Meeting
Adults and Safeguarding Committee
Date and time
Monday 13th March, 2023
At 7.00 pm
Venue
Hendon Town Hall, The Burroughs, London NW4 4BG

Dear Councillors,

Please find enclosed additional papers relating to the following items for the above mentioned meeting which were not available at the time of collation of the agenda.

Item No	Title of Report	Pages
8	Dementia Strategy 2023-2028 Appendix	3 - 40
10	Adult Social Care Debt Management & Recovery Policy	41 - 102

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Barnet Borough Partnership

Dementia Strategy

2023 - 2028

YOUR LIFE,
YOUR CARE,
YOUR CHOICE.

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Directorate	Communities, Adults and Health
Approvers	LBB Adults and Safeguarding Committee Barnet Borough Partnership
Approval date	March 2023
Review Date	March 2025

Contents

1. Introduction

This strategy is the first Barnet Borough Partnership strategy to underpin borough-wide commitments to providing high-quality care and support for people with dementia and their carers. It builds on the progress already made in the borough to improve the lives of people living with dementia, their families, and their carers, and provides a framework for continuous action to ensure that people continue to live well and thrive.

This strategy has been coproduced and developed in partnership with people living with dementia and their carers, Adult Social Care, North Central London Integrated Care Board (NCL ICB), Barnet Enfield and Haringey Mental Health Trust, commissioned and non-commissioned organisations and voluntary and Community Sector partners (VCS).

The NHS England 'Well Pathway for Dementia', transformation framework underpins our strategy. It outlines five key elements to consider, which form the five main chapters of this strategy:

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

The strategy should be read alongside 'The Well Pathway for Dementia – a Barnet Perspective' attached as an appendix, in which each of these five elements is explored in more detail, alongside relevant local data and information.

Vision

Dementia is a crucial challenge for both health and social care. In Barnet, it is estimated that over 4,387 people are living with dementia, and this figure is expected to increase to 6,402 by 2035.
This strategy recognises that more can be done to improve the experience of people living with dementia and will lead to the development of an action plan to build on the progress that has been made and address the gaps identified. This means not only focusing on strengthening our current dementia pathway and services but also embedding more proactive dementia support, preventing avoidable crises, and promoting and maximising people's independence, health, and well-being.

A key driver in our approach to supporting people to live well is through providing prevention and early support. To do this, we will develop plans which are more proactive and creative in approach and offer robust support for carers, alongside an increased awareness of dementia within communities.
Similarly, by ensuring that people can access early and timely diagnosis, and from there that they receive effective care co-ordination, people will enjoy an improved quality of life with a dementia diagnosis.

This strategy will inform the planning, provision, and commissioning of dementia-related services in Barnet. The associated action plan will be delivered in partnership across health and social care, wider council partners, voluntary community and faith sectors, providers of care and residents.

2. Context

What is dementia

The word 'dementia' describes symptoms that may include memory loss and difficulties with thinking, problem-solving, or language and interfere with the individuals' ability to complete daily activities. They often start with minor challenges, but for a dementia diagnosis, these are severe enough to affect everyday life. There may also be changes in mood and behaviour.

The most common types of dementia are:-

- Alzheimer's disease (60%)
- Vascular dementia (20%)
- Lewy bodies dementia (15%)
- Frontotemporal dementia (5%)

National context and local context

National Context

944,000 people are living with dementia in the UK[1] and this number is projected to increase. Although, due to the progressive nature of the disease, the early-stage symptoms, and the low diagnosis rate, it is difficult to precisely know the number of people living with the condition. It is, however, thought that one in fourteen over 65's[2] have dementia in the UK which makes dementia a key challenge for both health and social care and a key priority nationally and locally.

This strategy supports the visions and outcomes within the National Dementia Strategy 2009, whilst we await the publication of a new national 10-year plan to tackle dementia as announced by the Health Secretary in May 2022. It also considers key legislation and guidance, including the Care Act 2014, the NHS Long Term Plan and National Institute for Health and Care Excellence (NICE) guidance[3]. These key strategic documents all highlight the importance of ensuring that people with dementia and their carers can *access timely diagnosis*, high-quality *care, and support* and that there is an *increased awareness in our communities of dementia*.

Local context

According to the Dementia Needs Assessment undertaken by Barnet's Public Health team:

- Currently, 4,387 people over 65 are estimated to be living with dementia in Barnet, and this is projected to increase to 7,282 by 2040.

- The diagnosed dementia rate indicates what proportion of the number of people estimated to be living with dementia, have a formal diagnosis. In Barnet, the estimated diagnosed dementia rate for people aged 65+ is 65.7% and this has been falling since 2017. This suggests improvements can

[1] Luengo-Fernandez, R. & Landeiro, F. in preparation
[2] Prince, M et al. (2014) Dementia UK
[3] https://www.nice.org.uk/

be made in local pathways and processes to ensure we are maximising access to diagnostic assessment.

- According to the 2021 census data, there has been a 9.3% decrease over the past 10 years of residents identifying as White, although this group still represents over half of Barnet's population. The second largest cohort are residents identifying as Asian, representing 19.3% of Barnet's population.
  Ethnicity data for people with dementia known to adult social care does not fully reflect this diversity, which suggests equality of access is an area for further action:

People with dementia known to adult social care by ethnicity:

Ethnicity	19-20	20-21	21-22
White	75%	75%	74%
Asian/Asian British	10%	10%	12%
Black/Black British	6%	6%	5%
Other Ethnic Groups	5%	5%	5%
Not Stated	3%	3%	2%
Mixed/Multiple ethnic groups	1%	1%	1%
Chinese	1%	1%	1%

Adult Social Care Data BIP 2022

3. We listen

Engagement and Co-production

Between 1st of June and 30th of September 2022, the commissioning and engagement teams carried out extensive stakeholder engagement with people living with dementia, their carers, health, and social care professionals, commissioned and non-commissioned services, the Dementia Friendly Partnership and the voluntary community and faith sector to understand the experiences of people living with dementia in Barnet.

We held over nine workshops and engaged over 140 people living with dementia and their carers and have captured their feedback about changes to support, or services that they feel are needed and included them directly in this strategy.
We recognise that some of this feedback may relate to pathways that already exist, changes that have been made, or changes that are planned, which indicates that we need to review communication, awareness, and accessibility. Whereas other feedback reflects gaps in our local system that we will aim to address. This will all be considered in the development of the action plan to implement this strategy.

A selection of comments from residents:

Our social worker was amazing in helping us navigate support & respite.

It was hard not being involved or asked for input by GP or MAS; I felt left out as my husband's main carer.

We want the information to be available at GP practices, pharmacies, and local groups, so it is easily accessible.

My dad is always happy when he goes to the Ann Owen Centre. Even though he doesn't remember going or what he did, he comes back chattier and really happy.

It was hard to get an appointment at the GP during the pandemic, and it's still hard.

There aren't enough culturally appropriate services. We felt a bit lost.

Age UK have really helped us cope with my mum's dementia. I don't know where we would be without them.

The training course for carers provided by the dementia specialist team was a lifeline.

My husband really enjoyed the Cognitive Stimulation Therapy sessions at the memory clinic.

I didn't know where to find information or support when my husband got a diagnosis, I felt lost.

Dr X was so thorough and kind when giving mum her diagnosis – she helped us very much. It was hard to process

If it weren't for Dementia Club UK, I would have been lost.

4. Preventing Well

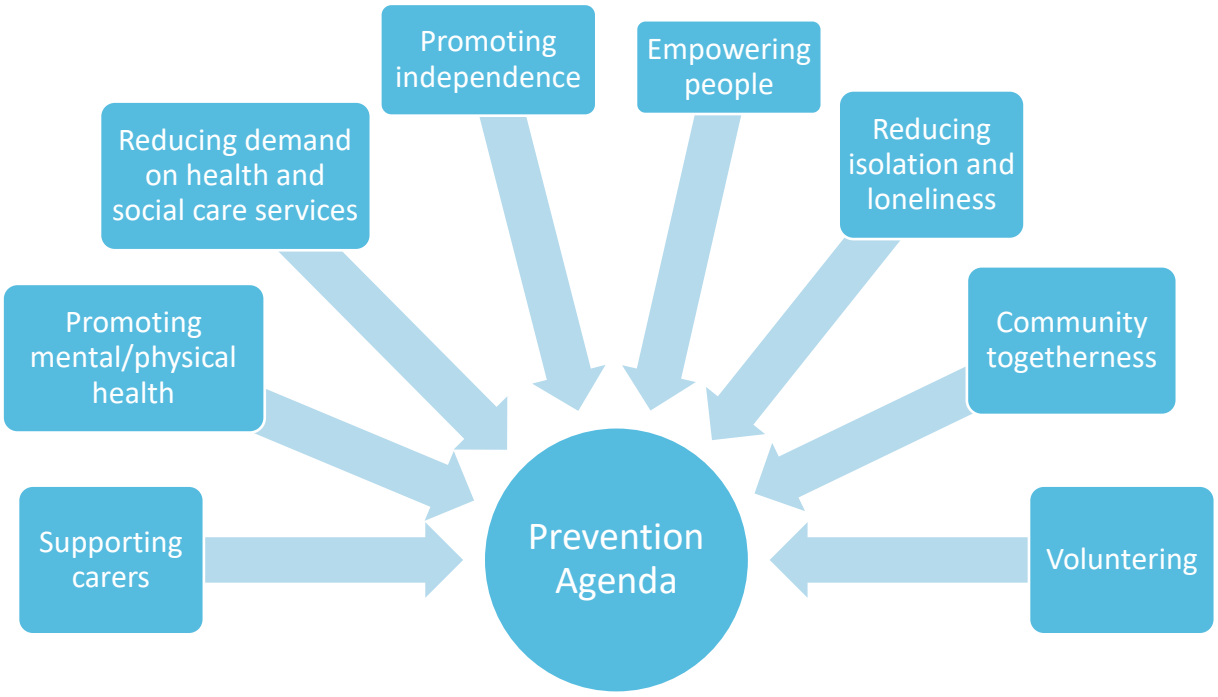
Risk of people developing dementia is minimised

Why is this important?

Improved information and advice will ensure that people can make informed decisions about their health and care needs. Barnet is committed to a preventative approach that prevents, reduces, and delays the need for care.

Preventing well in Barnet

Our priority across health and social care is to ensure that we have a robust preventative approach to supporting residents, that promotes and maximises independence and well-being. Enabling everyone to live happy and healthy lives. The council's Prevention and Wellbeing team lead on this approach and local voluntary and community sector (VCS) providers, such as Age UK Barnet, deliver sessions on preventing well.



What people living with dementia and their carers feel is needed:

- Information given in advance so that people can understand how to prevent dementia.
- More support to help minoritised groups access preventative services.
- Easy access to services locally around and within communities.
- Information available at GP and local pharmacy to help people live well and access professional services quickly.
- Access to fitness programmes that appeal to those over 55's.
- More social inclusion programmes to help with isolation and loneliness.
- Varied programmes on weight management, cooking programmes, and mental health services that are culturally appropriate.

5. Diagnosing Well

Timely accurate diagnosis, care plan and a review within the 1st year

Why is this important?

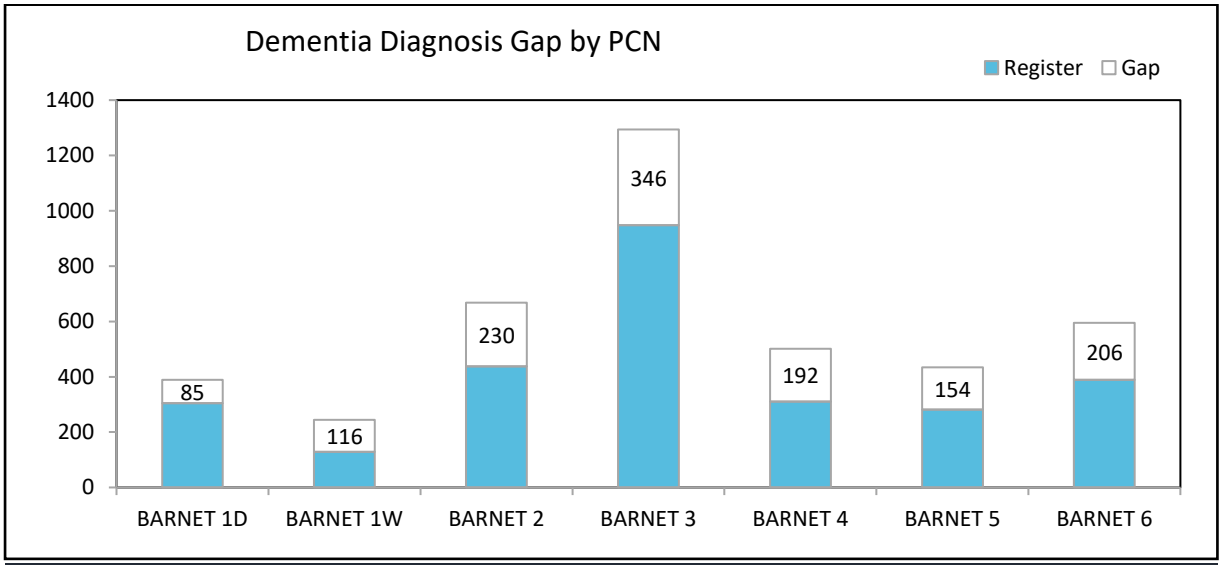
Early diagnosis of dementia is a national and local priority. A timely diagnosis enables people with dementia, their carers, and healthcare staff to plan accordingly and work together to improve health and care outcomes in the longer term. When people receive a timely diagnosis, they are more likely to be involved in their care and the decisions made regarding their future. It also means they can access clinical and social interventions that enhance their care and improve their quality of life.
We want to ensure that the message of early identification and diagnosis is understood by our residents so that we can provide early support and help for those who do ultimately receive a dementia diagnosis.

Diagnosing well in Barnet

- Barnet's Memory Assessment Service is commissioned by NCL ICB and provided by Barnet Enfield and Haringey Mental Health Trust. On receipt of a GP referral, the service offers a multi-disciplinary diagnostic assessment (within a target of 12 weeks), integrated access to community support services, 12 weeks of cognitive stimulation therapy, medication stabilisation and carer support.

- GPs can also diagnose patients where they feel equipped to do so without a referral to the Memory Assessment Service

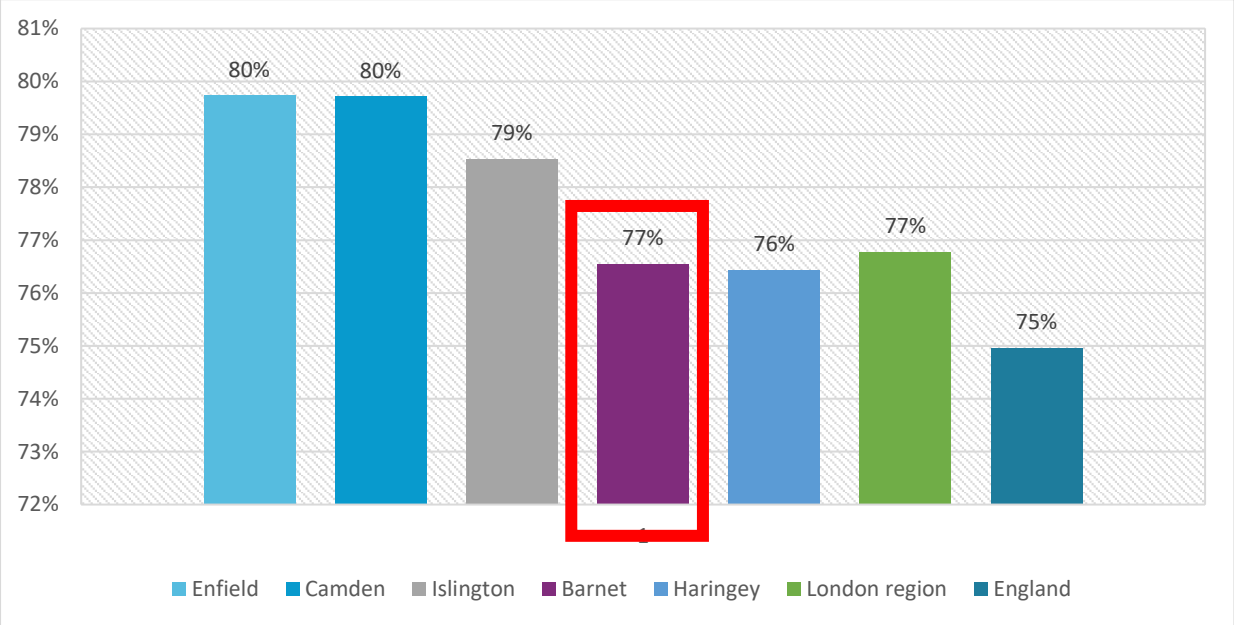
- Referrals to the Memory Assessment Service have been increasing since early 2022, following a decrease in referrals during the peak of the Covid 19 pandemic, attributed to the challenges of services working remotely. Overall Barnet's dementia diagnosis rate has dropped since 2017, which suggests improvements can be made in local pathways and processes to ensure we are maximising access to diagnostic assessment. This fall in diagnosis rate has created a 'diagnosis gap' that we can evidence at Primary Care Network (PCN) level:



Source: NHS Digital, 2020/21

- Following diagnosis, GPs are required to undertake an annual review to assess the healthcare needs of both the dementia patient and their carer(s).
  The graph below shows the percentage of patients diagnosed with dementia whose care plan was reviewed in the preceding 12 months, compared with other North Central London Boroughs, London as a whole and England. Whilst Barnet is achieving a comparable percentage, there is room for improvement:

Dementia care plan has been reviewed in the last 12 months



Source: Dementia Profile - OHID (phe.org.uk)

What people living with dementia and their carers feel is needed:

- A clear dementia pathway, so people know what steps to expect especially once a referral to specialist services has been made.
- Access to GP with longer appointment times for people living with dementia.
- Regular health checks for carers as well, including regular yearly reviews
- Local information and advice appropriate at all stages of dementia.
- A better-coordinated memory assessment service that engages with the carers of the person living with dementia - some carers felt left out of the diagnosis and discharge process, which meant they could not offer the support necessary to the person during diagnosis when they needed it most.
- Early intervention and treatment, with referrals to the memory assessment service seen and a confirmed diagnosis within twelve weeks.

6. Supporting Well

Access to safe high-quality health and social care for people with dementia and carers

Why is this important?

