the hospitals and mental health teams proactively manage delays, reporting into a weekly meeting with the Adults and Communities Director.

The council is working with NHS Barnet CCG on the Care Closer to Home programme. This programme has three aims: to increase GP access at evenings and weekends; to improve quality and reduce variation in quality in primary care; and to implement multi-disciplinary care based around groups of GP practices called Care Closer to Home Integrated Networks (CHINs). The first CHIN in Barnet is based in Burnt Oak and has improving the care of diabetes patients as its first goal. The CCG is aiming to have CHINs working across Barnet by the end of this financial year. The council has been working with the different CHINs by providing programme management, public health support, support with public and resident engagement and training primary care staff on how to access and signpost residents to prevention and community services offered by the council and the local voluntary sector. A prevention worker from adult social care is working with the second CHIN, to develop and test ways in which working more closely with primary care can reduce demand for adult social care and improve outcomes for residents.

The council continues to offer 'social prescribing' through the prevention and wellbeing team, practice health champions and its information and prevention commissioned services. In addition, officers are reviewing the potential for use of IT applications for social prescribing.

The Health and Wellbeing Board meeting in July 2018 concentrated on reviewing successes of the Health and Wellbeing Strategy over the last three years and agreed the focus for the next two years will be on the following priorities: Mental health and wellbeing; Healthy Weight; Care Closer to Home integration; and Improving Children's Outcomes.

- 1.15 There are two key indicators linked to this priority in the Corporate Plan. Reducing Delayed Transfers of Care (DTC) has been a priority for Adult Social Care, with national targets set for DTC reduction in July 2017 and the improved Better Care Fund (iBCF) was linked to achieving this target. Performance on DTC improved throughout 2017/18 and both indicators met the quarterly target.

Indicator	Polarity	17/18 EOY	18/19 Target	Q1 18/19	Q1 17/18	Benchmarking
-----------	----------	--------------	-----------------	----------	-------------	--------------

				Target	Result	DOT	Result	
Delayed transfers of care from hospital per day per 100,000 population (aged 18+) which are attributable to NHS and adult social care	Smaller is Better	9.4	6.84 ¹¹	6.84	4.47 ¹² (G)	N/A	N/A ¹³	CIPFA Neighbours 6.39 London 6.36 England 10.13 (May 2018, Department of Health)
Delayed transfers of care from hospital per day per 100,000 population which are attributable to adult social care only	Smaller is Better	2.3	2.03 ¹⁴	2.03	0.81 (G)	N/A	N/A ¹⁵	CIPFA Neighbours 2.03 London 1.79 England 3.00 (May 2018, Department of Health)

1.16 There are no high level risks linked to this priority.

Needs-based support

1.17 The council has seen an increase in demand for supported living services, particularly as review work with the working age adult cohorts in Learning Disabilities and Mental Health progresses and individuals are diverted away from residential care. The reopening of the accommodation and support approved list delivered a broader range of services increasingly able to meet the complex needs of individuals and provide bespoke services designed to maximise the independence of individuals and enable them to move to or remain in the community. The accommodation and support pathway has been established to enable people to step down as their independent living skills increase. More work with providers is planned to make best use of the range of accommodation and support available.

Early intervention and prevention services (employment and support) have been re-procured for people with learning disabilities and people with autism spectrum conditions. The council is working with Barnet Mencap (Bright Futures) to ensure that these prevention services are provided to more residents and that through the strength-based approach more people are supported to achieve great, sustainable outcomes.

The council has continued to work closely with Your Choice Barnet (YCB) to support their person-centred approach to increasing choice, independence and helping people to progress to employment.

Work is underway to secure a partner to deliver the council's deep cleaning service for vulnerable people. There is often reliance on the service to respond swiftly while a person is in hospital to ensure their home is safe and ready for discharge. The new service will be more responsive and offer seven-day working, supporting people to return home as soon as they are ready to, without risk of delay.

¹¹ The DTOC targets are set by NHS England at a national level and were subject to revision when the Corporate Plan 2018/19 Addendum was published. Subsequently, the target has changed from 9.1 to 6.84.

¹² Q1 2018/19 result is for May 2018. The NHS publication schedule for this data means there is a gap in reporting, with June 2018 data due to be released on the 9 August 2018.

¹³ A new methodology was introduced for DTOC indicators by the Department of Health in 2017/18, so results are not comparable.

¹⁴ As above, the target has changed from 2.6 to 2.03.

¹⁵ As above, results are not comparable.

New extra care provision for adults with dementia and disabilities at Ansell Court will be operational by Q4.

