

No.	Questioner	Question	Response
1	Ms. Tirza Waisel	<p>Item 7 – Business Planning</p> <p><u>Re 1.5, p. 8 - Adults with learning disabilities:</u></p> <p><u>Q1:</u> You mention '<i>Reduced cost to adult social care arising from lower care package costs</i>', and '<i>Reduced cost of care</i>' recurs as an intended impact throughout the report (Item 7), especially, although not solely, regarding care for adults with learning disabilities.</p> <p>We note that this committee, which is entrusted with safeguarding the well-being of vulnerable Barnet residents, has already agreed to implement severe cuts in the Social Care budget. How can we be reassured that the target of reducing the cost of care will not take priority over meeting the needs of those vulnerable adults across the board, as we've been witnessing in YCB and mental health services?</p>	<p>The commissioning intentions outlined in the paper make clear that meeting the care needs of those individuals eligible for adult social care is of huge importance for the committee. In addition, the Care Act will introduce national eligibility criteria – standardising the needs each local authority will legally need to meet.</p>
2	Ms. Tirza Waisel	<p><u>1.5, Adults with Learning Disabilities, 5, p. 8</u></p> <p><u>Q2:</u> You intend to '<i>Stimulate the market to encourage providers who can effectively focus on enablement and development</i>'.</p> <p>How are you intending to 'stimulate the market' and 'encourage providers' – assuming that providers in the 'market' can be 'encouraged' by promise of profit – at the same time as 'reduce cost' and achieve 'improved outcomes' for the service users?</p>	<p>The types of action that could be used to help 'stimulate the market' include clearly articulating the commissioning intentions of the Council in market position statements and ensuring that procurement exercises are structured to engage providers in the way in which the Council wants services to develop.</p>
3	Ms. Tirza Waisel	<p><u>Re 1.6, p. 9 – Adults with Mental Health Needs</u></p> <p><u>Q3:</u> You intend to '<i>Review delivery models to ensure that the social work service for working age people with mental health issues can best focus on the quality of services and strengthen the voice of both workers and service users.</i>' [my highlighting], as well as to '<i>reduce long term care costs</i>'. You declare that <i>Staff are effectively incentivised to ensure that their way of working achieves these outcomes</i>'.</p> <p>I applaud your intention to 'promote recovery and maximise inclusion'.</p>	<p>This level of detail as to how these commissioning intentions are implemented is still to be developed. The intention is that by improving services and developing a more enabling model, people would achieve better outcomes and so will need services for a shorter period of time. High quality services are essential in order to be able to achieve this.</p>

		<p>However, I am concerned by the inclusion of 'reduce long term care costs' as an intended impact, and your intention to incentivise staff to achieve this reduction in care costs. My concerns stem from personal familiarity with the pressure put on local authorities' social workers to downplay the needs of service users in order to reduce the social care bill of meeting these needs.</p> <p>I also applaud your intention to 'focus on the quality of services and strengthen the voice of both workers and service users', but I am concerned that these intended outcomes are married to 'reducing the cost of care'. I am sure that if you genuinely listen to the 'voice of both workers and service users', you will be reminded that good-quality care costs money – not only, importantly, in pay and rewarding working conditions in order to retain good professional workers, but also in rent and facilities for the services.</p> <p>What guidelines will be issued to social workers? What will be the higher priority for them: the best interests of the service users or reducing the cost of care?</p>	
4	Ms. Tirza Waisel	<p><u>Q4: Re 1.6, p. 9</u></p> <p>In relation to box 2: '<i>...This will require working co-productively and innovatively with local communities, primary care and housing providers to support community capacity, personal and family resilience, earlier intervention and active citizenship.</i>'</p> <p>And to p. 10, box 5 ('<i>There is a compelling evidence base that where we live has a significant impact on our mental health.</i>') and box 6 that talks about '<i>preventative agenda</i>', I would like to bring up the impact of housing-related stress on mental health: Another aspect of the same compelling evidence base you quote is that inadequate housing produces mental health problems, i.e. adequate housing is required in line with your preventive approach (box 6) as well.</p> <p>We are witnessing increased mental ill health amongst council tenants in the regenerated West Hendon estate and in other council estates, as a</p>	<p>1. Theme committees have the ability to refer matters which relate to functions of another committee to that committee for consideration. Chairman and Committee Members have an oversight of the work of committees via their published work programmes and, with the support of officers, can ensure that there is communication across the committees. At the current time, Cllr Tom Davey is both a member of the Adults & Safeguarding Committee and the chairman of the Housing Committee.</p> <p>2. The authority to agree the Council's housing policies and the procedures followed by Barnet Homes rests with the Housing Committee. Officers, in developing the Commissioning Plans and the Housing Strategy have been</p>