The best place for people living with dementia is often at their home, supported and surrounded by family, friends, and the community they have been part of. We want to ensure that their choice to do so is possible even as the disease progresses.

For many people living with dementia, it is not the only health challenge they are facing, therefore, a joined-up pathway of support is necessary to ensure that they are not only able to manage their dementia diagnosis but also other long-term conditions. This requires joined-up care and support available via primary care, secondary care, and community-based services to ensure that essential needs are met and that individuals do not need to tell their story repeatedly.

We are committed to putting the person with dementia, their families, and carers at the centre of their care; accessing timely information and support as the disease progresses is essential.

Significant funding is invested across the system in supporting people living with dementia and we want to ensure that this money is being spent effectively to achieve the best possible quality of life for individuals and their families. The total cost of care for people with dementia in the UK is £ 34.7 billion[4].

1. This is set to rise sharply over the next two decades to £ 94.1 billion in 2040.
2. The most significant proportion of this cost, 45%, is social care, which totals £ 15.7 billion.
3. In Barnet this equated to spend of £22.8 million by adult social care in 21/22 on dementia support, with the largest proportion being spent on residential care services (£12 million), followed by nursing care services (£7 million)

Supporting well in Barnet

Adult Social Care, Health services, the Memory Assessment Service, GPs, Age UK Barnet (the primary VCS provider in the delivery of dementia support services), and other VCS partners work together to deliver a joined-up offer of support and advice to those living with dementia and their carers. This includes:

- Support in Primary Care
    - 'One Stop Dementia Support Clinics', a workstream of the '**PriDem research project**' by University College London[5], have been trialled at GP surgeries in PCN2 whereby people living with dementia and their carer(s) were proactively invited to have all their physical, social, mental well-being and information needs met in one appointment with a GP, enhanced by the addition of a Dementia focused multi-Disciplinary team.
      Feedback was positive, with 98% attendance and 94% extremely likely to recommend to friends and family.
      Given the positive outcomes achieved, it should be explored whether this approach is mirrored across Barnet in future.

[4] [4] What are the costs of dementia care in the UK? | Alzheimer's Society (alzheimers.org.uk)

[5] Dementia and Cognitive Impairment | Institute of Epidemiology & Health Care - UCL – University College London

- The Aging-Well Multi-Disciplinary Team is commissioned to work with patients in primary care across Barnet. For eligible patients, the team offers holistically assessment, coordination and personalisation of patient care to build resilience, reduce crisis and minimise the risk of hospital admission.

- Wider Healthcare Services
  - Support after diagnosis with mental health or behaviour challenges is available from the Community Mental Health Teams. There is an identified gap in psychological support for people living with dementia.
  - Admiral nurses are based at the memory assessment service and provide specialist support and guidance to the person living with dementia and their carer in managing a dementia diagnosis.
  - Community and acute health services are expected to ensure their staff are appropriately trained to support people with a dementia diagnosis who are accessing their services and that reasonable adjustments are made so that services are accessible and inclusive.
  - Short-stay emergency inpatient admissions are proven to be particularly distressing for people living with dementia who can struggle with changes to their environment. Reducing emergency admissions through holistic and well-coordinated care is a priority area.

- Adult Social Care
  - Adult social care undertake statutory functions under the Care Act, including assessment of need, care and support planning and safeguarding. Adult social care promote well-being and independence by using a strengths-based approach to preventing, reducing, or delaying needs from developing or escalating.
  - Barnet's adult social care team also includes a Specialist Dementia Support Service which aims to:
    - Support and maintain the health and wellbeing of people living with dementia
    - Supporting carers to continue in their caring role
    - Support people with dementia to remain living in the community
    - Improve the knowledge, confidence, and skills of carers to make a positive difference in their lives and to the lives of those for whom they care
    - Maximise the use of preventative community support services for carers.

- Commissioned Services

  Where the need for a formal service is identified, adult social care can explore a range of commissioned services:
  - Care at home - Barnet has an 'approved provider list' of high quality domiciliary agencies and it is a priority to ensure that all relevant staff have dementia training
  - Care technology, such as a GPS watch
  - Equipment to support independence in the home
  - Intermediate care services to support hospital discharge
  - A range of suitable housing options:
    - Extra care – the Council is part-way through an investment programme in extra care, to deliver an additional 178 units by 2024

- Residential care and nursing care - it is estimated that 70% of people with dementia may eventually require long-term residential care. Barnet has a significant number of care homes, but overall bed capacity is falling.
  There is an under-provision of care homes that can provide complex care for conditions such as dementia, particularly where people have complex behavioural needs. A dedicated Care Home Support Team has been piloted in early 2023 to increase the mental health support available to homes as part of plans to expand complex care provision. At time of writing, initial outcomes are positive and further review is needed to inform future commissioning intentions.

What people living with dementia and their carers feel is needed:

- Information and advice to be timely and accurate at the point of need so that people can continue living in the community and maintain their well-being.
- Services to be better coordinated to meet the needs of those living with dementia and their carers.
- Improved quality of care for people with dementia, where they are treated with dignity and respect when admitted to the hospital.
- Access to safe, high-quality health and social care services for people living with dementia.
- More funding for community organisations to keep offering support
- Care agencies should have dementia-trained staff so that carers can feel safe leaving their family members.

7. Living Well

People with dementia can live normally in safe & accepting communities

Why is this important?

As the numbers of people living with dementia increases, we have a responsibility as a society to ensure that our communities are accepting and supportive; ensuring people feel included and valued. People living with dementia should receive coordinated care and have access to appropriate leisure activities which facilitate social inclusion.

In 2020/21[6] it was estimated that around 6% of the UK population, around 4.2 million people, are providing informal care, and around 60% of carers are women. Barnet carers strategy 2023-2028 (*appendix*) sets out the borough's vision for carers to enable them to live their lives with the support, confidence, knowledge, and training that they need. We recognise the role, and value carers bring into improving the

[6] https://www.gov.uk/government/collections/family-resources-survey--2

lives of people living with dementia in Barnet and their role in maintaining the health and well-being of the person they care for.

Living well in Barnet

- Dementia-Friendly Barnet
    - Barnet is committed to creating a sustainable dementia-friendly community and was recognised as a community that is 'working to become dementia friendly' by the Alzheimer's Society in October 2022
    - Barnet's Dementia Friendly Barnet Partnership is formed of over 40 local organisations and holds a comprehensive action plan to increase the number of dementia-friendly venues in the borough
    - The partnership is also expanding the local training offer to increase the number of Dementia Friends in Barnet (currently over 12,000) who have a key role in raising awareness and creating a safe community for people living with dementia.
- Social prescribers are based in primary care and provide information and support to patients with social and economic issues that affect their health and well-being.
- Dementia advisers, currently commissioned from Age UK Barnet, provide information and advice to help people diagnosed with dementia find the right support for them.
- Barnet also has a commissioned day opportunities service for people with mild to moderate dementia, currently delivered by Age UK Barnet, as well as other leisure and social inclusion opportunities available through the Council's leisure provider, VCS providers and other partners. It is recognised that more could be done to ensure there is a varied leisure and social inclusion offer for people living with dementia who have more complex are and support needs.

Support for Informal Carers

Support for carers of people living with dementia is an increasingly important part of the offer. Ensuring that carers are supported and valued in their role enables them to continue providing support, preventing hospital admissions, and prolonging the time that people can remain living independently in their own homes.

The current commissioned provider for carers, Barnet Carers Centre, provides support for carers of those living with dementia. More information about the support available to carers is outlined in the Barnet Carers and Young Carers Strategy 2023-2028.

What people living with dementia and their carers feel is needed:

- More access to dementia advisors
- Better access to information and advice in the community locally to them when they need it.
- More day opportunities spread out in the community.
- Better co-ordination of services, so people do not have to keep telling their stories repeatedly.
- More respite opportunities and funding so carers can have regular breaks and the person living with dementia can be safe and looked after, including within their own home.
- Respite vouchers that meet the cost of care in residential homes that are known to families.

8. Dying Well

People with dementia can live normally in safe & accepting communities

Why is this important?

People living with dementia want to die with dignity in the place of their choosing; this can only be done if our services can identify and meet those needs. People with dementia want to be confident that their end-of-life wishes will be respected.

A survey conducted by Sue Ryder[7] discovered that the top priorities for people at the end of their lives were:

- Being in a familiar surrounding
- Having dignity and privacy
- Surrounded by loved ones and
- Being pain-free

It is essential to have conversations with people living with dementia and their carers early on so that they can plan for their future whilst they are still able to and can have their wishes considered instead of when things are in a crisis.

Dying well in Barnet

We must ensure that people living with dementia and their carers receive the right support to plan for the end of their life and to choose where they die, whether at home, in a hospital setting, in a hospice or in a care home.

In Barnet, GPs are given the training to enable them to have difficult conversations about dying.
Our later life planning service, currently run by Age UK Barnet, also provides information and advice around decision making, from legal matters and ensuring that Power of Attorney arrangements are in place, to knowing that each choice matters.

What people living with dementia and their carers feel is needed:

- Information available about pain management and palliative care, particularly the support available from primary care
- For people with dementia to be in a caring environment when they die, instead of being in a hospital setting – this was heightened during the pandemic.
- Access to bereavement counselling and support as the person nears the end of their life and after they have passed
- Good quality end of life dementia care in residential and nursing homes.

[7] Sue Ryder, A time and place: what people want at the end-of-life 2013

9. Equality Diversity and Inclusion

This section will explore the demographic considerations that we should make to ensure that our dementia offer is equitable and accessible to all residents of Barnet and meets the needs of the local population.

By age, in Barnet, the highest proportion of the population from white ethnic backgrounds is found in the older age groups. The highest proportion of people from ethnic minority backgrounds is found in the younger age groups. Barnet's population is projected to become increasingly diverse as the white British population is projected to decrease in proportion to the total population (from 61.3% in 2015 to 58.4% in 2021 and 56.4% in 2030)[8].

People from ethnic minority backgrounds and dementia

High levels of stigma and lower levels of awareness of dementia are prevalent in some communities. In Barnet, people from ethnic minority backgrounds are under-represented in dementia services and tend to present in services later. There needs to be more activity on how we continue to reach people around prevention and early detection so that support is available earlier and that services are designed to be culturally sensitive and suitable.
We have an opportunity to ensure that our service provision meets the needs of our ethnic minority communities and that the services are culturally sensitive and appropriate.

Learning disabilities and dementia

In 2020, there were predicted to be 7,231 adults aged 18+ living with a learning disability in Barnet. At present, the most significant proportion of people aged under 65 living with learning disabilities falls into the 25-34 years old age group (26.4%). People with learning disabilities are also likely to be diagnosed with dementia.
As the population increases, the number of adults (aged 18+) with learning disabilities in Barnet is predicted to increase to 8,869 by 2035.

Barnet Learning Disabilities Service (BLDS) supports the care pathway for people with learning disabilities and dementia. BLDS consists of psychiatrists, psychologists, physiotherapists, social workers, speech and language therapists, occupational therapists, and nurses. BLDS uses a multi-disciplinary approach to diagnosing and treating the condition as well as providing information and support to carers as well as the person. Additionally, BLDS signposts people to other services available in the borough. While there are some services available for this cohort, with a recent addition of a dementia nurse into the team it is recognised that there are gaps in services, and much work needs to be done to develop appropriate services which meet the needs of individuals with learning disabilities and dementia.

Early onset dementia

The number of people with early onset (under 65 years old) dementia is projected to increase. Between 2020 and 2040, the number of younger people living with early-onset dementia will rise from 55 to 71 for males and 40 to 46 for females. With more men living with young onset dementia than women.
Getting a diagnosis for a younger person can take longer. Currently, the National Hospital for Neurology and Neurosurgery (University College London Hospital NHS Trust) runs the Cognitive Disorders Clinic with

[8] Joint Strategic Needs Assessment 2015 to 2020

a multi-disciplinary team that assesses patients. It provides expertise in young onset dementia and has a national referral base.

There is a general lack of age-appropriate services concerning the needs of younger people with dementia. Dementia support services are available for older people, and these activities are generally unsuitable for younger adults. Although the current numbers of people living with young onset dementia are not immense, we need to develop services to ensure that our local offer has more support for people with young onset dementia in the next 15-20 years in line with the diagnosis rate.

10. Delivering change

The implementation of this strategy will be planned in consideration of good practice principles, to ensure the associated action plan is accessible, co-produced, timely and tailored to deliver meaningful outcomes to people living with dementia and their carers.

To deliver the action plan we will work across health and social care, with wider council departments, education, housing, and the voluntary and community sector. We will also develop relationships across the wider community, including employment and business sectors as part of this approach, and will continue to put people living with dementia and their carers at the heart of this process.

We have captured feedback from residents about changes to support or services that they feel are needed and included them directly in this strategy. We recognise that some of this feedback may relate to pathways that already exist, changes that have been made, or changes that are planned, which indicates that we need to review communication, awareness, and accessibility. Whereas other feedback reflects gaps in our local system that we will aim to address. This will all be considered in the development of the action plan to implement this strategy.

An important strand of our action plan will be addressing challenges relating to under-representation or disproportionality, following further interrogation of demographic data - notably census data that has recently become available.

The action plan will focus on priorities for the next two years and will be overseen by the Joint Commissioning Team. Progress will be reported to the Barnet Borough Partnership Board and other boards/committees as requested. After two years, a review will be undertaken to agree next steps.

Priorities

We have coproduced the following 3 priorities to guide our action planning:

1. Improved information and advice (Before diagnosis, at diagnosis, and after diagnosis) to ensure that people can make informed decisions about their health and care needs.

2. Improved awareness and identification; early and timely diagnosis.

3. Individualised and tailored support that promotes independence and well-being (At diagnosis and after diagnosis)

Outcomes

The outcomes we will achieve through this strategy include:

1. Barnet residents understand what actions they can take to reduce their risk of getting dementia

2. The dementia diagnosis gap is reduced and ultimately eliminated, with equal and timely access to diagnosis

3. People living with dementia and their carers have timely access to high quality information and advice in order to make informed decisions about their health and care needs

4. People living with dementia and their carers have a coordinated, high-quality experience of health and care services, where they are treated with dignity and respect by professionals who have the appropriate skills and experience to understand and respond to their needs

5. People living with dementia and their carers feel empowered, listened to and in control of their own care and support

6. Everybody living with dementia receives a holistic annual review within primary care

7. People living with dementia and their carers feel included as part of society

8. People living with dementia feel confident that their end of life wishes will be respected

11. Appendices

- The Well Pathway for Dementia – a Barnet Perspective
- Dementia Friendly Barnet Partnership: Dementia | Barnet Council https://www.barnet.gov.uk/adult-social-care/specialist-support/dementia

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Barnet Borough Partnership

Adult Social Care

The Well Pathway for Dementia – a Barnet Perspective

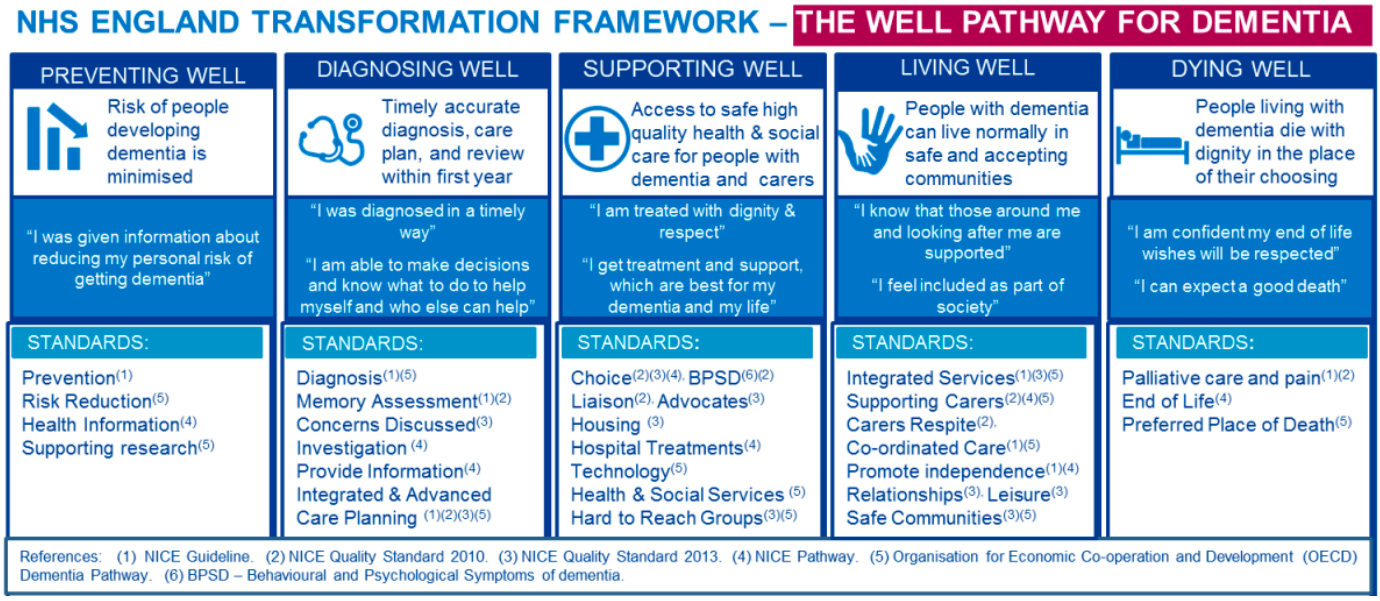
YOUR LIFE,
YOUR CARE,
YOUR CHOICE.