The Care Quality Team has continued to work closely with residential and nursing homes in the borough with a range of events to improve quality of provision. The team have rolled out the 'red bag' scheme in many of the borough's nursing homes. The home packs an agreed set of items, medication and personal possessions for a resident who is being admitted to hospital into a dedicated 'red bag' that accompanies them to hospital. This is a national scheme that is designed to smooth the transfer of care from home to hospital and back again. Feedback has been positive with an independent assessor stating the offer in Barnet is supporting people to spend minimal time in hospital. The council aims to give all nursing homes in the borough access to the scheme.

1.18 There are two indicators linked to this priority in the Corporate Plan. Both are annual indicators and will be reported later in the year.

1.19 There are no high level risks linked to this priority.

Improving leisure facilities and physical activity

1.20 The Fit and Active Barnet (FAB) campaign launched in July 2018, which included promotion online and around the borough (e.g. at bus shelters and social media). The council has worked in partnership with Greenwich Leisure Ltd (GLL) to develop a 'FAB Hub', a one-stop-shop where residents have access to health and wellbeing tips, guidance, volunteering and an activity finder that helps residents find an activity that suits them and their lifestyles.

Through the Hub, residents can also sign up for a free annual FAB Card, which provides a range of benefits and opportunities, including up to 50 per cent off leisure based activities and free swimming for under 8s (Monday to Friday). The Card will also provide discounted offers on a range of activities, including Health Walks delivered by the council. The FAB Card can be used at all Barnet leisure centres, including the new developments at Barnet Cophall and New Barnet Leisure Centre.

The construction work on the two new leisure centres is proceeding. The pool excavation and pool testing are complete at Barnet Cophall Leisure Centre and New Barnet Leisure Centre with sub structure work continuing to take place over the summer. Both facilities will open in 2019.

1.21 There are two key indicators linked to this priority in the Corporate Plan. One is from the Active Lives survey and will be reported in Q2. **Leisure attendances (RAG rated AMBER)** for the five leisure facilities operated by Greenwich Leisure Ltd were at 284,972, slightly below the target of 290,750. This was due to fewer attendances than anticipated for some facilities such as the gym and swimming. Investments are being made into several facilities across the borough and plans are being developed to market these to increase membership and future attendance.

Indicator	Polarity	17/18 EOY	18/19 Target	Q1 18/19			Q1 17/18	Benchmarking
				Target	Result	DOT	Result	

Indicator	Polarity	17/18 EOY	18/19 Target	Q1 18/19			Q1 17/18	Benchmarking
				Target	Result	DOT	Result	
Total number of leisure attendances	Bigger is Better	New for 18/19	1,163,000	290,750	284,972 (A)	New for 18/19	New for 18/19	No benchmark available
Population taking part in sport and physical activity at least twice in the last month (Annual)	Bigger is Better	77.9%	78.5%	N/A	Due Q2 18/19	N/A	N/A	N/A

1.22 There are no high level risks linked to this priority.

Health and Wellbeing

1.23 17,938 people in Barnet were invited to attend a NHS Health Check in 2017/18 (against a Department of Health target of 19,700 people; 20% of the eligible population registered with a GP practice each year). Although this was less than target (18%), it was a significant increase on the previous year (13,729, 13.7%, in 2016/17). The Public Health service is aiming to make Health Checks available to patients of all practices in the borough and increase uptake.

The Stop Smoking service in Barnet was reinvigorated in 2017/18 in response to diminishing performance over the past two years. In 2017/18, 991 people signed up to the service and there were 444 people who quit smoking; a quit rate of 44.8%. The quit rate was the highest achieved in Barnet for the past five years. The Public Health service is looking to change how the service is commissioned in the future and to have it led by the GP Federation in the latter part of this financial year.

A strategic approach to Healthy Weight was approved by the Health and Wellbeing Board in July 2018. Eight workstreams are underway to provide every resident with equal opportunities to maintain a healthy weight. Over the next quarter the focus will be on finalising the care pathway for adults and children; completing the evidence review for the Local Plan and Sustainable Transport Strategy; and agreeing target areas for the Local Government Declaration on Sugar. Additionally, work is being prioritised on A5 premises within 400 metres of schools to ensure local food environments are conducive to healthy eating.

1.24 There are five key indicators linked to this priority in the Corporate Plan. Child excess weight are annual indicators and will be reported later in the year. Smoking cessation and NHS Health Checks are reported a quarter in arrears, so Q1 results will be reported in Q2.