		<p>result of stress and uncertainty brought about by the poor management of the regeneration process.</p> <ol style="list-style-type: none"> 1. What are the cross-feed lines of communications that this committee has with the Housing committee and the Assets, Regeneration & Growth committee? 2. What authority do you have to influence this council's housing policies and the procedures followed by Barnet Homes? 3. What powers does this committee have to affect the relationships with the developers of the regenerated housing estates in Barnet, with the aim of improving the mental health of Barnet residents and service users of MH services? 4. How does the intended impact of '<i>working co-productively and innovatively with local communities, primary care and housing providers to support community capacity, personal and family resilience, earlier intervention and active citizenship</i>' correspond with the treatment of the West Hendon estate local community – for example, the refusal of Barnet Homes to allow free use of the estate's community centre by the tenants of this estate who demonstrate 'active citizenship'? 	<p>identifying dependencies and linkages between these areas of work and the final plans should address these.</p> <ol style="list-style-type: none"> 3. This committee itself does not have powers to direct housing services but can give direction to adult social care commissioners and services to work effectively with housing services to improve services for residents and service users. 4. The “West Hendon Estate local community” are entitled to up to a 70% discount on renting the community centre.
5	Ms. Tirza Waisel	<p><u>Re 1.9 p. 12 – Older People</u> <u>Q5: 'Commission high quality flexible specialist home support services including personal assistants'</u></p> <ol style="list-style-type: none"> 1. How will you achieve high-quality and flexible home support within the current outsourcing of all home-care services to for-profit agencies, which employ low paid staff? 2. What are the measures you will put in place to ensure retention of high-quality professional specialist staff to guarantee the desired intended impact? 3. How will you guarantee and be accountable for these staff 	<p>A commissioning strategy will be presented to the 20 November 2014 Adults & Safeguarding Committee. This should set out answers to these questions.</p>

		members when it is not the council who employs them?	
6	Ms. Tirza Waisel	<p><u>Re 1.9</u> <u>Q6:</u> Regarding services to frail older people, there is reference only to measures that encourage them to continue to live in the community, i.e. in their homes. Whilst this is indeed the understandably preferred solution for most older people, it is also much cheaper for the council. Care-home services, now outsourced and run for profit, are hardly mentioned in this section. What consideration will the committee give to ensuring high standards of care in the Fremantle and other care homes in Barnet, now that the outsourcing contracts have been renewed despite serious misgivings about their provision of care?</p>	<p>There are a number of ways that contracts are assured and there are no plans to change these. Contracts with all providers are regularly monitored and may be reported to Performance and Contract Committee. Individual placements receive regular reviews where the well-being of people placed in homes is assessed. Healthwatch have a programme of unannounced enter and view visits which could include these homes, if these were prioritised. The findings of those reports are reported to this committee. In addition concerns may be received through the complaints procedures and through safeguarding alerts – these are investigated and this committee receives annual reports.</p>
7	Ms. Tirza Waisel	<p><u>Q7:</u> Day-care services are also not mentioned here. However, clearly, the reduction in the funding and the commissioning of services to Age UK Barnet have resulted in a reduction in their services. According to Rachel Wells, Barnet's Public Health consultant, the problem of social isolation and loneliness is widespread in this borough, especially amongst older people. Loneliness will inevitably be a greater risk for older people who are frail and therefore, without community transport and day-care services - are housebound. The current provision of home care addresses only their most basic physical needs. How are you intending to tackle social isolation and loneliness (which leads to mental and physical ill health, according to the same consultant and other researchers), and address their social and psychological needs, without day services and transport?</p>	<p>The service model to provide activities for older people living in the community has changed to a more neighbourhood based approach with a resulting increase of over 1,000 older people using services provided by Age UK.</p> <p>Social isolation and loneliness arises from the lack of meaningful contact with other people and the Council will continue to work with local residents and the voluntary sector to enable the provision of locally based community activities which encourage the development of relationships and friendships. The Age UK neighbourhood model is an example of such an initiative.</p>