BARNET LONDON BOROUGH

The Well Pathway for Dementia – NHS England Transformation Framework

The Well Pathway for Dementia is NHS England's framework to support the transformation of dementia care and support. It covers five key areas:

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



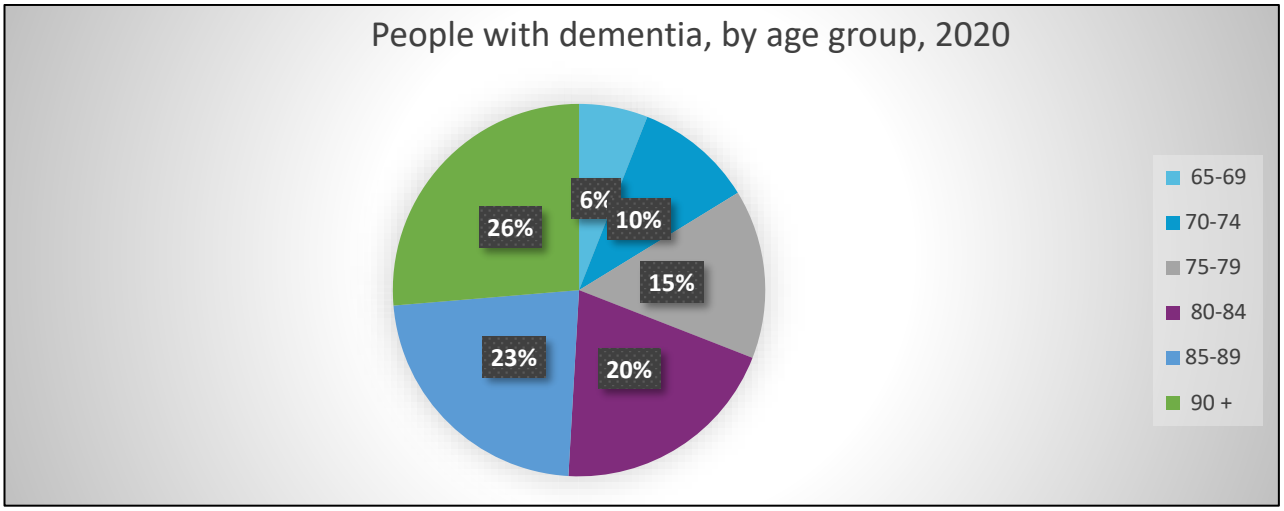
This report will go on to explore each area in more detail, providing relevant data and summarising some of the progress in Barnet.

1. Preventing Well

Risk of people developing dementia is minimised

According to Alzheimer's society, whilst not all older people have dementia, the most significant risk factor for dementia is ageing. This is supported by the Barnet data presented below, where older age groups account for larger proportions of the dementia population:

People with dementia aged 65+ in Barnet, by 5-year age group, 2020



Source: Barnet Public Health Dementia Needs Assessment 2022/23

The risk of getting dementia can also be increased by:-

- Gender and Sex
- Lifestyle
- Other health conditions
- Air pollution
- Ethnicity

About a third of Alzheimer's diseases are estimated to be attributable to potentially modifiable risk factors [1]. The Lancet Commissions on Dementia Prevention, Intervention and Care identified that 35% of dementia was attributable to a combination of the following risk factors[2]:

- Midlife hearing loss can increase stress on the brain and social isolation. It is estimated that hearing loss can be responsible for 9.1% of the risk of dementia onset.
- Cardiovascular risk factors for dementia include hypertension, diabetes, and obesity.
- Lifestyle and psychological risk factors include depression, smoking, lack of physical activity, and alcohol consumption.
- Preventative factors include educational and occupational attainment and social isolation.

[1] *Lancet Neurology* (2014)
[2] *The Lancet* (2017) 390

- Smoking doubles the risk of developing dementia. Smoking prevalence for adults in Barnet has decreased from 15.6% in 2012 to 11.1% in 2019, which is lower than London's 12.9% and England's 13.9%.
- Excess weight in adults is recognised as a significant determinant of premature mortality and avoidable ill health.
- Drinking more than the recommended limit for alcohol increases a person's risk of developing common types of dementia, such as Alzheimer's disease and vascular dementia. Reliable figures of the number of people with alcohol-related brain disorder (ARBD) in Barnet are unavailable, and the condition is likely to be underdiagnosed. This is partly because having problems with alcohol still carries a stigma within society, so people may not seek help. Awareness of ARBD, even among professionals, also varies widely.

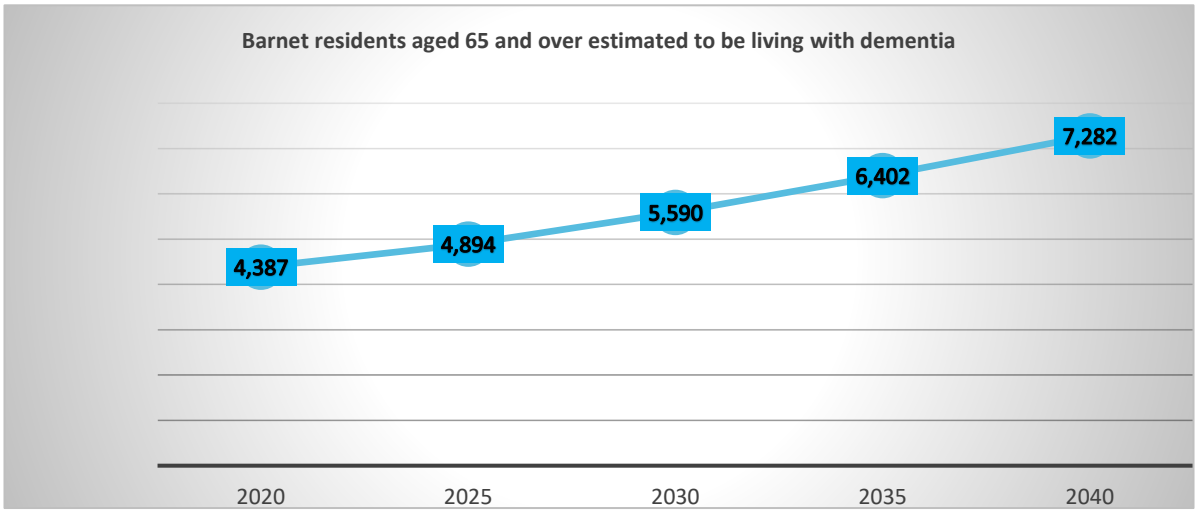
2. Diagnosing Well

Timely accurate diagnosis, care plan, and a review within the first year

Dementia Projections

Currently, 4,387 people aged over 65 are estimated to be living with dementia in Barnet, and this is projected to increase to 7,282 by 2040.

People aged 65 and over predicted to have dementia by 2040

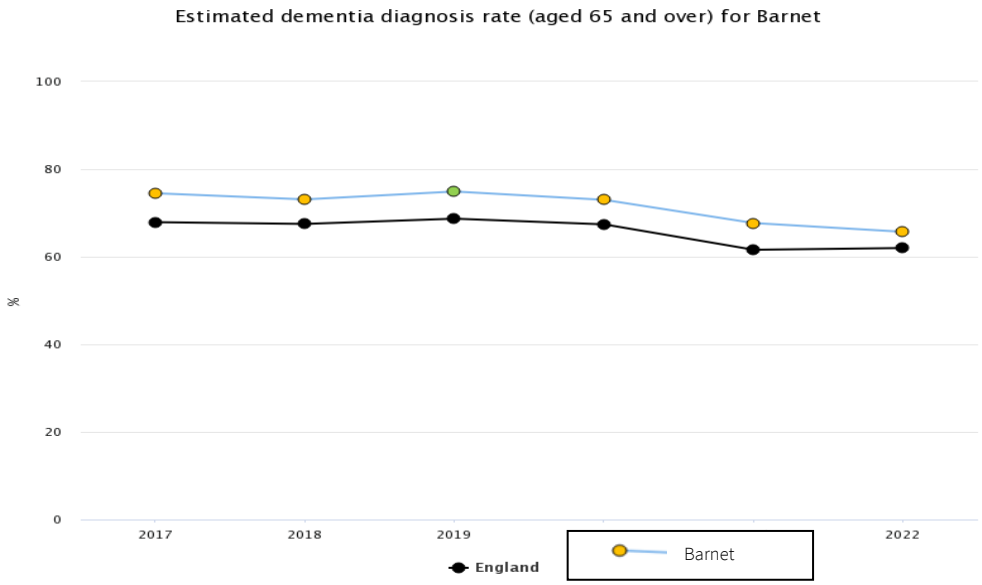


Source: POPPI (based on ONS data). Available at: http://www.poppi.org.uk/

Estimated Diagnosis Rate

In 2022, the estimated percentage of older people (aged 65+) living with dementia in Barnet who have a formal diagnosis is 65.7%. This is slightly lower than London's 66.8%, but higher than England's 62%. Islington has the best diagnosis rate (82.4%) in North Central London and London.

In Barnet, across London and England-wide, the estimated diagnosis rate has been falling since 2017:



Source: Dementia Profile - OHID (phe.org.uk)

Our recent needs analysis shows that in Barnet, dementia diagnosis rate has gone down from 74.5% in 2017 to 65.7% in 2022.

Getting a diagnosis

Barnet's Memory Assessment Service (MAS) is commissioned by NCL ICB and provided by Barnet Enfield and Haringey Mental Health Trust (BEHMHT). The service offers:

- Early holistic assessment for people with memory problems
- A multi-disciplinary service, that follows National Institute for Health and Care Excellence[3] (NICE) guidelines and has now achieved Memory Service National Accreditation Programme (MSNAP) standards.
- Integrated community support for people living with dementia and their carers at the point of diagnosis, working closely with the VCS-provided dementia advisor service, who are based at the clinic and accept referrals directly from the team.
- Diagnosis within 12 weeks of referral to the MAS by their GP, meeting one of the Barnet Health and Wellbeing Board (HWBB) targets.
- Cognitive stimulation therapy for twelve weeks post-diagnosis for those with mild to moderate dementia
- Support for carers via the START (StrAtegies for Relatives) programme. This programme has been proven[4] to reduce depression and anxiety for families of people living with dementia.
- Initial management of those newly diagnosed before follow-up care is handed over to the GP once the medication regime for those that are eligible is established and the individual is stable.

[3] https://www.nice.org.uk/guidance

[4] START-Intervention-Summary.pdf (modem-dementia.org.uk) pg 2

According to MAS statistics, since January 2022, there has been an increase in referrals to the service, following a decrease in referrals during the peak of the Covid 19 pandemic:

Barnet Memory Assessment data on referrals received and types of dementia diagnosis

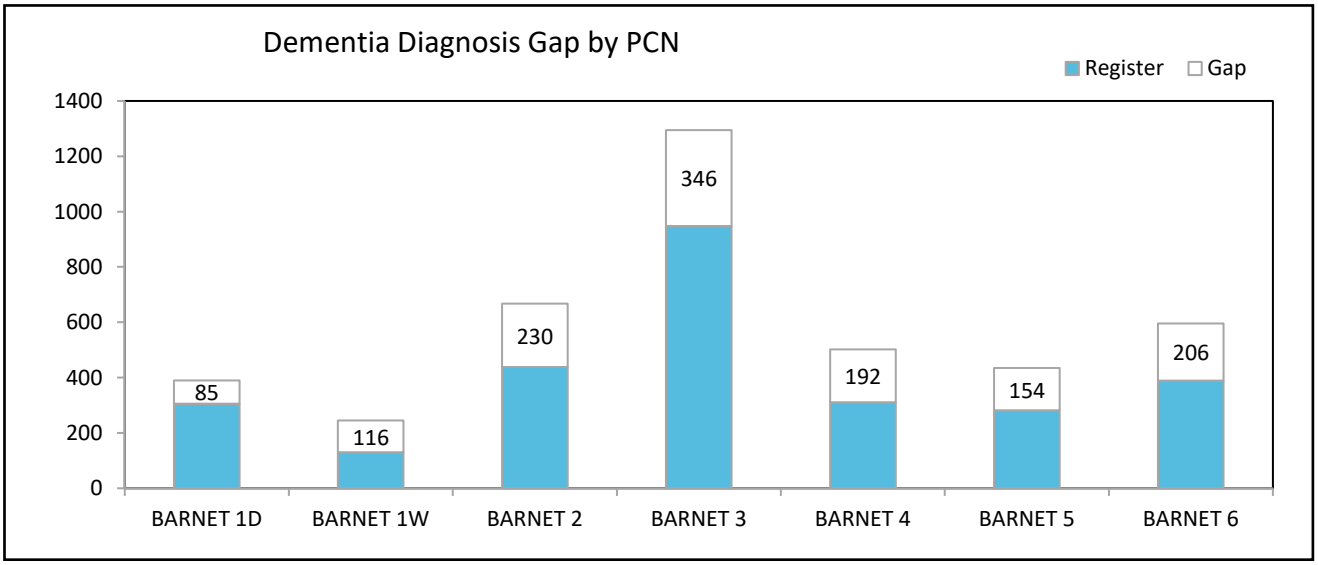
Memory Assessment Service	2018/19	2019/20	2020/21	21/22
Total Referrals received (all sources)	857	792	577	858
Patients diagnosed with any form of dementia	520	448	333	386
Patients diagnosed with Alzheimer's	441	382	281	314
Patients diagnosed with vascular dementia	31	28	21	24
Patients diagnosed with young onset dementia	10	5	14	8

Source: Memory assessment service 2022

GPs can also diagnose and manage patients within their primary care networks (PCN), where they feel equipped to do so without a referral to MAS.
Some diagnoses are also made in secondary care where an inpatient has been hospitalised for another ailment; in such cases, the GP is informed when the patient is discharged.

The Diagnostic Gap

The graph below shows the gap in diagnosis rate against prevalence data, within each Primary Care Network (PCN):



Source: NHS Digital, 2020/21

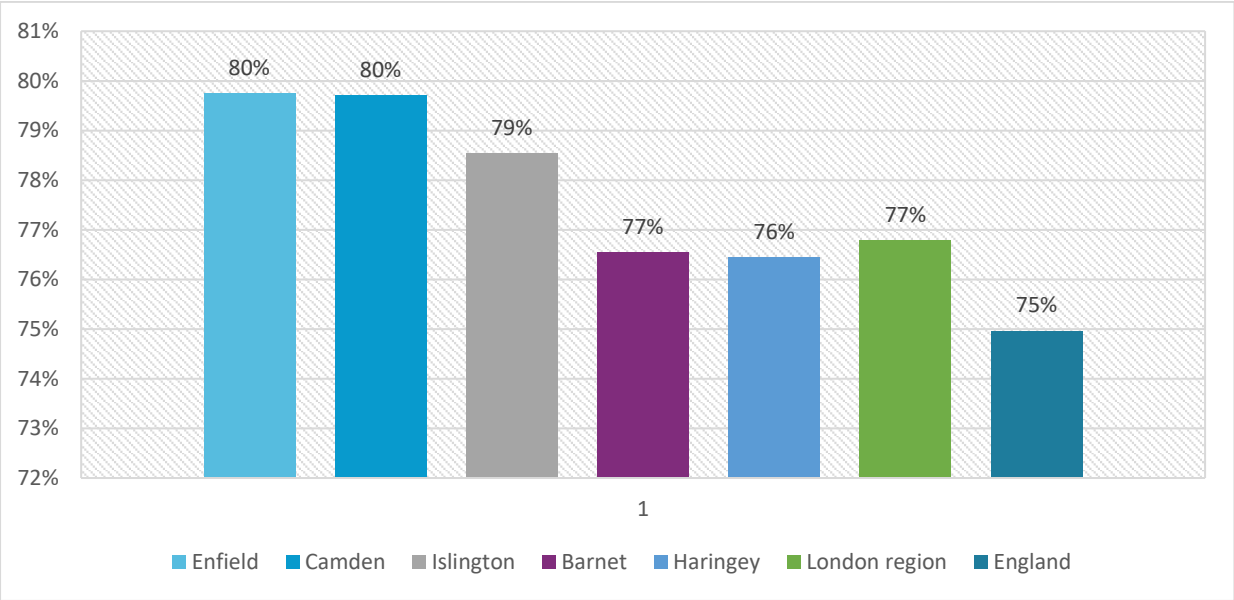
Annual care plan reviews with the GP

A face-to-face review of the healthcare needs of both dementia patients and their carers is an essential element of their holistic care plan. The annual review with the GP should address four key issues:

- An appropriate physical and mental health review for the patient
- If applicable, the carer's needs for information commensurate with the stage of the illness, as well as the patient's health and social care needs

- If applicable, the impact of caring on the carer and
- communication and co-ordination arrangements with secondary care (if applicable). National templates are available to support GPs, but these aren't always used.

The graph below shows the percentage of patients diagnosed with dementia whose care plan was reviewed in the preceding 12 months. Barnet had a lower rate of patients whose care plan had been reviewed by their GP in the last 12 months than Enfield, Camden and Islington, similar to London and slightly higher than Haringey and England:



Source: Dementia Profile - OHID (phe.org.uk)

3. Supporting Well

Access to safe high-quality health and social care for people with dementia and carers

Supporting people living with dementia and their carers in primary care

- The Aging-Well Multi-Disciplinary Team is commissioned to work with patients in primary care across Barnet. For eligible patients, the Multi-disciplinary Team holistically assesses, coordinates, and personalises patient care to build resilience, reduce crisis and unplanned care incidents and improve quality of life.
  The original pilot for this service found that nearly 80% of the patients identified as most in need of holistic case management were people living with dementia. Consequently, the most recent additions to the Aging-Well Multi-disciplinary team are two Admiral Nurses (specialists in dementia care).

- **'One Stop Dementia Support Clinics',** A workstream of the '**PriDem research project**' by University College London[5] testing an evidence-based, primary care led approach to

[5] Dementia and Cognitive Impairment | Institute of Epidemiology & Health Care - UCL – University College London

post-diagnostic dementia care.

PriDem Clinical Dementia Lead Robyn Barker worked with GP surgeries in PCN2 to improve care systems, including introducing PriDem annual dementia review templates, which teams adapted to suit local needs. Robyn supported Oakleigh Rd North Clinic and Brunswick Park Medical Centre to deliver 'One Stop Shop' annual dementia review clinics

People living with dementia and their chosen family members were proactively invited to have all their physical, social, mental well-being and information needs met in one appointment with a GP, enhanced by the addition of a Dementia focused multi-Disciplinary team. All the non-medical surgery staff involved received level 1 Dementia Awareness training beforehand.

Initial outcomes:

- Post Diagnostic care, closer to home by own GP.
- Collaborative, holistic, personalised Dementia Care Planning between organisational silos.
- 98% Attendance.
- 94% extremely likely to recommend to friends and family.
- Carers and people living with dementia received emotional support and practical information, and social care referrals were made where needed
- Proactive prevention of social crisis such as carer stress breakdown.
- Preventative health care opportunities, blood pressure checks, diabetic checks, and vaccines.

Supporting people living with dementia and their carers in wider healthcare services

- Post-diagnosis, the Community Mental Health Teams (CMHTs) work with families in the community in four geographical teams within the borough and are open to people who already have a diagnosis of dementia but may be presenting with challenging behaviour because of their progressing dementia.