Indicator	Polarity	17/18 EOY	18/19 Target	Q1 18/19			Q1 17/18	Benchmarking
				Target	Result	DOT	Result	
Child excess weight - 4-5 year olds (Annual)	Smaller is Better	21.00%	18.97%	N/A	Due Q3 18/19	N/A	N/A	London 22.31% England 22.63% (2016/17 PHOF, Public Health England)

Indicator	Polarity	17/18 EOY	18/19 Target	Q1 18/19			Q1 17/18	Benchmarking
				Target	Result	DOT	Result	
Child excess weight - 10-11 year olds (Annual)	Smaller is Better	32.60%	31.16%	N/A	Due Q3 18/19	N/A	N/A	London 38.55% England 34.25% (2016/17 PHOF, Public Health England)
Smoking cessation - 4-week quitters	Bigger is Better	444	400	100	Due Q2 18/19 ¹⁶	New for 18/19	New for 18/19	No benchmark available
NHS Health Checks - Invites	Bigger is Better	17,938	20,155	5,038	Due Q2 18/19	New for 18/19	New for 18/19	No benchmark available
NHS Health Checks - Uptake	Bigger is Better	6,286	9,300	2,325	Due Q2 18/19	New for 18/19	New for 18/19	No benchmark available

1.25 There is one high level risk linked to this priority. This is a service (PH = Public Health) risk.

- PH06 - Pandemic Influenza type disease outbreak (residual risk score 20)** - A Declaration of Pandemic Influenza by the World Health Organisation (WHO) could lead to severe resource and capacity issues for the council and partner agencies impacting on the delivery of services and the health protection of the borough's residents. Pandemic Influenza is a national risk and is recorded on the Borough Resilience Forum Risk Registers for Barnet. Local Authority management of a Pandemic Influenza outbreak is in accordance with the council's category 1 statutory responsibilities and obligations, in line with the Civil Contingencies Act (2004). The service has mitigations in place in terms of the Pandemic Flu plan – signed off and circulated to all partners. Service leads are dialling in to the national flu conference call each week. The risk has reached its target risk score of 20 and no further local actions can be completed to reduce it further. The risk is being tolerated with the existing controls and mitigations in place. The risk score is as high as 20 because Pandemic Flu outbreaks occur in a cycle of 10 years and it is 9 years since the last pandemic. Therefore, it is considered by the WHO that a pandemic is highly likely to occur in the near to medium future.

Strategic issues/escalations

1.26 This report does not identify any matters which require an escalation to Policy and Resources Committee by the Adults and Safeguarding Committee.

¹⁶ Public Health data is reported a quarter in arrears, so Q1 18/19 results for smoking cessation and NHS Health Checks will be reported in Q2 18/19. Child excess weight (4-5 and 10-11 years olds) are Annual indicators and will be reported in Q3 18/19.

2 REASONS FOR RECOMMENDATIONS

- 2.1 These recommendations are to provide the Committee with relevant financial, performance and risk information in relation to the priorities in the Corporate Plan 2018/19 Addendum.

3 ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 None.

4 POST DECISION IMPLEMENTATION

- 4.1 None.

5 IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 The report provides an overview of performance for Q1, including budget forecasts for revenue and capital, progress on activities, performance of key indicators and any high level risks.
- 5.1.2 The Q1 2018/19 results for all Corporate Plan indicators are published on the Open Barnet portal at <https://open.barnet.gov.uk/dataset>
- 5.1.3 Robust budget, performance and risk monitoring are essential to ensure that there are adequate and appropriately directed resources to support delivery and achievement of council priorities and targets as set out in the Corporate Plan.
- 5.1.4 Relevant council strategies and policies include the following:
- Corporate Plan 2015-2020
 - Corporate Plan - 2016/17, 2017/18 and 2018/19 Addendums
 - Medium Term Financial Strategy
 - Performance and Risk Management Frameworks.
- 5.1.5 The priorities of the council are aligned to the delivery of the Health and Wellbeing Strategy.

5.2 Resources (Finance and Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 5.2.1 The budget forecasts are included in the report. More detailed information on financial performance will be provided to Financial Performance and Contracts Committee.

5.3 Social Value

- 5.3.1 The Public Services (Social Value) Act 2012 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders. The council's contract management framework oversees that contracts deliver the expected services to the expected quality for the agreed cost. Requirements for a contractor to deliver activities in line with Social Value will be monitored through this contract management process.