- The **Admiral Nurse service** is specifically designed to support the needs of carers for someone with dementia. Admiral nurses are specialist nurses with expert knowledge of the difficulties facing people looking after a friend or a relative living with dementia. They are based at the memory assessment service and work closely with the Dementia Advisers provided by Age UK Barnet and the Specialist Dementia Support Team within Adult Social Care. Referral is via the GP.

- **Community Health Services - CLCH Dementia Care Strategy, 2022 – 2025** *(see Appendix)*
  The Central London Community Health NHS Trust provides community health services to more than two million people across eleven London boroughs and Hertfordshire, including Barnet.
  In 2022 they published a dementia care strategy which focuses on improving public and professional awareness, understanding of dementia and the stigma associated with it addressed by developing an informed and effective workforce for people with dementia.

- **Acute Inpatient Services**
  Out of every 100 people diagnosed with dementia on GP registers in Barnet, 50.1% were admitted to acute hospitals as inpatients during 2019/20. This figure is lower than both London's 52.8% and England's 51.8%, and a reduction from 55% in Barnet in 2018.

  Changes in the surrounding environment can increase anxiety and stress levels. People with dementia can be more susceptible to these changes, which can cause additional distress. Therefore, short-stay emergency inpatient admissions (of one night or less) should be avoided wherever possible.
  Barnet's rate of short-stay emergency admissions for those aged 65+ was 33.1% in 2019/20. This is slightly higher than statistical neighbours at 32.2% and England at 31.4%, but this is not statistically significant[6].

Adult Social Care

In Barnet there is a single point of entry to adult social care for anyone newly diagnosed, caring for someone living with dementia or whose circumstances have changed and who needs support to access services or support. Adult Social Care promote well-being and independence by using a strengths-based approach to preventing, reducing, or delaying needs from developing or escalating. Care Act Assessments are used to assess needs for services such as care at home and accommodation-based services, talked about in more detail below. Social care can also offer direct payments for individuals and families to direct their own care and support.

There is also a Specialist Dementia Support Service which aims to:

- Support and maintain the health and wellbeing of carers and of people living with dementia
- Supporting carers to continue in their caring role
- Support people with dementia to remain living in the community
- Improve the knowledge, confidence, and skills of carers to make a positive difference in their lives and to the lives of those for whom they care
- Maximise the use of preventative community support services for carers.

Care At Home

- As dementia progresses, a person can require additional care and support to enable them to continue living at home. Good quality domiciliary care and access to community activity and engagement are essential for the person's independence, as well as reducing isolation and hospital admissions and preventing or delaying permanent admissions into care homes.
  Barnet has good quality domiciliary agencies that support in meeting the needs of residents who need care and support.

[6] Dementia Profile - OHID (phe.org.uk)

- Care technology can be instrumental in helping people continue living well with dementia. Often as dementia progresses, an intervention such as a personal alarm, 24-hour personal emergency monitoring service or a GPS watch can help the person with dementia maintain their independence whilst giving the carer or family members confidence that they will be alerted if necessary.

- Residents can also access equipment to improve the home environment, such as toilet seat raisers, kitchen aids, talking clocks and grab rails, or be supported with major structural alterations such as level access showers or ramps.

Housing and Accommodation-based Services

- Accommodation providers play a key role in making Barnet a Dementia Friendly Community, one that is safe and enabling for those living with dementia and their families.
  Suitable housing is necessary for the changing needs of those living with dementia, and Barnet is working to develop new models of accommodation and support, ensuring that there is sufficient and diverse housing and support provided to meet the needs of adults with dementia.

- Extra care housing is one of those options for people living with dementia who want to continue living on their own with the comfort of knowing that there is the security of staff at hand. A new Council-owned 53-unit extra care scheme, Ansell Court, opened in early 2019. This scheme has been designed to focus on the needs of people with dementia to meet the growing demand for services. Sites for two more extra care schemes have been identified, and construction is underway, providing a further 125 properties. These are Stagg/Atholl House in Burnt Oak, which is due to open in early 2023, and Cheshire House in Hendon, due to open in 2024

- It is estimated that 70% of people with dementia may eventually require long-term residential care. Barnet has a significant number of care homes, but a growing need has been identified for care homes that can provide complex care for conditions such as dementia, particularly where people have complex behavioural needs.

- A dedicated Care Home Support Team has been piloted in early 2023 to increase the mental health support available to homes as part of plans to expand complex care provision. At time of writing, initial outcomes are positive and further review is needed to inform future commissioning intentions.

- Positively, the graph below shows that 83.9% of residential and nursing home beds in Barnet suitable for older dementia patients (aged 65+), were rated as "Good" or "Outstanding" by the Care Quality Commission in 2020. This was significantly higher than England's 74.1% and statistical neighbours' average of 76.7%.

% of residential care and nursing home beds for people aged 65+ with a CQC rating of good or outstanding, 2020

Area	Value	Lower CI	Upper CI
England	74.1	74.0	74.3
Neighbours average	76.7*	76.1	77.4
Harrow	97.8	96.6	98.6
Richmond upon Thames	95.9	94.0	97.2
Kingston upon Thames	91.6	89.7	93.3
Merton	89.6	87.0	91.7
Redbridge	88.7	86.3	90.7
Wandsworth	86.0	83.9	87.8
Barnet	83.9	82.2	85.5
Bromley	82.1	79.7	84.3
Croydon	77.3	75.3	79.1
Hounslow	74.2	70.4	77.7
Brent	71.9	68.5	75.1
Enfield	71.6	69.1	74.1
Sutton	70.3	67.3	73.2
Hillingdon	63.0	60.2	65.7
Ealing	55.2	52.2	58.1
Bexley	47.5	44.7	50.3

Source: Care Quality Commission

- Unfortunately, since 2017 Barnet's bed capacity per 100 persons registered with dementia (aged 65 +) has reduced from 70% to 67.7%.in 2020. This is significantly higher than London 51.9% but lower than England 75.3%:

4. Living Well

People with dementia can live normally in safe and accepting communities.

Dementia-Friendly Barnet

Barnet is committed to creating a sustainable dementia-friendly community and has formed the Dementia Friendly Partnership Barnet, whose primary purpose is to work collaboratively to ensure that people living with dementia are understood, respected, and supported.

A Dementia Friendly Community is a place where people living with dementia are understood, respected, and supported; an environment where people living with dementia will be confident that they can contribute to community life.

The Dementia Friendly Barnet Partnership is formed of over 40 local organisations with a joint leadership where the CEO of Barnet Carers and the CEO of Age UK Barnet, UK are driving the work forward alongside Public Health.
There is a straightforward programme of action, including working with local organisations, businesses, culture venues, leisure centres, faith groups, and residents to share responsibility in helping people with dementia (PLWD) to live independently and safely in Barnet. It will also tackle stigma, promote opportunities for people with dementia and their carers to live well and raise awareness of the importance of planning end-of-life in advance.

The Dementia Friendly Barnet Partnership is formed of over 40 local organisations and has a programme of action that includes working with local organisations, businesses, culture venues, leisure centres, faith groups, and residents to share responsibility in helping people living with dementia feel supported, respected and empowered by their local community.
The partnership successfully applied to the Alzheimer's Society to gain recognition as a borough working towards becoming dementia friendly – this was accepted in October 2022**.**
The partnership is also expanding the local training offer to increase the number of Dementia Friends in Barnet (currently over 12,000) who have a key role in raising awareness and creating a safe community for people living with dementia.

The partnership has successfully gained "Working to become Dementia Friendly" status through Alzheimer's Society in October 2022**.** The following venues are accredited as Dementia Friendly Venues through The Mayor of London scheme for public spaces. They are:

- Royal Air Force Museum
- Arts Depot
- Copthall Leisure Centre

- Colindale Community Trust

Currently, there are 12,295 Dementia Friends in Barnet, and the partnership plans to recruit an additional 1,000; this will help in raising awareness of dementia as well as creating a safe community for people living with dementia.

We also have dementia-friendly swimming in Barnet, where a fully qualified swimming teacher leads swimming sessions to support individuals living with dementia to enhance their psychological and cognitive well-being. The initial 8-week swimming sessions were funded by Swim England and the London Marathon Charitable Trust and supported by Dementia Club UK. These will be sustained as part of the centre's programme and run each week at the Lido Leisure Centre and are free for people living with dementia and their carers.

Coordinated Care

- **Social prescribers** provide information and support to patients with social and economic issues that affect their health and well-being for adults over 18, are registered with a GP and have consented to the referral. This service is currently provided by Age UK Barnet and has helped people living with dementia and their carers access local well-being services.
- **Prevention and wellbeing coordinators** support adults with disabilities, mental health illness, older people and their families and carers to remain independent and maximise their wellbeing. Access to the coordinators is via adult social care.
- **Dementia advisers** provide information and advice to help people diagnosed with dementia find the right support for them. Information is provided on all aspects of living with dementia, and signposting and support in accessing local services. The service is currently commissioned from Age UK.
  The following table shows the number of referrals to the service, those accessing the service and those receiving one-to-one support:

Dementia Advisor Service April 2018 – April 2022

	Year End March 2018	Year End March 2019	Year End March 2020	Year End March 2021	Year End March 2022	Total
Referrals received	561	962	853	332	770	3,478
No accessing service	561	962	853	332	770	3,075
No receiving 121 support	402	not reported	450	326	589	1,767

Leisure and Social Inclusion

- AgeUK Barnet is currently commissioned to deliver the **living well service** to provide day opportunities for people with mild to moderate dementia across two sites in the borough, one at the Ann Owen Centre in East Finchley and the other in Hendon. It offers a range of cognitive, physical, and social activities for people with dementia in a safe and welcoming environment with trained staff and volunteers. Individuals are encouraged and

supported to maintain their skills and remain a part of their communities.
AgeUK Barnet has teamed up with Barnet Carers Centre to offer a support group for those caring for someone living with dementia. A chance to meet others, share tips, and gain information about the condition and the services available in the area.

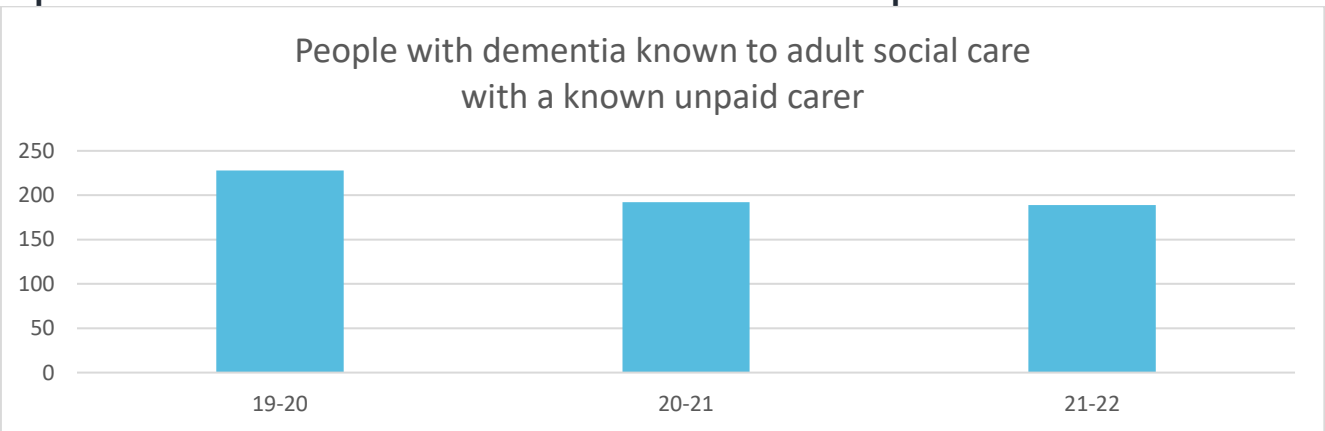
- AgeUK Barnet also runs a **Dementia café** that serves both people living with dementia and their carers. The cafe is an informal social point at which people living with dementia and their carers can come together, share views, obtain mutual support, gather information, and participate in arts and crafts activities.
- **Dementia Club UK** also welcomes people living with dementia alongside their carers, friends, and families to attend their clubs which can be found dotted around Barnet. They provide people with another lifeline, giving care and support, professional advice, fun daily activities, and above all, hope.

Support for Unpaid Carers

Support for carers of people living with dementia is an increasingly important part of the offer. Ensuring that carers are supported and valued in their role enables them to continue providing support, preventing hospital admissions, and prolonging the time that people can remain living independently in their homes.

As per the graph below, the number of people caring for people living with dementia known to adult social care has been falling over the last few years. Given that the number of people diagnosed with dementia is increasing, these figures are likely to be underrepresenting carers of people with dementia.

People with dementia known to adult social care with a known unpaid carer



Source: Adult Social Care data BIP team.

The current commissioned provider for carers, Barnet Carers Centre, provides support for carers of those living with dementia. This includes offers personalised support, training, and facilitation of peer groups and networks. Dementia-specific programmes for carers aim to provide them with the skills required to carry out their caring role. More information about the support available to carers is outlined in the Barnet Carers and Young Carers Strategy 2023-2028.

5. Dying Well

People living with dementia die with dignity in the place of their choosing.

What is already happening in Barnet?

In Barnet, GPs are given the training to enable them to have difficult conversations about dying. Our later life planning service, currently run by Age UK Barnet also provides information and advice around those crucial decisions, from legal matters and ensuring that Power of Attorney arrangements are in place, to knowing that each choice matters.
Planning ensures that individuals have identified advocates who can support them with their plans when the time comes and ensure that their wishes are considered.

The data below shows the place of death of people aged 65+ with dementia. Barnet vs. London and England, 2016-2019.

	Barnet	London average	England average
Care home	48.9%	43.6%	58.4%
Own home	15.7%	15.8%	11.2%
Hospital	32.8%	28.7%	38.4%

Source: Dementia Profile - OHID (phe.org.uk)

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	Adults and Safeguarding Committee **Monday 13 March 2023**
Title	**Adult Social Care Debt Management & Recovery Policy**
Report of	Councillor Paul Edwards - Chair of the Adults and Safeguarding Committee
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix A – EqIA Appendix B – Summary results of the ASC Debt Management and Recovery Consultation Appendix C – ASC Debt Management and Recovery Policy
Officer Contact Details	Courtney Davis Assistant Director Communities and Performance Courtney.Davis@barnet.gov.uk

Summary

Councils are permitted under section 14 of the Care Act 2014 to charge for the costs they incur in meeting care and support needs under the Act. The Care Act 2014 states that a financial assessment of the person's resources must be undertaken to determine what they can afford to contribute towards the cost of their care. The financial assessment determines the person's ability to pay; that is, whether they will be required to pay all, part of, or nothing towards the cost of care and support.

As set out in the Council's debt management policy – "The Council has a statutory and fiduciary responsibility to protect public funds for the benefit of all who live and work in the borough." Whilst the majority of social care charges are paid on time, the Council has a duty to ensure that all revenue owed to the council is collected promptly and effectively.

The Adult Social Care (ASC) debt policy is established in conjunction with the Council's overarching debt management policy. The purpose of the policy is to set out a clear, consistent and proportionate approach to the collection and recovery of Adult Social Care debt. The policy has been subject to a public consultation. The feedback is summarised below with full consultation findings, equalities impact assessment and the final policy attached.

This report asks the Adults and Safeguarding Committee to approve the adult social care debt management and recovery policy.

Officers Recommendations

1.That the Adults and Safeguarding Committee considers and approves the Adult Social Care Debt Management and Recovery Policy (Appendix C).
2. That the Adults and Safeguarding Committee consider and note the results of the public consultation and equalities impact assessment (Appendix A and B).

1. Why this report is needed.

1.1 The Care Act 2014 introduced a legal framework for the recovery of any debts that may have accrued as a result of the Council meeting a person's eligible care and support needs.

1.2 The recovery of debts from those who are receiving care and support is a sensitive issue given the nature of the individuals in need of care and support, and the Council's responsibility to meet eligible care and support needs as set out within the Care Act.

1.3 The ASC Debt Management and Recovery Policy sets out best practice and includes guidance to ensure that Barnet Council has a transparent, consistent, and proportionate approach to recovery of monies owed to the council, which takes into consideration the needs and circumstances of the individual and does not cause hardship because of any recovery actions.

1.4 The policy sets out how adult social care debt will be managed, ensuring staff and individuals who draw on care and support are clear on the approach to debt recovery.

1.5 The report includes a summary of the 14-week consultation process that was undertaken regarding the proposed policy, along with an equalities impact assessment.

2. Reasons for recommendations

2.1 The policy will support the Council to achieve the following objectives and provide a clear and transparent approach for residents.

2.2 To ensure that the ASC debt recovery policy is effective, transparent and proportionate and that practice follows guidelines as defined within the Care Act 2014 and that internal procedures are aligned to this.

2.3 To ensure the Council achieves value for money in its debt collection arrangements and to enable individuals to be aware of the processes involved when collecting unpaid debt.

2.4 To prevent debt and arrears; by prompt notification of charges, billing, and collection of money due with affordable repayment plans and early intervention when a customer is in arrears.

2.5 To ensure people in genuine financial difficulty are supported to claim any benefits they are entitled to and are given fair opportunity to pay any amounts they are liable for.

2.6 To ensure the Council supports vulnerable people to manage their financial affairs effectively, including the payment of debt.

3. Alternative options considered and not recommended.

3.1 The only other option was to continue to use the council's overarching debt policy. However, given the amount of care contribution debt owed to the council, it was determined that the development and publication of an additional and specific ASC debt policy would be beneficial to ensure a consistent, transparent and fair approach to recovery of monies owed to the council.

4. Post decision implementation

4.1 The policy will be published on the council's website along with other ASC policies. Officers will proceed with appropriate debt management and recovery actions following the ASC Debt Management and recovery policy.

5. Implications of decision

5.1 Corporate Priorities and Performance

5.1.1 The adoption of the ASC Debt Management and Recovery Policy will support the achievement of the corporate plan theme of being an engaged and effective Council that is financially responsible.

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

5.2.1 The implementation of the policy will provide an effective framework for the council to collect debts owed, increasing income due and reducing the need for inflated bad debt provisions.

5.3 Legal and constitutional references

5.3.1 According to the Council's Constitution, Article 7, policies are approved by Theme Committees, and then reported to Policy and Resources Committee for noting. The terms of reference of the Adults and Safeguarding Committee including the following responsibilities:

- Responsibility for all matters relating to vulnerable adults, adult social care and leisure services.

- 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.

- To submit to the Policy and Resources Committee proposals relating to the Committee's budget (including fees and charges) for the following year in accordance with the budget timetable.

- 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.

- To receive reports on relevant performance information under the remit of the Committee.

5.3.2 Sections 14 and 17 of the Care Act 2014 provide a single legal framework for charging in relation to care and support provided by Local Authorities.

5.3.3 A financial assessment must be carried out to determine how much (if any) financial support a person or carer may be entitled to from the Local Authority.

5.3.4 All financial assessments must be completed following the detailed guidance set out in The Care and Support (Charging and Assessment of Resources) Regulations 2014.

5.3.5 The council's local charging policies for Fairer Contributions, are used to assess contributions towards the cost of care.

5.3.6 The policy refers to an assessment of capacity at the time of assessment and the Statutory Guidance (the Care and Support Guidance) provides that local authorities should work with someone who has the legal authority to make financial decisions on behalf of a person who lacks capacity. If there is no such person, then an approach to the Court of Protection is required. The Court can act to appoint a Deputy or grant a lasting Power of Attorney in respect of the person's financial and property affairs.

5.4 **Social Value**

5.4.1 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.

5.5 **Risk Management**

5.5.1 Whilst majority of the income due is paid on time, the Council has a duty to ensure that all revenue owed to the council is collected promptly and effectively as the council has a duty of care to all taxpayers. If the council does not manage care contributions and collection effectively, it will need to increase its bad debt provision year on year.

5.5.2 All risks associated with the implementation of this policy will be managed in accordance with the council's risk management framework.

5.6 Equalities and Diversity

5.6.1 Equality and diversity issues are a mandatory consideration in the decision making of the council.

5.6.2 Equality and diversity issues are a mandatory consideration in the decision-making of the council. The Equality Act 2010 and the Public-Sector Equality Duty require elected Members to satisfy themselves that equality considerations are integrated into day-to-day business and that all proposals emerging from the business planning process have taken into consideration the impact, if any, on any protected group and what mitigating factors can be put in place.

5.6.3 A public authority must, in the exercise of its functions, have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard.
- Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic.
- Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it.
- Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
- The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

5.6.4 Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

- Tackle prejudice and
- Promote understanding.

5.6.5 Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act. The relevant protected characteristics are:

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation
- Marriage and Civil partnership

5.6.6 The council has conducted an equalities impact assessment (EQIA) to ensure that where current and future individuals are impacted, proper measures are considered to minimise the effect as far as possible.

5.6.7 The EQIA found that the proposal could have a minor negative impact on older people, people with disabilities and women. This is because these groups are overrepresented in the group of people who draw on adult social care compared to the general population. There should be no negative impact on service delivery but there could be some minor impact on customer satisfaction.

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 direct implications arising from this report.

5.8 Consultation and Engagement

5.8.1 The consultation on the Adult Social Care Debt Recovery Policy began on 1 October 2022 and concluded 31 January 2023.

5.8.2 The general consultation consisted of an online questionnaire published on engage Barnet together with a summary consultation document which provided background information.

5.8.3 Paper copies and an easy-read version of the consultation were also made available on request.

5.8.4 The consultation was widely promoted via the council's residents' magazine (Barnet First delivered to all households), the council resident's newsletter, the council's website, local press, Twitter, and Facebook.

5.8.5 Two focus groups were also setup and residents were invited to take part, however, due to lack of interest, this was later cancelled.

5.8.6 A total of 104 questionnaires were completed and 15 written responses submitted.

5.8.7 The summary feedback from the consultation is summarised below. An Appendix including all feedback is also attached.

5.8.8 Views on the overall satisfaction with the debt recovery process, this was for individuals who have experience with the existing debt recovery process.

5.8.8.1 Only 6 responded to this question, with 98 skipping to the next question. 2 respondents were satisfied with the process, 1 respondent was dissatisfied, 1 respondent was neither dissatisfied nor dissatisfied and 2 respondents were not sure.

5.8.9 Proposal 1: Councils approach to invoicing and communication, our approach to collecting charges and what happens if payments are not met.

5.8.9.1 Only 2 responded to this question with unsure, 102 skipping to next question.

5.8.10 Proposal 2: Our approach to direct debits as a preferred method for payment.

5.8.10.1 There were 89 responses to this question, with 15 skipping to the next question. Overall, more respondents supported direct debits as the means to pay care charges than not. 21% strongly supported the proposal, 19% tended to support, 17% neither supported nor opposed, 20% tended to oppose, 11% strongly opposed and 9% were not sure.

5.8.11 Proposal 3: Nominated person and request for Power of Attorney documents, where the individual wants a nominated person to manage finances on their behalf.

5.8.11.1 Only 88 responded to this question with 16 skipping to next question. Overall, a majority of responses supported the proposal. 25% strongly supported the proposal, 36% tended to support, 18% neither supported nor opposed, 10% tended to oppose, 6% strongly opposed and 5% were not sure.

5.8.12 Proposal 4: Where a nominated person fails to make three consecutive invoice payments, the Council will address the invoices back to the person drawing on care and support.

5.8.12.1 Only 85 responded to this question with 19 skipping to next question. Overall, a majority supported this proposal, 31% strongly supported the proposal, 34% tended to support, 14% neither supported nor opposed, 13% tended to oppose, 8% strongly opposed and 5% were not sure.

5.8.13 Proposal 5: When a person with Appointeeship/Deputyship or Power of Attorney fails to keep up with payments, the Council will lodge a complaint with the Department of Work and Pensions and/or Court of Protection.

5.8.13.1 Only 48 responded to this question with 56 skipping to next question. Overall, there was majority support for this proposal, 23% strongly supported the proposal, 31% tended to support, 19% neither supported nor opposed, 15% tended to oppose, 15% strongly opposed and 13% were not sure.

5.8.14 Proposal 6: Legal Proceedings and Enforcement

5.8.14.1 Only 48 responded to this question with 56 skipping to next question. Responses were mixed towards this proposal, 17% strongly supported the proposal, 27% tended to support, 17% neither supported nor opposed, 23% tended to oppose, 10% strongly opposed and 6% were not sure.

5.9 **Environment Impact**

5.9.1 None in the context of this report

6. Background papers

6.1 None.

APPENDIX A

Equalities Impact Assessment (EqIA)

EqIAs make services better for everyone and support value for money by getting services right first time.

EqIAs enable us to consider all the information about a service, policy or strategy from an equalities perspective and then create an action plan to get the best outcomes for service users and staff[1].They analyse how all our work as a council might impact differently on different groups protected from discrimination by the Equality Act 2010[2]. They help us make good decisions and evidence how we have reached them.[3]

An EqIA needs to be started as a project starts to identify and consider possible differential impacts on people and their lives, inform project planning and, where appropriate, identify mitigating actions. A full EqIA must be completed before any decisions are made or policy agreed so that the EqIA informs that decision or policy. It is also a live document; you should review and update it along with your project plan throughout.

You should first consider whether you need to complete this full EqIA[4].

Other key points to note:

- Full guidance notes to help you are embedded in this form – see the End Notes or hover the mouse over the numbered notes.
- Please share your EqIA with your Equalities Champion and the final/updated version at the end of the project.
- Major EqIAs should be reviewed by the relevant Head of Service.
- Examples of completed EqIAs can be found on the Equalities Hub

1. Responsibility for the EqIA	
Title of proposal[5]	Adult Social Care Debt Recovery
Name and job title of completing officer	Akbar Ali, Customer Finance Project Manager
Head of service area responsible	Sam Jacobson
Equalities Champion supporting the EqIA	Ella Goschalk
Performance Management rep	
HR rep (for employment related issues)	
Representative (s) from external stakeholders	Paresh Mehta

2. Description of proposal	
Is this a: (Please tick all that apply) New policy / procedure ☒	 ASC Debt Project/ ASC Policy ☒
Budget Saving ☐ If budget saving please specify value below:	Other ☐ If other please specify below:
Provisions of a legal framework for ALL debt recovery already exist under the Council Debt Management Policy, to enable legal enforcement (where necessary and appropriate) to recover debts. Over the last 5 years, private client debt has increased significantly, and at present the council does not have a dedicated policy framework for the management of adult social care debt. This proposal is for a high-level Policy statement for how adults social care debt will be managed and recovered, ensuring staff and customers are clear how LBB take a fair and effective approach to the recovery of the monies owed to the council for the provisions of adult social care services. This policy sets out to formalise	

best practice and includes guidance to ensure that we have a transparent, consistent, and proportionate approach to recovery of monies owed to the council. Taking into consideration the vulnerability of the customers and not causing any undue hardship because of any recovery actions.

The ASC Debt Recovery Policy will complement Councils existing policies, including:

1. Corporate Debt Policy
2. The Income Collections and Debt Management Guidance
3. The Fairer Contribution Policy
4. Paying for Residential Care Guidance
5. LBB Deferred Payment Scheme

The Council charges customers for a range of adult social care services in accordance with statutory requirements and local charging policies.

Whilst majority of the income due is paid on time, the Council has a duty to ensure that all revenue owed to the council is collected promptly and effectively as the council has a duty of care to all taxpayers.

All debtors are treated equally, with collection done quickly and economically, considering the financial circumstances and mental capacity of the customer.

A coordinated approach to manging debt across the different services within the council.

Prevention of debt and arrears by prompt notification of charges, billing and collection of money due and affordable repayment plans and early intervention when a customer is in arrears. This begins with setting up direct debit for ALL ongoing care charges, where unofficial representatives have failed to honour and keep up with repayment, relevant teams engage with the customer to ensure arrears are dealt with quickly and fairly.

Ensuring that the principles of protecting the rights of vulnerable customers underpin all actions, appropriate support is given, and personal circumstances taken into consideration. Where there are issue of financial mismanagement or exploitation, appropriate investigations are carried out under the Councils Safeguarding Policy or the criminal justice system.

Implementing the policy will mitigate the risk of non-recovery of current and new adult social care debt by ensuring there is a common understanding of our approach to debt collection.

3. Supporting evidence **What existing data informs your assessment of the impact of the proposal on protected groups of service users and/or staff?** *Identify the main sources of evidence, both quantitative and qualitative, that supports your analysis*		
Protected group	**What does the data tell you[6]?** *Provide a summary of any relevant demographic data about the borough's population from the Joint Strategic Needs Assessment, or data about the council's workforce*	**What do people tell you [7]?** *Provide a summary of relevant consultation and engagement including surveys and other research with stakeholders, newspaper articles correspondence etc.*

Age[8]

Service Group

Current LBB adults in receipt of adult social care support who have been invoiced in the last year 2020/2021 by service group and age profile.

Row Labels	Count of Client Name	Age Range	Count of Client	Percentage
Learning Disability Support	332	18-30	64	19%
		31-50	115	35%
		51-64	91	27%
		65+	62	18%
Mental Health Support	203	18-30	12	6%
		31-50	37	18%
		51-64	46	23%
		65+	108	53%
Physical Support	984	18-30	5	0.5%
		31-50	34	3%
		51-64	100	10%
		65+	845	86%
Sensory Support	36	18-30	1	3%
		31-50	3	8%
		51-64	2	6%
		65+	31	86%
Social Support	27	18-30	0	0%
		31-50	2	10%
		51-64	5	23%
		65+	20	95%
Support with memory and cognition	324	18-30	1	0.3%
		31-50	2	0.6%
		51-64	7	2%
		65+	313	97%
Grand Total	1906		1906	

The largest single cohort of adults who are invoiced to pay a contribution towards their care cost who may also have a debt were 65+. The second largest was 51-64 age range.

In response to the consultation finding (Consultation ran from 1 Oct 22 – 31 Jan 23)

Majority of the respondents were between 55-75+

Age	No. Response
35-44	5
45-54	14
55-64	15
65-74	15
75+	14

Views on overall approach to invoicing and communication

Note, only 2 responded to this question with 102 skipping to next question.

All respondents (2 out of 2 respondents) were not sure / didn't know.

Views on paying all charges via Direct debit.

Only 89 responded to this question with 15 skipping to next question.

A quarter of respondents (24%, 21 of 89 respondents) strongly agreed with direct debits.

		Just under a quarter (19%, 17 of 89 respondents) tend to support direct debits. A minority (17%, 15 of 89 respondents) neither support nor oppose direct debits. Under a quarter (20%, 18 of 89) tended to oppose direct debit. A smaller minority (11%, 10 of 89) strongly opposed direct debits. Even smaller minority (9%, 8 of 89) were not sure or didn't know. **Views on nominated person and request for Power of Attorney** Only 88 responded to this question with 16 skipping to next question**.** A quarter of respondents (25%, 22 of 88 respondents) strongly supported this approach. Over a third of respondents (36%, 32 of 88 respondents) tended to support this approach. Less than a quarter (18%, 16 of 88 respondents) neither supported nor opposed this approach. A minority (10%, 9 of 88 respondents) opposed this approach. A smaller minority (6%, 5 of 88 respondents) strongly opposed.

		Just 5% (4 of 88 respondents) did not know or were not sure. **Views on Nominated person failure to make regular payments.** Only 85 responded to this question with 19 skipping to next question**.** A third of respondents (31%, 26 of 85 respondents) strongly supported this approach. A third of respondents (34%, 29 of 85 respondents) tended to support the approach. A minority (14%, 12 of 85 respondents) neither supported nor opposed this approach. A smaller minority (13%, 11 of 85 respondents) strongly opposed or tended to oppose this approach. 8% (7 of 85 respondents) did not know or was unsure. **Views on manging financial affairs as an Appointeeship/Deputyship or Power of Attorney.** Only 48 responded to this question with 56 skipping to next question. Under a quarter (23%, 11 of 48 respondents) strongly agree with this approach.

		A third of respondents (31%, 15 of 48 respondents) tended to support this approach. 19% (9 out of 48 respondents) neither supported nor opposed this approach. A minority (15%, 7 of 48 respondents) strongly opposed or tended to oppose this approach. 13% (6 of 48 respondents) were not sure or did not know. **Views on Legal Proceedings** Only 48 responded to this question with 56 skipping to next question. Just over a quarter (27%, 13 of 48 respondents) tended to agree with our approach to legal proceedings. a minority 17% (8 of 48 respondents) strongly support this approach. A similar minority (17%, 8 of 48 respondents) neither supported nor opposed this approach. Just under a quarter (23%, 11 of 48 respondents) tended to oppose this approach. A small minority (10%, 5 of 48 respondents) was strongly opposed to legal proceedings. 6% of respondents (3 of 48) were not sure or did not know.

Disability[9]

Current LBB adults in receipt of adult social care support who are invoiced for a care charge and who may have a debt will have some disability, as they are all receiving social care services. The largest cohort was with Physical Support, followed by Learning Disabilities and Support with memory and cognition.

Row Labels	Count of Client Name	Age Range	Count of Client	Percentage
Learning Disability Support	332	18-30	64	19%
		31-50	115	35%
		51-64	91	27%
		65+	62	18%
Mental Health Support	203	18-30	12	6%
		31-50	37	18%
		51-64	46	23%
		65+	108	53%
Physical Support	984	18-30	5	0.5%
		31-50	34	3%
		51-64	100	10%
		65+	845	86%
Sensory Support	36	18-30	1	3%
		31-50	3	8%
		51-64	2	6%
		65+	31	86%
Social Support	27	18-30	0	0%
		31-50	2	10%
		51-64	5	23%
		65+	20	95%
Support with memory and cognition	324	18-30	1	0.3%
		31-50	2	0.6%
		51-64	7	2%
		65+	313	97%
Grand Total	1906		1906	

Majority of the respondents had some disabilities.

Disability	No. Responses
Yes	37
No	29

Gender reassignment[10]

Data not held

Marriage and Civil Partnership[11]

Data not held

Pregnancy and Maternity[12]

Data not held

<table>
<tr>
<td>Race/ Ethnicity[13]</td>
<td>Current LBB adults in receipt of adult social care support who are invoiced for a care charge and who may have a debt by Ethnic Group:

<table>
<tr><th>Row Labels</th><th>Count of Client Name</th><th>Percentage</th></tr>
<tr><td>Asian/Asian British</td><td>243</td><td>13%</td></tr>
<tr><td>Black/Black British</td><td>152</td><td>8%</td></tr>
<tr><td>Chinese</td><td>12</td><td>0.6%</td></tr>
<tr><td>Mixed/Multiple ethnic groups</td><td>35</td><td>2%</td></tr>
<tr><td>Not Stated</td><td>31</td><td>2%</td></tr>
<tr><td>Other Ethnic Groups</td><td>95</td><td>5%</td></tr>
<tr><td>White</td><td>1338</td><td>70%</td></tr>
<tr><td>Grand Total</td><td>1906</td><td>100%</td></tr>
</table>
</td>
<td>
<table>
<tr><th>Ethnicity</th><th>No. Responses</th></tr>
<tr><td>Asian</td><td>7</td></tr>
<tr><td>Black</td><td>2</td></tr>
<tr><td>Mixed Ethnicity</td><td>2</td></tr>
<tr><td>Other</td><td>7</td></tr>
<tr><td>White</td><td>46</td></tr>
</table>

Majority of the respondent were of white background, with small numbers from other ethnicities.
</td>
</tr>
<tr>
<td>Religion or belief[14]</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Sex[15]</td>
<td>Current LBB adults in receipt of adult social care support who are invoiced for a care charge and who may have a debt by Gender:

<table>
<tr><th>Gender</th><th>Count of Clients</th><th>Percentage</th></tr>
<tr><td>M</td><td>815</td><td>43%</td></tr>
<tr><td>F</td><td>1091</td><td>57%</td></tr>
<tr><td>Total</td><td>1906</td><td>100%</td></tr>
</table>

There is a higher number of Females represented in this cohort.
</td>
<td>
<table>
<tr><th>Gender</th><th>No. Responses</th></tr>
<tr><td>M</td><td>32</td></tr>
<tr><td>F</td><td>33</td></tr>
</table>

There was about a 50/50 split of respondents.
</td>
</tr>
<tr>
<td>Sexual Orientation[16]</td>
<td>Data not held</td>
<td></td>
</tr>
<tr>
<td>Other relevant groups[17]</td>
<td>None</td>
<td></td>
</tr>
</table>

4. Assessing impact

What does the evidence tell you about the impact your proposal may have on groups with protected characteristics [18]?