5.4 Legal and Constitutional References

- 5.4.1 Section 151 of the Local Government Act 1972 states that: “without prejudice to section 111, every local authority shall make arrangements for the proper administration of their financial affairs and shall secure that one of their officers has responsibility for the administration of those affairs”. Section 111 of the Local Government Act 1972, relates to the subsidiary powers of local authorities.
- 5.4.2 Section 28 of the Local Government Act 2003 (the Act) imposes a statutory duty on a billing or major precepting authority to monitor, during the financial year, its income and expenditure against the budget calculations. If the monitoring establishes that the budgetary situation has deteriorated, the authority must take such action as it considers necessary to deal with the situation. Definition as to whether there is deterioration in an authority’s financial position is set out in sub-section 28(4) of the Act.
- 5.4.3 The Council’s Constitution (Article 7, Article 7 – Committees, Forums, Working Groups and Partnerships) sets out the responsibilities of all council Committees. The responsibilities of the Adults and Safeguarding Committee include:
- (1) Responsibility for all matters relating to vulnerable adults, adult social care and leisure services.
 - (2) Work with partners on the Health and Well Being Board to ensure that social care, interventions are effectively and seamlessly joined up with public health and healthcare and promote the Health and Wellbeing Strategy and its associated sub strategies.
 - (3) To submit to the Policy and Resources Committee proposals relating to the Committee’s budget for the following year in accordance with the budget timetable.
 - (4) To make recommendations to Policy and Resources Committee on issues relating to the budget for the Committee, including virements or underspends and overspends on the budget. No decisions which result in amendments to the agreed budget may be made by the Committee unless and until the amendment has been agreed by Policy and Resources Committee.
 - (5) To receive reports on relevant performance information and risk on the services under the remit of the Committee.
- 5.4.4 The council’s Financial Regulations can be found at:
<http://barnet.moderngov.co.uk/documents/s46515/17FinancialRegulations.doc.pdf>
- 5.4.5 Section 2.4.3 states that amendments to the revenue budget can only be made with approval as per the scheme of virements table below:

Virements for allocation from contingency for amounts up to and including £250,000 must be approved by the Chief Finance Officer
Virements for allocation from contingency for amounts over £250,000 must be approved by Policy and Resources Committee
Virements within a service that do not alter the approved bottom line are approved by the Service Director
Virements between services (excluding contingency allocations) up to and including a value of £50,000 must be approved by the relevant Chief Officers
Virements between services (excluding contingency allocations) over £50,000 and up to and including £250,000 must be approved by the relevant Chief Officer and Chief Finance Officer in consultation with the Chairman of the Policy and Resources Committee and reported to the next meeting of the Policy and Resources Committee
Virements between services (excluding contingency allocations) over £250,000 must be approved by Policy and Resources Committee.

5.5 Risk Management

- 5.5.1 Various projects within the council's revenue budget and capital programme are supported by time-limited grants. Where there are delays to the implementation of these projects, there is the risk that the associated grants will be lost. If this occurs either the projects will be aborted or a decision to divert resources from other council priorities will be required.
- 5.5.2 The revised forecast level of balances needs to be considered in light of the risk identified in 5.5.1 above.

5.6 Equalities and Diversity

- 5.6.1 The Equality Act 2010 requires organisations exercising public functions to demonstrate that due regard has been paid to equalities in:
- Elimination of unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
 - Advancement of equality of opportunity between people from different groups.
 - Fostering of good relations between people from different groups.
- 5.6.2 The Equality Act 2010 identifies the following protected characteristics: age; disability; gender reassignment; marriage and civil partnership, pregnancy and maternity; race; religion or belief; sex and sexual orientation.
- 5.6.3 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.

- 5.6.4 This is set out in the council's Equalities Policy together with our strategic Equalities Objective - as set out in the Corporate Plan - that citizens will be treated equally with understanding and respect; have equal opportunities and receive quality services provided to best value principles.
- 5.6.5 Progress against the performance measures we use is published on our website at: www.barnet.gov.uk/info/200041/equality_and_diversity/224/equality_and_diversity

5.7 Corporate Parenting

- 5.7.1 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 this report.

5.8 Consultation and Engagement

- 5.8.1 During the process of formulating budget and Corporate Plan proposals for 2015-2020 onwards, four phases of consultation took place:

Phase	Date	Summary
-------	------	---------

Phase	Date	Summary
Phase 1: Setting out the challenge	Summer 2013	The council forecast that its budget would reduce by a further £72m between 2016/17 and 2019/20, setting the scene for the PSR consultation
Phase 2: PSR consultation to inform development of options	October 2013 - June 2014	Engagement through Citizen's Panel Workshops which focused on stakeholder priorities and how they would want the council to approach the Priorities and Spending Review An open 'Call for Evidence' asking residents to feedback ideas on the future of public services in Barnet.
Phase 3: Engagement through Committees	Summer 2014	Focus on developing commissioning priorities and MTFs proposals for each of the 6 committees Engagement through Committee meetings and working groups
Phase 4: Strategic Plan to 2020 Consultation	December 2014 – March 2015	A series of 6 workshops with a cross section of residents recruited from the Citizens Panel and Youth Board, plus two workshops with users ¹⁷ of council services. An online survey (17 December 2014 – 11 February 2015)

5.9 Insight

- 5.9.1 The report identifies key budget, performance and risk information in relation to the Corporate Plan 2018/19 Addendum.