Protected characteristic	For **each** protected characteristic, explain in detail what the evidence is suggesting and the impact of your proposal (if any). Is there an impact on service deliver? Is there an impact on customer satisfaction? Click the appropriate box on the right to indicate the outcome of your analysis.	Positive impact	Negative impact		No impact
			Minor	Major	
Age	Adults of all ages may have some minor impact by this proposal, although based on the current demographic of adults, it is likely that this will affect a disproportionate number of 65+ Adults. This is not expected to have a negative impact on service delivery but may impact on customer satisfaction. Older adults, particularly frail people receiving care services can find financial transactions and communication difficult and may not act on them appropriately, causing potential financial difficulties. Older adults sometimes have a legal representative (POA/LPOA, Appointeeship / Deputyship) or unofficial person helping them manage their financial affairs. The Care Act 2014, set out how LA can charge for the cost incurred in meeting social care and support needs. It sets out a framework when not to make a charge and that a financial assessment of the person's resources must be undertaken to determine what they can afford to contribute towards the cost of their care. It sets out the detail with regards to financial assessments and how to calculate what a person can afford. Evidence has shown that the main reason why older adults have ended up in debt, was not because of their vulnerability or their ability/affordability to pay, but because their financial representative had chosen not to pay. This policy goes some way to mitigate against this risk. Where a representative fails to make three consecutive payments, the invoice would be readdressed back to the service user and an officer will make contact to establish the best way forward. This will include, where necessary a Mental Capacity Assessment and exploration of other formal route to managing service user's financial affair. The Adult Social Care debt recovery Policy sets out a Multi-Disciplinary Team Panel that looks at individual cases, the ability and personal circumstances of each individual to pay. Each adult in receipt of adult social care support will have their case individually reviewed and decision made based on ALL evidence available.	☐	☒	☐	☐
	Not expected to have a negative impact on service delivery but may impact on customer satisfaction.				

	not to make a charge and that a financial assessment of the person's resources must be undertaken to determine what they can afford to contribute towards the cost of their care. It sets out the detail with regards to financial assessments and how to calculate what a person can afford. We have evidence that highlights the main reason why disabled adults have ended up in debt, was not because of their vulnerability or their ability/affordability to pay, but rather their financial representative had chosen not to pay. Where a representative fails to make three consecutive payments, the invoice would be readdressed back to the service user and an officer will make contact to establish the best way forward. This will include, where necessary an MCA and exploration of other formal route to managing service user's financial affair. As part of the ASC debt recovery Policy, we have set out an MDT Panel that looks at individual cases, and the ability and personal circumstances of everyone to pay. Each service user will have their case individually reviewed and decision made based on ALL evidence available.				
Gender reassignment	No comprehensive data available. No evidence to indicate that this proposal will have a disproportionate impact on this group of people.	☐	☐	☐	☒
Marriage and Civil Partnership	No comprehensive data available. No evidence to indicate that this proposal will have a disproportionate impact on this group of people.	☐	☐	☐	☒
Pregnancy and Maternity	No comprehensive data available. No evidence to indicate that this proposal will have a disproportionate impact on this group of people.	☐	☐	☐	☒
Race/ Ethnicity	**36.6%** of people accessing Adult Social Care identify as Black, Asian or Minority Ethnic. This compares to **42.3%** of the overall (all age) Barnet population. Therefore, people identifying as Black, Asian or Minority Ethnic are underrepresented in ASC services as compared to the overall (all age) Barnet population. This proposal will impact adults who are accessing ASC services and	☐	☐	☐	☒

	may disproportionately impact on people who do not identify as Black, Asian or Minority Ethnic.				
Religion or belief	We do not report on service users' religion or beliefs, and there is no reason to suspect that this group will have a disproportionate number of people with this characteristic.	☐	☐	☐	☒
Sex	Adults identifying as male and female may be impacted by this proposal, however there is a greater proportion of females in this cohort. This proposal will not have a negative impact on service delivery for this group but may impact on customer satisfaction.	☒	☐	☐	☐
Sexual Orientation	No comprehensive data available. No evidence to indicate that this proposal will have a disproportionate impact on this group of people.	☐	☐	☐	☒

5. Other key groups **Are there any other vulnerable groups that might be affected by the proposal?** ***These could include carers, people in receipt of care, lone parents, people with low incomes or unemployed***		Positive impact	Negative impact		No impact
			Minor	Major	
Key groups	None	☐	☐	☐	☒

6. Cumulative impact[19]

Considering what else is happening within the council and Barnet could your proposal contribute to a cumulative impact on groups with protected characteristics?

☒ Yes **No ☐**

This proposal could have a minor impact on older adults, some disabled adults and women. As we are dealing with debt and payments of outstanding care charges, there should be no negative impact on service delivery but could have a minor negative impact on customer satisfaction.

These impacts will be mitigated by:

- Early engagement with customers who draw on care and support, via social care professional and hospital teams to ensure people are made aware that Adults Social Care is a chargeable service.
- Making customers and/or their financial representatives aware of LBB Appointeeship/Deputy service to help manage financial affairs and reduce the risk of debt.
- Customer Finance Team, when conducting the financial Assessments, engaging with the customers and/or their financial representative to inform of the charges and the need to set up direct debit to reduce the risk of debt.
- Customer Finance Team send appropriate and accessible communication with customers and /or financial representatives to help sigh post to other Council services (where appropriate)

The ASC debt recovery Multi-Disciplinary Team Panel, which has been set up to looks at individual cases, and to consider the ability and personal circumstances of everyone to pay. Each service user will have their case individually reviewed and decision made based on ALL evidence available.

7. Actions to mitigate or remove negative impact **Only complete this section if your proposals may have a negative impact on groups with protected characteristics. These need to be included in the relevant service plan for mainstreaming and performance management purposes.**					
Group affected	**Potential negative impact**	**Mitigation measures** [20] *If you are unable to identify measures to mitigate impact, please state so and provide a brief explanation.*	**Monitoring**[21] *How will you assess whether these measures are successfully mitigating the impact?*	**Deadline date**	**Lead Officer**
65+ Disability Female	Minor impact on customer satisfaction	Early engagement with adults and their financial representatives to educate and signpost with external agencies. This will start when a social care practitioner goes out to visit service users and conduct the Adults Assessments. Ensuring appropriate and accessible communication with people with additional communication needs. Where unofficial representative fails to make three consecutive payments, the invoice would be readdressed back to the service user and an LBB officer will make contact the Service User to establish the best way forward. This will include, where necessary, an MCA and exploration of other formal route to managing service user's financial affairs.	All debt cases are recorded on Mosaic via 'Debt Investigation workflow' and are subject to audit. We will continue to gather intelligence around the protected groups and any adverse impact and report to Project Board, Adults Leadership Group and Project Sponsor.	Ongoing	Courtney Davis

		All ASC debt recovery will go via MDT Panel that looks at individual cases, and the ability and personal circumstances of everyone to pay. Each service user will have their case individually reviewed and decision made based on ALL evidence available.			

8. Outcome of the Equalities Impact Assessment (EqIA) [22]

Please select one of the following four outcomes

☐ **Proceed with no changes**
The EqIA has not identified any potential for a disproportionate impact and all opportunities to advance equality of opportunity are being addressed

☒ **Proceed with adjustments**
Adjustments are required to mitigate negative impacts identified by the assessment. Please refer to section 6.

☐ **Negative impact but proceed anyway**
This EqIA has identified negative impacts that are not possible to mitigate. However, it is still reasonable to continue with the activity. Outline the reasons for this and the information used to reach this decision in the space below

☐ **Do not proceed**
This EqIA has identified negative impacts that cannot be mitigated, and it is not possible to continue. Outline the reasons for this and the information used to reach this decision in the space below

Reasons for decision

Overall, this EqIA suggests that while some people with protected characteristics will be disproportionately affected, on balance this will be a positive impact as social care needs will continue to be met while supporting the independence and recovery of these people.

Sign-off

9.Sign off and approval by Head of Service / Strategic lead[23]	
Name Courtney Davis	Job title Assistant Director of Communities and Performance
☒ Tick this box to indicate that you have approved this EqIA	Date of approval:
☐ Tick this box to indicate if EqIA has been published Date EqIA was published: Embed link to published EqIA:	Date of next review:

Footnotes: guidance for completing the EqIA template

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[1] The following principles explain what we must do to fulfil our duties under the Equality Act when considering any new policy or change to services. They must all be met or the EqIA (and any decision based on it) may be open to challenge:

- **Knowledge:** everyone working for the council must be aware of our equality duties and apply them appropriately
- **Timeliness:** the duty applies at the time of considering proposals and before a final decision is taken
- **Real Consideration:** the duty must be an integral and rigorous part of your decision-making and must influence the process.
- **Sufficient Information:** you must assess what information you have and what is needed to give proper consideration.
- **No delegation:** the council is responsible for ensuring that anyone who provides services on our behalf complies with the equality duty.
- **Review:** the equality duty is a continuing duty – it continues after proposals are implemented/reviewed.
- **Proper Record Keeping:** we must keep records of the process and the impacts identified.

[2] **Our duties under the Equality Act 2010**
The council has a legal duty under this Act to show that we have identified and considered the impact and potential impact of our activities on all people with 'protected characteristics' (see end notes 9-19 for details of the nine protected characteristics). This applies to policies, services (including commissioned services), and our employees.

We use this template to do this and evidence our consideration. You must give 'due regard' (pay conscious attention) to the need to:

- **Avoid, reduce or minimise negative impact**: if you identify unlawful discrimination, including victimisation and harassment, you must stop the action and take advice immediately.
- **Promote equality of opportunity**: by
  - Removing or minimising disadvantages suffered by people with a protected characteristic
  - Taking steps to meet the needs of these groups
  - Encouraging people with protected characteristics to participate in public life or any other activity where participation is disproportionately low
  - Consider if there is a need to treat disabled people differently, including more favourable treatment where necessary
- **Foster good relations between people who share a protected characteristic and those who don't**: e.g. by promoting understanding.

[3] **EqIAs should always be proportionate** to:

- The size of the service or scope of the policy/strategy
- The resources involved
- The size of the likely impact – e.g. the numbers of people affected and their vulnerability

The greater the potential adverse impact of the proposal on a protected group (e.g. disabled people) and the more vulnerable the group is, the more thorough and demanding the process required by the Act will be. Unless they contain sensitive data – EqIAs are public documents. They are published with Cabinet papers, Panel papers and public consultations. They are available on request.

[4] **When to complete an EqIA**:

- When developing a new policy, strategy, or service
- When reviewing an existing service, policy or strategy

- When making changes that will affect front-line services
- When amending budgets which may affect front-line services
- When changing the way services are funded and this may impact the quality of the service and who can access it
- When making a decision that could have a different impact on different groups of people
- When making staff redundant or changing their roles

Wherever possible, build the EqIA into your usual planning and review processes.

Also consider:

- Is the policy, decision or service likely to be relevant to any people because of their protected characteristics?
- How many people is it likely to affect?
- How significant are its impacts?
- Does it relate to an area where there are known inequalities?
- How vulnerable are the people who will be affected?

If there are potential impacts on people but you decide not to complete an EqIA you should document your reasons why.

[5] **Title of EqIA:** This should clearly explain what service / policy / strategy / change you are assessing.

[6] **Data & Information:** Your EqIA needs to be informed by data. You should consider the following:

- What data is relevant to the impact on protected groups is available? (is there an existing EqIA?, local service data, national data, community data, similar proposal in another local authority).
- What further evidence is needed and how can you get it? (e.g. further research or engagement with the affected groups).
- What do you know from service/local data about needs, access and outcomes? Focus on each characteristic in turn.
- What might any local demographic changes or trends mean for the service or function? Also consider national data if appropriate.
- Does data/monitoring show that any policies or practices create particular problems or difficulties for any group(s)?
- Is the service having a positive or negative effect on particular people or groups in the community?

[7] **What have people told you about the service, function, area?**

- Use service user feedback, complaints, audits
- Conduct specific consultation or engagement and use the results
- Are there patterns or differences in what people from different groups tell you?
- Remember, you must consult appropriately and in an inclusive way with those likely to be affected to fulfil the equality duty.
- You can read LBB Consultation and Engagement toolkit for full advice or contact the Consultation and Research Manager, rosie.evangelou@barnet.gov.uk for further advise

[8] **Age**: People of all ages, but consider in particular children and young people, older people and carers, looked after children and young people leaving care. Also consider working age people.

[9] **Disability**: When looking at disability, consideration should be given to people with different types of impairments: physical (including mobility), learning, aural or sensory (including hearing and vision impairment), visible and non-visible impairment. Consideration should also be given to: people with HIV, people with mental

health needs and people with drug and alcohol problems. People with conditions such as diabetes and cancer and some other health conditions also have protection under the Equality Act 2010.

[10] **Gender Reassignment:** In the Act, a transgender person is someone who proposes to, starts or has completed a process to change their gender. A person does not need to be under medical supervision to be protected. Consider transgender people, transsexual people and transvestites.

[11] **Marriage and Civil Partnership:** consider married people and civil partners.

[12] **Pregnancy and Maternity:** When looking at pregnancy and maternity, give consideration to pregnant women, breastfeeding mothers, part-time workers, women with caring responsibilities, women who are lone parents and parents on low incomes, women on maternity leave and 'keeping in touch' days.

[13] **Race/Ethnicity:** Apart from the common ethnic groups, consideration should also be given to Traveller communities, people of other nationalities outside Britain who reside here, refugees and asylum seekers and speakers of other languages.

[14] **Religion and Belief:** Religion includes any religion with a clear structure and belief system. As a minimum you should consider the most common religious groups (Christian, Muslim, Hindu, Jews, Sikh, Buddhist) and people with no religion or philosophical beliefs.

[15] **Sex/Gender:** Consider girls and women, boys and men, married people, civil partners, part-time workers, carers (both of children with disabilities and older cares), parents (mothers and fathers), in particular lone parents and parents on low incomes.

[16] **Sexual Orientation:** The Act protects bisexual, heterosexual, gay and lesbian people.

[17] **Other relevant groups:** You should consider the impact on our service users in other related areas.

[18] **Impact:** Your EqIA must consider fully and properly actual and potential impacts against each protected characteristic:

- The equality duty does not stop changes, but means we must fully consider and address the anticipated impacts on people.
- Be accurate and transparent, but also realistic: don't exaggerate speculative risks and negative impacts.
- Be detailed and specific where you can so decision-makers have a concrete sense of potential effects.
- Questions to ask when assessing whether and how the proposals impact on service users, staff and the wider community:
- Are one or more protected groups affected differently and/or disadvantaged? How, and to what extent?
- Is there evidence of higher/lower uptake of a service among different groups? Which, and to what extent?
- Does the project relate to an area with known inequalities (where national evidence or previous research is available)?
- If there are likely to be different impacts on different groups, is that consistent with the overall objective?
- If there is negative differential impact, how can you minimise that while taking into account your overall aims?
- Do the effects amount to unlawful discrimination? If so the plan **must** be modified.
- Does it relate to an area where equality objectives have been set by LBB in our Barnet 2024 Plan and our Strategic Equality Objective?

[19] **Cumulative Impact**
You will need to look at whether a single decision or series of decisions might have a greater negative impact on a specific group and at ways in which negative impacts across the council might be minimised or avoided.

[20] **Mitigating actions**

- Consider mitigating actions that specifically address the impacts you've identified and show how they will remove, reduce or avoid any negative impacts
- Explain clearly what any mitigating measures are, and the extent to which you think they will reduce or remove the adverse effect
- Will you need to communicate or provide services in different ways for different groups in order to create a 'level playing field'?
- State how you can maximise any positive impacts or advance equality of opportunity.
- If you do not have sufficient equality information, state how you can fill the gaps.

[21] **Monitoring:** The Equality Duty is an ongoing duty: policies must be kept under review, continuing to give 'due regard' to the duty. If an assessment of a broad proposal leads to more specific proposals, then further monitoring, equality assessment, and consultation are needed.

[22] **Outcome:**

- Make a frank and realistic assessment of the overall extent to which the negative impacts can be reduced or avoided by the mitigating measures. Also explain what positive impacts will result from the actions and how you can make the most of these.
- Make it clear if a change is needed to the proposal itself. Is further engagement, research or monitoring needed?
- Make it clear if, as a result of the analysis, the policy/proposal should be stopped.

[23] **Sign off:** Your will need to ensure the EqIA is signed off by your Head of Service, agree whether the EqIA will be published, and agree when the next review date for the EqIA will be.

Appendix B

Adult Social Care
Debt Management & Recovery Policy
2022/23

Final Report
consultation 2022/23

01 October 2022 – 31 January 2023

Communities, Adults & Health, Customer Finance

ASC DEBT MANAGEMENT & RECOVERY POLICY CONSULTATION 2022/23

Contents

ASC DEBT MANAGEMENT & RECOVERY POLICY CONSULTATION 2022/23

1. EXECUTIVE SUMMARY

This report sets out the consultation findings from the Adult Social Care Debt Recovery Consultation 2022/23 which will be presented at Adults Safeguarding Committee on Monday 13 March 2023.

1.1 Response to the consultation

- A total of 104 questionnaires were completed.
- The findings in this report are based on "valid responses", i.e., all those providing an answer at each question (this may or may not be the same as the total response) unless otherwise specified. The base size may therefore vary from question to question.
- The majority (75%) of responses were from residents.
- 15 written responses were received via post.

1.2 Summary of consultation approach

- The consultation ran from 01 October 2022 to 31 January 2023.
- The consultation consisted of an online questionnaire and summary consultation document which was published on engage.barnet.gov.uk.
- Paper copies and an easy-read version of the consultation were also made available on request.
- Letters were sent out to all the council's social care clients inviting them to take part in the consultation.
- The consultation was widely promoted via the council's residents' e newsletter, Barnet First resident's magazine delivered to all household in the boroughs; the website; Twitter and Facebook ads.
- Two focus groups were also setup and residents were invited to take part, however, due to lack of interest, this was later cancelled.

1.3 Summary of key findings

1.3.1 Views on the overall satisfaction with the debt recovery process

Note, only 6 responded to this question, with 98 skipping to next question.

- A third of respondents agree (33%, 2 of 6 respondents) were satisfied with the existing debt recovery process.
- 17% (1 out of 6 respondents) were dissatisfied.
- 17% (1 out of 6 respondents) were neither satisfied nor dissatisfied.
- A third of respondents (33%, 2 of 6 respondents) were not sure / didn't know.

1.3.2 Views on overall approach to invoicing and communication

Note, only 2 responded to this question with 102 skipping to next question.

- All respondents (2 out of 2 respondents) were not sure / didn't know.

1.3.3 Views on paying all charges via Direct debit.

Only 89 responded to this question with 15 skipping to next question.