6 BACKGROUND PAPERS

- 6.1 Council, 3 March 2015 (Decision item 12) – approved Business Planning 2015/16 – 2019/20, including the Medium-Term Financial Strategy.
<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=692&MId=7865&Ver=4>
- 6.2 Council, 14 April 2015 (Decision item 13.3) – approved Corporate Plan 2015-2020.
<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=162&MId=7820&Ver=4>
- 6.3 Council, 4 April 2016 (Decision item 13.1) – approved 2016/17 addendum to Corporate Plan.
<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=162&MId=8344&Ver=4>
- 6.4 Council, 7 March 2017 – approved 2017/18 addendum to Corporate Plan.
<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=162&MId=8819&Ver=4>
- 6.5 Council, 6 March 2018 – approved 2018/19 addendum to Corporate Plan.
<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=162&MId=9162&Ver=4>

¹⁷ One "service user" workshop was for a cross section of residents who are users of non-universal services from across the council. The second workshop was for adults with learning disabilities.

Adults and Safeguarding Committee

20 September 2018



Title	Adult Social Care Financial Recovery Plan 2018-19
Report of	Cllr Sachin Rajput, Chairman of the committee
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	None
Officer Contact Details	Will.hammond@barnet.gov.uk Head of Transformation (Adult Social Care) Will

Summary

At the June meeting of the Adults and Safeguarding Committee, members requested a report setting out the financial recovery actions being taken in respect of the adult social care budget for 2018-19. The committee requested a risk assessment of the financial recovery plan. This report presents this information.

Officer Recommendations

1. The Committee is asked to note the information on the adult social care financial recovery plan.

1. PURPOSE OF REPORT

Introduction

- 1.1 The Adults and Safeguarding Committee has responsibility for all matters relating to vulnerable adults, adult social care and leisure services. The priorities for the year ahead are set out in the Corporate Plan 2018/19 Addendum, which is available online at <https://www.barnet.gov.uk/citizen-home/council-and-democracy/policy-and-performance/corporate-plan-and-performance>.
- 1.2 This report provides an update to the Committee on the 2018/19 adult social care budget position, delivery of existing medium term financial strategy (MTFS) savings, the additional budget pressures and the status of actions agreed to recover against these. It also includes a risk assessment of the recovery plan.

MTFS savings

- 1.3 Table 1 sets out the previously agreed MTFS savings for adult social care for 2018/19. It should be noted that £359k of the £2,980k savings, which were originally planned to be delivered through demand management (i.e. reducing or delaying the need for care and support), have been achieved through a substitution of additional fairer contributions income (see line I2, below).
- 1.4 Table 1 also sets out the progress of delivery against the savings. This shows that £1,077k of savings have already been delivered, with all the remaining savings projected to be delivered this year.

Table 1: Existing 2018/19 MTFS Savings, with risk adjustments.

Ref	Opportunity Area	Original (£000s)	2018/19 Savings Delivered	2018/19 Savings Projected
Efficiency				
E1	3rd Party Spend (Inc. Prevention)	-294	-294	-294
E3	Transformation of Your Choice Barnet supported living and day-care services	-343	-109	-343
Efficiency Total		-637	-403	-637
Income				
I1	Better Care Fund	-148	-148	-148
I2	Fairer contribution income	0	-150	-359
Income Total		-148	-298	-507
Reducing demand, promoting independence				
R1	Supporting people in the community as opposed to high cost care packages and residential placements	-100	0	-60 ¹
R2	Carers Intervention programme – Dementia	-160	-59	-160
R3	<i>Extra-Care 1 (Ansell Court)</i>	-465	0	-465
R4	Independence of Young People (0-25 service, 18-25 element)	-150	0	0
R5	Assistive Technology	-500	-88	-500 ²
R6	Older Adults – DFGs	-170	-122	-153
R7	Personal assistants	-50	-7	-36

¹ Delivery plans have recently been reviewed to ensure that £60k savings will be achieved in the rest of the financial year

² The rate of delivered savings should significantly increase during the rest of the year as investment costs are front-loaded

R8	<i>Support for Working Age Adults</i>	-350	-0	-350 ³
R9	Mental Health clients moving to step down/independent accommodation	-250	-100	-113
Reducing demand total		-2,195	-376	-1,837
Grand Total		-2,980	-1,077	-2,980

³ High confidence from the service on deliverability of these savings, with evidence of savings achieved to date. £0 showed in delivered savings due to ongoing work to validate exact amount

Additional budget pressures

- 1.5 The total adults net budget for 2018/19 is £95.4m. As at August 2018, the identified additional pressure on the adults budget was £4.4m. This is driven by the continuing pressure on care budgets due to several factors. There are increasing numbers of service users with more complex needs, for example (as at the end of quarter 1 18/19) there had been an 8% increase in use of nursing care and a 38% increase in homecare activity compared to the previous year. Complexity of care needs and inflation have also been pushing up care costs, such as homecare packages, for which the average cost is 10% higher than last year.
- 1.6 LB Barnet's challenge is echoed nationally, with the Joint Select Committee stating that 'social care [is] under great strain due to rising demand for services at a time of increasing costs and reductions in social care budgets'⁴. According to reports, the pressure from increasing levels of social care need based on increasing numbers of older adults and adults with disabilities has been estimated at 2.8%, contributing to a funding gap in London of over £250m by the end of the decade⁵. The recently published [National Audit Office Factsheet](#) sets out the links between increasing longevity, increasing social care needs (including complexity of need) and increases in the costs of care. There are now 850,000 people in the UK with dementia, seven in ten of whom have a co-morbidity.⁶

Financial recovery plan

- 1.7 Officers have identified numerous recovery actions to offset this budget pressure. As at August, the total maximum value of these is £3.6m. They are set out in detail in table 2 below. It is important to note that the £3.6m value of these recovery actions is in addition to significant
- 1.8 This table includes the delivery and service risks. The delivery of these savings is governed through weekly meetings chaired by the DASS, and reported fortnightly to SCB. The right-hand column sets out how the service risks will be managed.
- 1.9 Based on month 4 finance reporting, the council's adult social care budget is therefore projected to overspend by £790k (approximately 0.8% of the total budget) in 2018/9.
- 1.10 Officers are continuing to identify further recovery actions and increase the impact of existing recovery plan actions, for example by deploying Barnet Integrated Locality Team social worker staff on case reviews.
- 1.11 A freeze on all non-essential spend and recruitment has been implemented, along with increased controls on authorisation of new and increased care and support plans, whilst ensuring statutory duties continue to be met.

⁴ House of Commons Health and Social Care and Housing, Communities and Local Government Committees report <https://publications.parliament.uk/pa/cm201719/cmselect/cmcomloc/768/768.pdf>

⁵ ADASS Budget Survey, 2017 <https://www.adass.org.uk/media/5995/adass-budget-survey-2017-the-slides.pdf>; <https://www.londoncouncils.gov.uk/our-key-themes/health-and-adult-services/adult-social-care/social-care-funding-gap>

⁶ House of Commons Health and Social Care and Housing, Communities and Local Government Committees report <https://publications.parliament.uk/pa/cm201719/cmselect/cmcomloc/768/768.pdf>

Table 2: Recovery actions with value and delivery / service risk

Action	Planned value (£000s)	Delivery Status	Delivery of saving risk rating (RAG)	Potential service impact	Mitigation / monitoring
Income / Finance					
Ensure Continuing Health Care Contributions are achieved where appropriate	408	In Progress		None	
Secure additional income through speeding up financial assessments in DP refunds	120	In progress	Recruitment for posts has begun, but some risk given difficulties with recruitment which may be mitigated by using an external provider.	None: income received is in line with Fairer Contributions Policy	
Capitalisation of equipment / telecare spend	100	Complete		None	
Negotiate for addition NHS funding for hospital work	90	Complete		None	
Ensure Transforming Care Income received	160	In Progress		None	
Realignment of Public Health Reserves	600	Complete		None	
Release of care package payment accruals	105	Complete		None	
Hold underspend in non-staffing budget	100	In Progress		None	
Negotiate with providers to constrain uplifts	1,330	In Progress		Potential impact on provider stability and willingness to work with the authority.	Inflationary awards agreed in contracts have been paid, and an evidence-based bidding process is carried out every year using a business case model. Fees to providers are aligned with our framework agreements, the care funding calculator (national tool), and our minimum pricing framework. The impact of inflationary constraints is monitored by senior managers and ongoing provider relationship management is part of the Commissioning and Care Quality functions.
Staffing					
Hold vacant posts. NB as at September 2018, 35 front line	N/A – this is	Complete		This reduces the overall capacity	Practice quality is monitored and managed through the A&C Quality Board and Barnet Adults Safeguarding