- A quarter of respondents (24%, 21 of 89 respondents) strongly agreed with direct debits.
- Just under a quarter (19%, 17 of 89 respondents) tend to support direct debits.
- A minority (17%, 15 of 89 respondents) neither support nor oppose direct debits.
- Under a quarter (20%, 18 of 89) tended to oppose direct debit.
- A smaller minority (11%, 10 of 89) strongly opposed direct debits.
- Even smaller minority (9%, 8 of 89) were not sure or didn't know.

1.3.4 Views on nominated person and request for Power of Attorney

Only 88 responded to this question with 16 skipping to next question.

- A quarter of respondents (25%, 22 of 88 respondents) strongly supported this approach.
- Over a third of respondents (36%, 32 of 88 respondents) tended to support this approach.
- Less than a quarter (18%, 16 of 88 respondents) neither supported nor opposed this approach.
- A minority (10%, 9 of 88 respondents) opposed this approach.
- A smaller minority (6%, 5 of 88 respondents) strongly opposed.
- Just 5% (4 of 88 respondents) did not know or were not sure.

1.3.5 Views on Nominated person failure to make regular payments.

Only 85 responded to this question with 19 skipping to next question.

- A third of respondents (31%, 26 of 85 respondents) strongly supported this approach.
- A third of respondents (34%, 29 of 85 respondents) tended to support the approach.
- A minority (14%, 12 of 85 respondents) neither supported nor opposed this approach.
- A smaller minority (13%, 11 of 85 respondents) strongly opposed or tended to oppose this approach.
- 8% (7 of 85 respondents) did not know or was unsure.

1.3.6 Views on manging financial affairs as an Appointeeship/Deputyship or Power of Attorney.

- Only 48 responded to this question with 56 skipping to next question.
- Under a quarter (23%, 11 of 48 respondents) strongly agree with this approach.
- A third of respondents (31%, 15 of 48 respondents) tended to support this approach.
- 19% (9 out of 48 respondents) neither supported nor opposed this approach.
- A minority (15%, 7 of 48 respondents) strongly opposed or tended to oppose this approach.
- 13% (6 of 48 respondents) were not sure or did not know.

1.3.7 Views on Legal Proceedings

Only 48 responded to this question with 56 skipping to next question.

- Just over a quarter (27%, 13 of 48 respondents) tended to agree with our approach to legal proceedings.
- a minority 17% (8 of 48 respondents) strongly support this approach.
- A similar minority (17%, 8 of 48 respondents) neither supported nor opposed this approach.
- Just under a quarter (23%, 11 of 48 respondents) tended to oppose this approach.
- A small minority (10%, 5 of 48 respondents) was strongly opposed to legal proceedings.
- 6% of respondents (3 of 48) were not sure or did not know.

1.3.8 Further comments on approach to direct debit

Respondents were also asked if they oppose direct debits, to explain why. Of those who responded to the consultation, 25 out of 104 gave a response to this question.

The most common themes have been summarised below.

- *It should be free (three comments)*
- *Older adults need flexibility and choice in how they can pay. i.e., standing order, post office, bank transfer, phone (fifteen comments)*
- *Incorrectly charged and have opportunity to check invoice before paying (four comments)*
- *Inconsistent billing means that several payments can be taken in a month putting the person in financial difficulties (three comments)*

1.3.9 Further comments on nominated person and request for Power of Attorney

Respondents were also asked if they oppose a request for nominated person to apply for Power of Attorney, to explain why. Of those who responded to the consultation, 6 out of 104 gave a response to this question.

The most common themes have been summarised below.

- *Mental Capacity needs to be checked (one comment)*
- *Power of Attorney already in place (one comment)*
- *A request for Power of Attorney cost money and it is not right to require this of an unofficial person (three comments)*

1.3.10 Further comments on nominated persons failure to make payments.

Respondents were also asked if they oppose this approach, to explain. Of those who responded to the consultation, 11 out of 104 gave a response to this question.

The most common themes have been summarised below.

- *No point in sending debtor letter to a person who lacks capacity (four comments)*
- *If an un-official representative fails even one payment, the service user should be made aware immediately (two comments)*
- *Ensure invoices are sent out on time with the correct recharges (three comments)*
- *Individuals who manage finances on behalf of service users who do not pay, should be chased for the debt (two comments)*

1.3.11 Further comments on Appointee/Deputy/POA who fail their duty.

Respondents were also asked if they oppose this approach, to explain. Of those who responded to the consultation, 3 out of 104 gave a response to this question.

- *Establish all the facts why the attorney failed to make the payments, giving them opportunity to fix the situation before lodging a complaint with DWP / Office of Public Guardianship (Three comments)*

1.3.12 Further comments on Legal Proceedings

Respondents were also asked if they oppose this approach, to explain why. Of those who responded to the consultation, 13 out of 104 gave a response to this question.

The most common themes have been summarised below.

- *Should be free (one comment)*
- *Does the service user have capacity to understand all the issues and the implications (three comments)*
- *If the debt was due to financial representative, then the debt should be enforced against the financial representatives (three comments)*
- *Make sure the invoices and recharges are correct and give the individual opportunity to repay the debt before any legal action (five comments)*
- *MDT approach (one comment)*

1.3.13 Comments about any further action the council need to include.

Of those who responded to the consultation, 7 out of 104 gave a response to this question.

- *More flexibility when dealing with Mental Health and Learning Disability clients (three comments)*
- *The council needs better collection process to avoid debt (two comments)*
- *Get all the facts of the case, review the case and engage with service user before starting any legal action (two comments)*

2. CONSULTATION METHOD AND RESPONSE

2.1 Introduction

The Adult Social Care Debt Recovery and Management Policy has been subject to a formal public consultation.

This report sets out the findings from the council's consultation on the policy. The findings will be considered by the Adults Social Care Safeguarding Committee on Monday 17 March 2023 , where a final decision will be taken.

2.2 Summary of consultation approach

The Adults Social Care Debt Recovery Policy began on 1 October 2022 and concluded 31 January 2023.

Councils are permitted under section 14 of the Care Act 2014 to charge for the costs they incur in meeting care and support needs under the Act. The Care Act 2014 states that a financial assessment of the person's resources must be undertaken to determine what they can afford to contribute towards the cost of their care. The financial assessment determines the person's ability to pay; that is, whether they will be required to pay all, part of, or nothing towards the cost of care and support

Whilst most of the income due is paid on time, the council has a duty to ensure that all revenue owed to the council is collected promptly and effectively as the council has a duty of care to all taxpayers.

The Adult Social Care Debt Recovery and Management Policy sets out best practices and includes guidance to ensure that Barnet Council has a transparent, consistent, and proportionate approach to recovery of monies owed to the council. Taking into consideration the vulnerability of the customers and not causing any undue hardship because of any recovery actions.

2.3 Technical details and method

2.3.1 In summary, the consultation was administered as follows:

- The general consultation consisted of an online questionnaire published on http://engage.barnet.gov.uk together with a summary consultation document which provided background information.
- Paper copies and an easy-read version of the consultation were also made available on request.
- Letters were sent out to all the council's social care clients inviting them to take part in the consultation.
- The consultation was widely promoted via the council's residents' magazine (Barnet First delivered to all households), the council resident's newsletter, the council's website, local press, Twitter, and Facebook.

- Two focus groups were also setup and residents were invited to take part, however, due to the lack of interest and numbers, this was later cancelled.

2.3.2 Questionnaire design

The questionnaire was developed to ascertain views on the overall approach to debt management. The consultation invited views on the following:

- Our approach to invoicing and communication
- Use of Direct debits to pay care charges.
- Where there is a nominated person manging individual financial affairs, the councils request for power of attorney documents.
- What happens when a nominated Person fails to make payments.
- What happens when Appointeeship/Deputyship/POA fails to fulfil their duties.
- Council legal proceedings

Throughout the questionnaire and where applicable, hyperlinks were provided to the relevant sections of the consultation document.

2.4 Response to the consultation

A total of 104 questionnaires were completed. 15 written responses were also submitted.

2.4.1 Response profile

The table below shows the profile of those who responded to the consultation.

Table 1: Profile of those who responded

Stakeholder	%	Base
Barnet resident	75%	40
Health or social care professional	2%	1
Representing a voluntary/community organisation	2%	1
Representing a public-sector organisation	4%	2
Other (please specify)	17%	9
Total who answered this question	**100%**	53
Not Answered		51
Total response to the consultation		**104**

2.4.2 Profile of protected characteristics

The council is required by law (the Equality Act 2010) to pay due regard to equalities in eliminating unlawful discrimination, advancing equality of opportunity, and fostering good relations between people from different groups.

The protected characteristics identified in the Equality Act 2010 are age, disability, ethnicity, sex, sex reassignment, marriage and civil partnership, pregnancy, maternity, religion or belief, sexual orientation and marital status.

To assist us in complying with the duty under the Equality Act 2010 we asked the respondents to provide equalities monitoring data and explained that collecting this information will help us understand the needs of our different communities and that all the information provided will be treated in the strictest confidence and will be stored securely in accordance with our responsibilities under data protection legislation (such as the General Data Protection Regulation or the Data Protection Act 2018).

Table 2 over the page shows the profile of those who answered these questions. However, due to the low completion of these questions However, due to the low completion of these questions, it has not been possible to do any demographic analysis on the consultation findings.

Table 2: Protected Characteristics, profile of those that completed the questionnaire.

Protected Characteristic	Response	
	Number	%
Age		
16-17	0	0
18-24	0	0
25-34	5	5%
35-44	5	5%
45-54	14	13%
55-64	15	14%
65-74	15	14%
75+	14	13%
Prefer not to say	5	5%
Not answered	31	31%
Total	**104**	100%
Sex		
Female	33	32%
Male	32	31%
If you prefer your own term	0	0
Prefer not to say	7	6%
Not answered	32	31%

ASC DEBT MANAGEMENT & RECOVERY POLICY CONSULTATION 2022/23

Protected Characteristic	Response	
	Number	%
Total	**104**	100%

Is the sex you identify with the same as your sex registered at birth?		
Yes, it's the same	66	63%
No, it's different	0	0%
Prefer not to say	6	6%
Not answered	32	31%
Total	**104**	100%

Disability		
Yes	37	36%
No	29	27%
Prefer not to say	6	6%
Not answered	32	31%
Total	**104**	**100%**

Protected Characteristic	Response	
	Number	%
Ethnicity		
Asian	7	6%
Black	2	3%
Mixed	2	3%
Other	7	6%
White	46	44%
Prefer not to say	6	5%
Not answered	34	33%
Total	**104**	100%

Faith		

Buddhist	2	2%
Christian	20	19%
Hindu	3	3%
Jewish	13	12%
Muslim	7	7%
No religion	14	13%
Prefer not to say	12	12%
Not answered	33	32%
Total	**104**	**100%**

Pregnancy and maternity leave		
Pregnant	0	0%
On maternity leave	0	0%
Neither	39	38%
Prefer not to say	4	3%
Not answered	61	59%
Total	**104**	**100%**

Protected Characteristic	Response	
	Number	%
Sexuality		
Straight or heterosexual	51	49%
Prefer not to say	19	18%
Not answered	34	33%
Total	**104**	100%

Marital Status		
Single	21	20%
Married	29	28%
Divorced	4	4%
Widowed	6	6%
Prefer not to say	9	8%
Not answered	35	34%
Total	**104**	100%

2.5 Calculating and reporting on results.

- The results for each question are based on "valid responses", i.e., all those providing an answer (this may or may not be the same as the total sample) unless otherwise specified. The base size may therefore vary from question to question.
- Where percentages do not add up to 100, this may be due to rounding, or the question is multi-coded - i.e., respondents could give more than one answer.
- Due to the small total sample size the findings have been reported on in terms of percentages and numbers.
- All open-ended responses have been classified based on the main themes arising from the comments, so that they can be summarised.

3. RESULTS IN DETAIL

3.1 Views on the overall satisfaction with the existing debt recovery process

Respondents, who had experience of the councils existing debt recovery processes were asked how satisfied or dissatisfied they were with the debt recovery process.

Only 6 responded to this question, with 98 skipping to next question.

Table 3 below shows that:

- A third of respondents agree (33%, 2 of 104 respondents) were satisfied with the existing debt recovery process.
- 17% (1 out of 104 respondents) were dissatisfied.
- 17% (1 out of 104 respondents) were neither satisfied nor dissatisfied.
- A third of respondents (33%, 2 of 104 respondents) were not sure / didn't know.

Table 3: Respondents' level of satisfaction with the debt recovery process

Overall, how satisfied, or dissatisfied are you with the Debt Recovery Process?	%	Base
Very satisfied	0%	0
Satisfied	33%	2
Neither satisfied nor dissatisfied	17%	1
Dissatisfied	17%	1
Very dissatisfied	0%	0
Don't know / not sure	33%	2
Total	**100%**	**6**
Skip		**98**

3.2 Views on overall approach to invoicing and communication

Respondents were asked to if they support or oppose our approach to communicating invoices and notification of charges. 2 respondents completed this question.

Table 4 below shows that:

- All respondents (2 out of 102 respondents) were not sure / didn't know.

Table 4: Respondents level of support for invoicing and charging communication.

To what extent do you support or oppose our approach to collecting charges if payments are not met?	%	Base
Strongly support	0%	0
Tend to support	0%	0
Neither support nor oppose	0%	0
Tend to oppose	0%	0
Strongly oppose	0%	0
Don't know / not sure	100%	2
Total	**100%**	**2**
Skip		**102**

3.3 Views on paying all charges via Direct debit.

Respondents were asked to what extent they support or oppose all care charges being collected by direct debit. Only 89 responded to this question, with 15 skipping to next question.

Table 5 below shows that:

- A quarter of respondents (24%, 21 of 104 respondents) strongly agreed with direct debits.
- Just under a quarter (19%, 17 of 104 respondents) tend to support direct debits.
- A minority (17%, 15 of 104 respondents) neither support nor oppose direct debits.
- Under a quarter (20%, 18 of 104) tended to oppose direct debit.
- A smaller minority (11%, 10 of 106) strongly opposed direct debits.
- Even smaller minority (9%, 8 of 104) were not sure or didn't know.

Table 5: Respondents level of support for direct debits

To what extent do you support or oppose our approach to collecting charges if payments are not met?	%	Base
Strongly support	24%	21
Tend to support	19%	17
Neither support nor oppose	17%	15
Tend to oppose	20%	18
Strongly oppose	11%	10
Don't know / not sure	9%	8
Total	**100%**	**89**
Skip		**15**

3.4 Views on nominated person and request for Power of Attorney

Respondents were asked, where the customer wants a nominated person to manage the finance on their behalf, a Power of Attorney will be requested. In instances where this is not possible, the local authority will setup an arrangement/agreement with the un-official representative. 88 responded to this question.

Table 6 below shows that:

- A quarter of respondents (25%, 22 of 104 respondents) strongly supported this approach.
- Over a third of respondents (36%, 32 of 104 respondents) tended to support this approach.
- Less than a quarter (18%, 16 of 104 respondents) neither supported nor opposed this approach.
- A minority (10%, 9 of 104 respondents) opposed this approach.
- A smaller minority (6%, 5 of 104 respondents) strongly opposed.
- Only 5% (4 of 104 respondents) did not know or were not sure.

Table 6: Respondents level of support for requesting Power of Attorney

To what extent do you support or oppose our approach?	%	Base
Strongly support	25%	22
Tend to support	36%	32
Neither support nor oppose	18%	16
Tend to oppose	10%	9
Strongly oppose	6%	5
Don't know / not sure	5%	4
Total	**100%**	**88**
Skip		**16**

3.5 Views on Nominated person failure to make regular payments.

Respondents were asked, when an un-official representative fails to make three consecutive payments, after reminded letters are sent out, invoices will be addressed back to the customer and Social Services will engage with the customers to determine the best course of action to bring the account up to date. Only 85 responded to this question, with 19 skipping to next question.

Table 7 below shows that:

- A third of respondents (31%, 26 of 104 respondents) strongly supported this approach.
- A third of respondents (34%, 29 of 104 respondents) tended to support the approach.
- A minority (14%, 12 of 104 respondents) neither supported nor opposed this approach.
- A smaller minority (13%, 11 of 104 respondents) strongly opposed or tended to oppose this approach.
- 8% (7 of 104 respondents) did not know or was unsure.

Table 7: Respondents level of support for falling to make regular payments by un-official representatives.

To what extent do you support or oppose our approach?	%	Base
Strongly support	31%	26
Tend to support	34%	29
Neither support nor oppose	14%	12
Tend to oppose	7%	6
Strongly oppose	6%	5
Don't know / not sure	8%	7
Total	**100%**	**85**
Skip		**19**

3.6 Views on manging financial affairs as an Appointeeship/Deputyship or Power of Attorney.

Respondents were asked if they support or oppose the council lodging a complaint with Pension Service/DWP and Office of Public Guardianship, where an appointee/Deputy or Power of Attorney fails in their duty to make regular payments. Only 48 responded to this question, with 56 skipping to next question.

Table 8 shows that:

- Under a quarter (23%, 11 of 104 respondents) strongly agree with this approach.
- A third of respondents (31%, 15 of 104 respondents) tended to support this approach.
- 19% (9 out of 104 respondents) neither supported nor opposed this approach.
- A minority (15%, 7 of 104 respondents) strongly opposed or tended to oppose this approach.
- 13% (6 of 104 respondents) were not sure or did not know.

Table 8: Respondents level of support in our approach

To what extent do you support or oppose our approach?	%	Base
Strongly support	23%	11
Tend to support	31%	15
Neither support nor oppose	19%	9
Tend to oppose	8%	4
Strongly oppose	6%	3
Don't know / not sure	13%	6
Total	**100%**	**48**
Skip		**56**

3.7 Views on Legal Proceedings

Respondents were asked to what extent they support or oppose legal action and enforcement against non-payments. Only 48 responded to this question with 56 skipping to next question.

Table 9 shows that:

- Just over a quarter (27%, 13 of 104 respondents) tended to agree with our approach to legal proceedings.
- A minority 17% (8 of 104 respondents) strongly support this approach.
- A similar minority (17%, 8 of 104 respondents) neither supported nor opposed this approach.
- Just under a quarter (23%, 11 of 104 respondents) tended to oppose this approach.
- A small minority (10%, 5 of 104 respondents) was strongly opposed to legal proceedings.
- 6% of respondents (3 of 104) were not sure or did not know.