posts are being held vacant	contained within budget projections			within the service.	<p>Board (BSAB). Quality performance indicators are reported to the BSAB Performance and Quality Assurance subgroup.</p> <p>Caseload levels and waiting times for service users are monitored closely by senior management. For example: in the three locality social work teams the average caseloads are 14, 12 and 18; in mental health teams the average caseload is 20; and in hospital teams the average caseload is 16. Since these additional posts were held, caseloads and waiting times have not changed significantly. The table below shows the complaints levels over the year: these have not shown a marked increase.</p> <p>Supervision support, training and development opportunities are available to staff. Our quality assurance processes monitor and improve the quality of supervision.</p>
Transition agency staff to fixed term / permanent posts	229	In Progress		None	
Hold Joint Commissioning Unit staffing vacancy	30	Complete		Small reduction in mental health commissioning capacity	Managed as part of business as usual by Assistant Director for Adults Joint Commissioning
Commissioning efficiencies					
Confirm Neighbourhood Services contract saving	40	Complete		None: no reduction in service level	
Maximise use of Your Choice Enablement contract, reducing need to broker other homecare	100	In progress	Some risk given need to maintain flexibility within provision to enable discharge to assess from hospital	None	
Commissioning efficiencies	150	Complete		None	
Demand Management					

Increase speed of hospital reviews	TBC	In progress	Commenced 10/9/18. Impact will be tracked going forward.	BILT resource realigned but should have neutral / positive client impact as reviews done quicker and eligible needs will continue to be met	
Total	3,562				

Summary of Complaints Data Dashboard Adults & Communities Compliments & Complaints								
	Jan-18	Feb-18	Mar-18	Apr-18	May-18	June - 18	July-18	Total
Statutory complaints received*	4	4	7	6	9	5	4	39
<i>*Figures exclude Ombudsman requests. No corporate complaints received in periods.</i>								
Complaints responded to	4	2	3	5	3	8	4	29
Complaints upheld/partially upheld (as proportion of those responded to)	100%	100%	33%	40%	67%	63%	0%	55%
% Responded to within 20 Working days	50%	50%	100%	80%	0%	63%	75%	62%
Compliments received**	4	6	5	11	7	9	9	51

***Compliments exclude (Mental Health) Network figures*

2 REASONS FOR RECOMMENDATIONS

- 2.1 The report provides the Committee with relevant financial information about the council's adult social care budget position for 2018/19.

3 ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 Not applicable.

4 POST DECISION IMPLEMENTATION

- 4.1 Officers will continue to implement the recovery plan actions set out in this report and continue to work on identifying further actions to improve the financial position.

5 IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 The delivery of the Medium Term Financial Strategy, and ensuring spending remains within budget through recovery plans, is critical to the delivery of the Corporate Plan. The Corporate Plan references the 'challenge of reduced budgets and increasing demand for services'.

- 5.1.2 As set out in the sections above, systems are in place to monitor the impact of savings initiatives and controls on the performance of our services.

5.2 Resources (Finance and Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 5.2.1 The 4 adults budget and forecast, after consideration of recovery plan actions, is below:

	2017/18			2018/19			
	Budget	Outturn	Variance	Budget	Actuals (month 4)	Projection (month 4)	Variance
Staffing	13,031,938	12,254,340	-777,598	14,396,000	5,631,982	14,350,492	-45,508
Non-staffing	5,998,455	5,487,100	-511,355	5,498,000	355,696	4,897,827	-600,173
Placements	68,146,216	70,642,604	2,496,388	75,516,262	17,716,686	76,953,765	1,437,503
Total	87,176,609	88,384,044	1,207,435	95,410,262	23,704,364	96,202,084	791,822

5.3 Social Value

- 5.3.1 The Public Services (Social Value) Act 2012 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders. The council's contract management framework oversees that contracts deliver the expected services to the expected quality for the agreed cost. Requirements for a contractor to deliver activities in line with Social Value will be monitored through this contract management process.

5.4 Legal and Constitutional References

- 5.4.1 Section 151 of the Local Government Act 1972 states that: “without prejudice to section 111, every local authority shall make arrangements for the proper administration of their financial affairs and shall secure that one of their officers has responsibility for the administration of those affairs”. Section 111 of the Local Government Act 1972, relates to the subsidiary powers of local authorities.
- 5.4.2 Section 28 of the Local Government Act 2003 (the Act) imposes a statutory duty on a billing or major precepting authority to monitor, during the financial year, its income and expenditure against the budget calculations. If the monitoring establishes that the budgetary situation has deteriorated, the authority must take such action as it considers necessary to deal with the situation. Definition as to whether there is deterioration in an authority’s financial position is set out in sub-section 28(4) of the Act.
- 5.4.3 The Council’s Constitution (Article 7, Article 7 – Committees, Forums, Working Groups and Partnerships) sets out the responsibilities of all council Committees. The responsibilities of the Adults and Safeguarding Committee include:
- (1) Responsibility for all matters relating to vulnerable adults, adult social care and leisure services.
 - (2) Work with partners on the Health and Well Being Board to ensure that social care interventions are effectively and seamlessly joined up with public health and healthcare and promote the Health and Wellbeing Strategy and its associated sub strategies.
 - (3) To submit to the Policy and Resources Committee proposals relating to the Committee’s budget for the following year in accordance with the budget timetable.
 - (4) To make recommendations to Policy and Resources Committee on issues relating to the budget for the Committee, including virements or underspends and overspends on the budget. No decisions which result in amendments to the agreed budget may be made by the Committee unless and until the amendment has been agreed by Policy and Resources Committee.
 - (5) To receive reports on relevant performance information and risk on the services under the remit of the Committee.
- 5.4.4 The council’s Financial Regulations can be found at:
<http://barnet.moderngov.co.uk/documents/s46515/17FinancialRegulations.doc.pdf>
- 5.4.5 Section 2.4.3 states that amendments to the revenue budget can only be made with approval as per the scheme of virements table below:

Virements for allocation from contingency for amounts up to and including £250,000 must be approved by the Chief Finance Officer
Virements for allocation from contingency for amounts over £250,000 must be approved by Policy and Resources Committee
Virements within a service that do not alter the approved bottom line are approved by the Service Director
Virements between services (excluding contingency allocations) up to and including a value of £50,000 must be approved by the relevant Chief Officers
Virements between services (excluding contingency allocations) over £50,000 and up to and including £250,000 must be approved by the relevant Chief Officer and Chief Finance Officer in consultation with the Chairman of the Policy and Resources Committee and reported to the next meeting of the Policy and Resources Committee
Virements between services (excluding contingency allocations) over £250,000 must be approved by Policy and Resources Committee.

5.5 Risk Management

- 5.5.1 MTFs risks are managed using the Barnet Project Management Toolkit and approach. They are reported to the Adults, Communities and Health Programme Board and contained

with the monthly highlight report. Recovery plan risks are included within recovery plans that are managed through SCB.

5.6 Equalities and Diversity

5.6.1 The Equality Act 2010 requires organisations exercising public functions to demonstrate that due regard has been paid to equalities in:

- Elimination of unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- Advancement of equality of opportunity between people from different groups.
- Fostering of good relations between people from different groups.

5.6.2 The Equality Act 2010 identifies the following protected characteristics: age; disability; gender reassignment; marriage and civil partnership, pregnancy and maternity; race; religion or belief; sex and sexual orientation.

5.6.3 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.

5.6.4 This is set out in the council's Equalities Policy together with our strategic Equalities Objective - as set out in the Corporate Plan - that citizens will be treated equally with understanding and respect; have equal opportunities and receive quality services provided to best value principles.

5.6.5 Progress against the performance measures we use is published on our website at: www.barnet.gov.uk/info/200041/equality_and_diversity/224/equality_and_diversity

5.7 Corporate Parenting

5.7.1 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 this report.

5.8 Consultation and Engagement

5.8.1 Consultation and engagement was carried out as part of the MTFS budget planning cycle. Officers continue to have due regard for consultation and engagement requirements in the development of recovery plan actions and have sought legal advice where necessary.

5.9 Insight

5.9.1 Not applicable.

6 BACKGROUND PAPERS

6.1 None.

**London Borough of Barnet
Adults and Safeguarding
Committee Forward Work
Programme
November 2018 - March 2019**

Contact: Naomi Kwasa: naomi.kwasa@barnet.gov.uk 0208 359 4144

Title of Report	Overview of decision	Report Of (<i>officer</i>)	Issue Type (Non key/Key/Urgent)
26 November 2018			
Quarterly Performance Report	A regular performance report.	Strategic Director of Adults, Communities and Health	Non-key
Business Planning Report	The report will set out the medium term financial strategy proposals for recommendation to Policy and Resources Committee.	Strategic Director of Adults, Communities and Health	Non-key
18 March 2019			
Healthwatch Barnet Enter and View Summary Report	A report on the findings of the Enter and View visits carried out by Healthwatch Barnet during 2017/18 and what the local authority has done as a result.	Strategic Director of Adults, Communities and Health	Non-key
Item(s) to be allocated			
Extra Care Benchmarking		Strategic Director of Adults, Communities and Health	Key