Table 9: Respondents level of support for Court proceedings

To what extent do you support or oppose our approach?	%	Base
Strongly support	17%	8
Tend to support	27%	13
Neither support nor oppose	17%	8
Tend to oppose	23%	11
Strongly oppose	10%	5
Don't know / not sure	6%	3
Total	**100%**	**48**
Skip		**56**

3.8 Additional comments on approach to direct debit

Respondents were also asked if they oppose direct debits, to explain why. Of those who responded to the consultation, 25 out of 104 gave a response to this question.

The most common themes have been summarised below.

- *It should be free (three comments)*
- *Older adults need flexibility and choice in how they can pay. i.e., standing order, post office, bank transfer, phone (fifteen comments)*
- *Incorrectly charged and have opportunity to check invoice before paying (four comments)*
- *Inconsistent billing means that several payments can be taken in a month putting the person in financial difficulties (three comments)*

3.9 Additional comments on nominated person and request for Power of Attorney

Respondents were also asked if they oppose a request for nominated person to apply for Power of Attorney, to explain why. Of those who responded to the consultation, 6 out of 104 gave a response to this question.

The most common themes have been summarised below.

- Mental Capacity needs to be checked (one comment)
- Power of Attorney already in place (one comment)
- A request for Power of Attorney cost money and it is not right to require this of an unofficial person (three comments)

3.10 Further comments on nominated persons failure to make payments.

Respondents were also asked if they oppose this approach, to explain. Of those who responded to the consultation, 11 out of 104 gave a response to this question.

The most common themes have been summarised below.

- *No point in sending debtor letter to a person who lacks capacity (four comments)*
- *If an un-official representative fails even one payment, the service user should be made aware immediately (two comments)*
- *Ensure invoices are sent out on time with the correct recharges (three comments)*
- *Individuals who manage finances on behalf of service users who do not pay, should be chased for the debt (two comments)*

3.11 Further comments on Appointee/Deputy/POA who fail their duty.

Respondents were also asked if they oppose this approach, to explain. Of those who responded to the consultation, 3 out of 104 gave a response to this question.

- Establish all the facts why the attorney failed to make the payments, giving them opportunity to fix the situation before lodging a complaint with DWP / Office of Public Guardianship (Three comments)

3.12 Further comments on Legal Proceedings

Respondents were also asked if they oppose this approach, to explain why. Of those who responded to the consultation, 13 out of 104 gave a response to this question.

The most common themes have been summarised below.

- *Should be free (one comment)*
- *Does the service user have capacity to understand all the issues and the implications (three comments)*
- *If the debt was due to financial representative, then the debt should be enforced against the financial representatives (three comments)*
- *Make sure the invoices and recharges are correct and give the individual opportunity to repay the debt before any legal action (five comments)*
- *MDT approach (one comment)*

3.13 Comments about any further action the council need to include.

Of those who responded to the consultation, 7 out of 104 gave a response to this question.

- More flexibility when dealing with Mental H and Learning Disability clients (three comments)
- The council needs better collection process to avoid debt (two comments)
- Get all the facts of the case, review the case and engage with service user before starting any legal action (two comments)

London Borough of Barnet

Debt Management and Recovery Policy

October 2022

YOUR LIFE,
YOUR CARE,
YOUR CHOICE.

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1. Introduction

The purpose of this document is to set out a consistent and effective approach to the collection, recovery and enforcement of Adult Social Care charges owed to London Borough Barnet. This document should be used in conjunction with the Council's Corporate Debt Policy and the Income Collections and Debt Management Guidance. These documents set out the council's policy and procedures in relation to the billing, collection and recovery of monies owed to the council, including any court enforcement.

The Fairer Contribution Policy sets out Barnet Council's policy on charging for adult social care services (non-residential services).

Further information about Paying for Residential Care can be found here.

2. Scope

Adult Social Care charges can apply to the following services:

- Contributions to residential and nursing accommodation
- Charges for Home Care services
- Charges for Community Support services
- Charges for day services
- Charges for transport to services

3. Debt Prevention

The best method of debt collection is the prevention of debt arising in the first place. It is for this reason that the London Borough of Barnet's (LBB) preferred method of payment for ALL ongoing care charges is via direct debits. As soon as a bill is generated by our system, an officer will be in touch with the named representative to set up a direct debit.

LBB will work with customers to establish the best mechanism to avoid debt and arrears arising in the first place.

The local authority will establish whether the person being assessed has capacity to take part in the assessment, and may involve any of the following as appropriate in making that assessment:

1. Holder of an enduring power of attorney (EPA)
2. Holder of a lasting power of attorney (LPA) for property and affairs
3. Holder of a lasting power of attorney (LPA) for health and welfare, property and affairs, deputyship under the Court of Protection, any other person dealing with that person's affairs (for example, someone who has been given appointeeship by the Department for Work and Pensions (DWP) for the purpose of benefits payments)

Where the local authority establishes that the person being assessed lacks capacity, it will be working with the holder of a Lasting Power of Attorney (or its predecessor an Enduring Power of Attorney) or Deputyship for Property and Financial Affairs who have authority to make decisions on behalf of the person in respect of charging for services . Family members can apply to the Court of Protection for Deputyship where there is no LPA or existing Deputyship

3.1 Corporate Appointeeship and Deputyship

The local authority can act as Appointee or Deputy for anyone who lacks mental capacity. This means we will manage their financial affairs and benefits because they are unable to make their own decisions and have no-one else to do it for them.

3.2 Deputyship

The Court of Protection can appoint us to act as Deputy for someone who lacks mental capacity.

Anyone can make a referral for Deputyship to us about someone who is receiving social care support from us who:

- lacks or may lack the mental capacity to make financial decisions on their own.
- don't have an existing deputy or other representatives.
- don't have family or friends that are willing, able or suitable to act as their Deputy.
- have no family or friends.

Our Public Guardianship Team, if appointed as Deputy, will manage the person's property and financial affairs. They will:

- manage routine spending such as paying bills, car tax and home insurance
- make sure they have access to money to meet their daily needs
- buy or sell property
- make investments
- pay care bills
- change accommodation to meet their needs
- apply for state benefits

Our role as Deputy ends when the person dies or regains capacity

3.3 Appointeeship

The DWP will appoint us to act as someone's Appointee if the person's only income is social security benefits and they have no property or savings.

An Appointeeship only allows LBB to communicate with the DWP, receive benefit monies and spend the benefit monies in the service user's best interest. It does not give any authority to deal with the service user's assets and savings.

3.4 Power of Attorney

A Power of Attorney (PoA) is a legal document that gives someone else permission to make decisions on someone's behalf if they no longer have the ability or no longer want to make decisions.

PoA can only be used where person has consented and is void when the individual loses capacity. Under a PoA, the person you are acting on behalf can still make their own decision.

A Lasting Power of Attorney is needed where capacity is lost but must have been registered with the Court of Protection before capacity is lost to be effective.

People who have someone with PoA acting on their behalf might need help with:

- managing their finances, such as their bank account, savings or investments
- claiming and managing benefits
- buying or selling property
- making decisions about their care

A person must have mental capacity when they appoint a power of attorney.

3.5 Existing Appointee / Deputy / Power of Attorney

If a customer already has an Appointee, Deputy or Power of Attorney who is responsible for administering either financial and property affairs and/or welfare benefits on their behalf, the council will always require evidence of these arrangements If the Appointee, Deputy or PoA fail to undertake their duties, that is to fail to make regular payments towards care cost and personal allowances and ultimately push the customer into debt and arrears, then the council will report the Appointee, PoA or Deputy to the DWP and/or the Office of Public Guardian with a request for benefits to be suspended whilst the council review the case and find a more suitable recipient. The authority will take this action with the intention to limit the scale of the arrears and protect the customer's best interests.

3.6 Deferred Payment Agreement

For customers who are entering residential, and nursing care, their property could be considered as part of the financial assessment process. The treatment of property owned by the customer receiving care will depend on whether the customer is a legal or a beneficial owner.

The council will determine the value of the property at the time of the social care assessment. In almost all circumstances where property is owned, the council may consider offering a Deferred Payment arrangement. This is an arrangement where the costs of the person's care are paid after their death, from the value of their property. Under this scheme the customer is not required to sell the property they own or have a financial interest in during their lifetime. The council will require a signed legal agreement that allows the council to place a legal charge on the property and defer that part of their charges relating to the value of their property until the property is sold or the customer dies. Once the agreement has been signed, the customer must still make an ongoing contribution towards the cost of their care but for the part relating to the property, a Charge will be placed on it under Section 55 of Health and Social Care Act. The Charge will show up in future land searches and the outstanding care fees will be paid from the proceeds of the sale of the property.

The process for Deferred payments is set out in the council's Universal Deferred Payment document Eligibility depends on the following:

1. You own your own home
2. You live in or are moving to a care home on a permanent basis
3. You have less than £23,250 in capital and savings
4. Nobody else, such as a spouse, partner or dependent child needs to continue living in your home

4. Financial Assessments

As part of the adult's social care assessment (to determine if there is a need for social care services to be provided) the council will also undertake a financial assessment. This financial assessment will determine how much the customer is required to contribute towards the cost of their social care services. The council will provide support through the assessment process and will need full financial disclosure from the customer to undertake this assessment.

It is important that the Financial Assessment form is completed, together with the signed copies of 'Your Care Declarations', and the Direct Debit mandate with all evidence should be submitted back to council within the deadline.

5. Key Processes

Invoicing for Non-residential Care and Residential and Nursing Care is issued on a 4-weekly basis. Direct Debit is the most efficient and preferred method of payment. It also assists customers to avoid missing payments and being subject to recovery action.

We aim to issue prompt and accurate bills with the correct assessed charges.

We will make the payment of social care charges as easy and as convenient as possible.

Our standard method of payment is direct debit for all ongoing care charges. Other methods of payment are permitted by exception and discussion. An officer of the council will make contact with the adult or their Appointee/Deputy/PoA to set up a direct debit.

We will give our customers the following options to contact the Adult Social Care (ASC) Debt Recovery Team to discuss payments of their accounts:

1. By telephone to the dedicated revenue and payments teams
2. By email or in writing
3. Face to face at the Colindale Office

We will inform customers who fall 21 days behind with their charges or payment arrangement, of the need to bring their account up to date. If they fail to do so, we will then follow Recovery Action for Unpaid Invoices. See section 6.

Where the customer wants a nominated person to manage the finance on their behalf, a Power of Attorney may be requested. On the rare occasions where this is not possible, the local authority may set up an arrangement/agreement with un-official representative.

Where an un-official representative fails to make THREE consecutive payments, the invoice will be addressed back to the customer and the council will engage with the customer to determine the best course of action to bring the account up to date. The council will seek legal advice about enforcement and debt recovery.

We will try and engage with the customer at every opportunity during the recovery process to discuss and make a suitable repayment arrangement, to avoid further recovery action. This includes clearly warning customers about further recovery actions that may happen and the additional costs and charges that maybe incurred.

We will review the appropriateness of each recovery options, in partnership with Adult Social Care Services and the customers personal circumstance, their ability to pay, their past payment history, their mental capacity or other physical health or age-related limitations. The council will always adopt a careful and sensitive approach to debt recovery in relation to people who use social care.

6. Recovery Action for Unpaid Invoices

If an invoice is not paid within 21 days of issue, telephone contact with the customer may commence and continue for as long as necessary, in addition to a reminder letter being sent out giving the customer a further seven days in which to bring the account up to date.

If a payment arrangement is made, and if payments are maintained, then no further recovery action will be taken.

If the account remains unpaid 14 days after issue of the reminder letter, a second written letter is issued.

Should the account remain unpaid after a further seven days, a third written letter is issued.

Where a service user has opted for an unofficial family member / financial agent to manage their financial affairs and this person has failed to keep the account up to date, after the final reminder the invoice will be addressed back to the service user. The ASC Debt Recovery Team will contact the service user, to make them aware of the debt and agree a resolution to the arrears.
Should the account remain unpaid after a further 7-14 days, the council's Accounts Receivable team will liaise with ASC about starting legal action. Should this happen, the council's Legal Department will write to the customer to explain the legal proceedings to be taken, the associated costs that will have to be paid, as well as the steps that the customer can take to avoid such proceedings. This will be the very last opportunity for the customer to avoid potential court action.

Where appropriate, and depending on the value of debt, the Local Authority may consider using an external agency to carry these services. If required, Enforcement Agents will attend the debtor's premises, anywhere in England and Wales, within 36 hours of the prescribed period, and as directed by legislation and regulations.

7. Arranging a Repayment Plan

When agreeing and arranging a repayment plan, we will always ask that the customer pays an amount equal to their current weekly charge, plus an affordable amount based on the customer's personal circumstances in respect of any arrears. This ensures that the customer is able to maintain their payments and prevent the overall debt from increasing.

Where this is not possible, a temporary arrangement will be made with an appropriate date for its review. When making the arrangement we will:

1. Have proper consideration of a customer's circumstances.
2. Where we feel an offer of payment is too low, we will provide clear reasons why we are rejecting the offer and indicate an amount that we believe is reasonable.
3. Where appropriate, allow time for benefits and debt advice through referral to advice agencies, or if the agency informs us that the customer is receiving advice from them.
4. Accept that, in some truly exceptional circumstances, no payment scheme is affordable, and a temporary deferral of payment may be agreed.
5. Respect and protect customer's rights at every stage of the recovery process.
6. Recognise where the customer has other priority debts (for example, rent arrears or utility debts), or debts owed to other council departments, and ensure that a fair balance is reached between claims.

We will always try to resolve debt problems at the earliest opportunity, without letting them get out of control by advising customers, or taking appropriate action, as soon as possible after an arrangement payment is missed.

8. Referral to Anti-Fraud Team and Safeguarding Adults Team

In some situations, concerns may arise that the individual acting as financial agent and responsible for paying the charges on behalf of the customer is not administering the finances appropriately. In cases such as this l it may be appropriate to refer the case to the Safeguarding Adults Team, the council's or Anti-Fraud Team or the Police.

Each arrears case will be considered on an individual basis before a referral is made; only when it has been clearly established that the financial agent has the ability to pay but is refusing to cooperate with all our attempts to enforce this will a referral be made.

An arrears visit will always be undertaken as part of this process to establish if there is a clear intention to avoid paying the charges.

9. Legal Proceedings through the County Court

The council will choose the appropriate recovery option based on what we know about the customer's circumstances, their ability to pay, their past payment history, their capacity to litigate, any physical health or age-related limitations and the requirement to recover outstanding monies in a timely and efficient manner. A County Court Judgement gives the Local Authority various powers of recovery. The decision to commence legal proceedings for recovery of an unpaid debt will be approved by the Assistant Director for Communities and Performance.

10. Mental Capacity Act 2005

Where a decision is made to commence legal proceedings, consideration should already have been given to whether the customer has mental capacity for litigation purposes. The Mental Capacity Act provides a framework for assessing a person's mental capacity and determining their best interests if they lack capacity to make decisions. We will work closely with the ASC professional before a decision is taken to refer a case for legal proceedings.

11. Issue of County Court Claim

The court will issue a claim form with details of the claim to the customer. The customer will have 14 days to respond; this is their opportunity to explain the situation to the court. Customers are entitled to seek independent debt and legal advice.

The customer can accept that they owe the debt, and they will receive an admission form with the claim form, asking about their income and outgoings. On the form they can make an offer to repay the debt in instalments.

The customer can dispute that they owe the debt and can complete a defence. The Council would usually ask for an income and expenditure form to assist in this process. If the customer does not respond or if the court agrees (at hearing) that the customer owes the debt, then the court will issue an order to pay the debt. The judgment usually specifies whether the customer is required to pay a lump sum or an instalment. If the customer wants to set up a different arrangement, this can be done by way of application to the courts. The council can also enter into a payment agreement.

12. Enforcement

Approval will be sought from the Assistant Director for Communities and Performance prior to any enforcement action commencing.

13.Warrant of Execution leading to Bailiff Action

We can ask the court to use bailiffs to collect the money. The bailiff will ask for payment within seven days. If the debt isn't paid, the bailiff will visit the customer's home or business, to see if anything could be sold to pay the debt.

Approval will be sought from the Assistant Director for Communities and Performance prior to any enforcement action commencing.

14. Attachments of Earnings

We can ask the court for an attachment of earnings order which is a method by which money will be stopped from a customer's wages to pay a debt.

An attachment of earnings order will only help if the defendant is in paid employment, due to this it will not always be an appropriate method for enforcing recovery action for debts for Adult Social Care.

15. Bankruptcy

We can petition to the court for a bankruptcy order, in order that the customer's assets can be used to pay their debts. Bankruptcy may only be an appropriate method for enforcing recovery action for Adult Social Care in exceptional circumstances.

16. Third Party Debt Order to Freeze Assets/Bank Accounts

We can ask the court to freeze money in the customer's bank or building society account (or in a business account). The court will decide if money from the account can be used to pay the debt.

17. Charging Order on a customer's Land or Property

We can ask the court to charge the customer's land or property. If the land or property is sold, they must pay this charge before the customer receives any money from the sale.

18. Write Off

We have an agreed procedure for writing off social care debts, provided the relevant criteria are met. We will only consider writing off debts in rare circumstances where they are deemed to be uncollectable, for example, in circumstances where we are unable to trace the customer, where they have passed away, if it is considered uneconomical to pursue the debt further or where the Assistant Director for Communities and Performance has decided that legal action is not appropriate. The age of the debt is not usually a reason itself to consider write off.

19. Assistance to Customers

We recognise that some people do not pay their social care charges because of genuine financial or other difficulties. It is the council's policy to offer help and support to **ALL** customers who are experiencing difficulties paying at every stage of the collection and recovery process.

This starts with setting up direct debits for all ongoing care charges where possible, ensuring that customers have an official representative, either as an Appointee, Deputyship or Lasting Power of Attorney, where appropriate.

Although we have a duty to collect all social care charges, we also recognise that some customers will have financial and other difficulties that are not limited to paying social care charges. We will, therefore, try to achieve long term solutions so that the customer is better able to manage their finances and pay their liabilities and provide help and support to resolve their finance issues.

We will try and support customers in the following ways:

- Direct Debits will only be collected on a Monday or Friday.
- Resolve debt problems at the earliest opportunity, without letting them get out on control. Advising customers as soon as possible that charges are overdue.
- We will have proper consideration for a customer's circumstances and financial situation including other priority debt, when taking recovery actions and deciding for payment. We will work closely with ASC and where necessary social care practitioners.
- We will respect and protect the customer's rights at every stage of the recovery process.

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