

<p style="text-align: center;"><u>MEETING</u></p> <p style="text-align: center;">ADULTS AND SAFEGUARDING COMMITTEE</p>
<p style="text-align: center;"><u>DATE AND TIME</u></p> <p style="text-align: center;">MONDAY 17TH FEBRUARY, 2020</p> <p style="text-align: center;">AT 7.00 PM</p>
<p style="text-align: center;"><u>VENUE</u></p> <p style="text-align: center;">HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4BG</p>

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

Chairman: Councillor Sachin Rajput
Vice Chairman: Councillor Lisa Rutter

Councillors

Councillor Paul Edwards	Councillor Jo Cooper	Councillor Saira Don
Councillor Golnar Bokaei	Councillor Reema Patel	Councillor Felix Byers
Councillor Stephen Sowerby	Councillor Anne Hutton	Councillor Jess Brayne

Substitute Members

Councillor Brian Gordon	Councillor Anthony Finn	Councillor Alison Moore
Councillor Claire Farrier	Councillor Daniel Thomas	Councillor Gill Sargeant

In line with the Constitution's Public Participation and Engagement Rules, requests to submit public questions must be submitted by 10AM on the third working day before the date of the committee meeting. Therefore, the deadline for this meeting is 12th February 2020 at 10AM. Requests must be submitted to Naomi.Kwasa@barnet.gov.uk 020 8359 6146

You are requested to attend the above meeting for which an agenda is attached.
Andrew Charlwood – Head of Governance

Governance Service contact: Naomi.Kwasa@barnet.gov.uk 020 8359 6146
Media Relations Contact: Tristan Garrick 020 8359 2454

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ORDER OF BUSINESS

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Decisions of the Adults and Safeguarding Committee

25 November 2019

Members Present:-

AGENDA ITEM 1

Councillor Sachin Rajput (Chairman)
Councillor Lisa Rutter (Vice-Chairman)

Councillor Jess Brayne
Councillor Felix Byers
Councillor Jo Cooper

Councillor Saira Don
Councillor Paul Edwards
Councillor Stephen Sowerby
Councillor Claire Farrier

Apologies for Absence

Councillor Golnar Bokaei
Councillor Anne Hutton

Councillor Reema Patel

1. MINUTES

The Chairman opened the meeting.

It was **RESOLVED** that the minutes of the previous meeting held on 19 September 2019 were agreed as an accurate record.

2. ABSENCE OF MEMBERS

Apologies were received from Councillor Golnar Bokaei, Cllr Anne Hutton and Councillor Reema Patel.

Councillor Claire Farrier substituted for Councillor Hutton.

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

Councillor Jo Cooper declared a non-pecuniary interest by virtue of being employed by the Royal Free London NHS Foundation Trust.

4. REPORT OF THE MONITORING OFFICER (IF ANY)

None.

5. MEMBERS' ITEMS (IF ANY)

None.

6. PUBLIC QUESTIONS AND COMMENTS (IF ANY)

None.

7. ANNUAL COMPLAINTS REPORT

The Chairman introduced the report and congratulated officers on the compliments received and also on how well they had addressed matters compared to other local authorities.

A Member asked as the report presented data for 2017-18, when more recent data would be available.

The Assistant Director, Communities and Performance noted that she would update the Committee when she had more information on when the 2018/19 data would be released.

The Executive Director, Adults and Health noted that the benchmarking in the report was not statutory.

A Member expressed congratulations to staff in adult social care in their achievements which were quite positive given the circumstances.

A Member asked why some complaints had not been responded to within the target time frame of 20 working days and how this figure compared to previous years. The Assistant Director, Communities and Performance responded that some had been more complex cases or where cases required working across organisational boundaries. She would come back to the Committee with comparable data for previous years.

Action: Assistant Director, Communities and Performance

The Chairman moved to the vote on the officer's recommendations. It was **RESOLVED** that:

The Adults and Safeguarding Committee noted the Annual Complaints Report 2018-19 and approved the report for publication.

8. PERFORMANCE REPORT Q2 2019/20

The Chairman introduced the report.

A Member asked what had caused the bad debts.

The Executive Director, Adults and Health responded that a debt report was in the public domain and had been submitted to the Financial Performance and Contracts Committee. The biggest bad debtor was NHS Barnet Clinical Commissioning Group (CCG) which owed Barnet for some care costs and community equipment. The other debts related to individuals who were in receipt of care and support.

The Chairman added that for years officers had worked hard to ensure that those who owed Barnet money were followed up. It was not uncommon for the NHS to be in the position of owing money to local authorities around the country, as it had different payment rules to those of local authorities.

A Member enquired about the red flag (page 43 of the report) against 'Adults with mental health needs who live independently, with or without support'. The Executive Director, Adults and Health responded that this was being reviewed. The data were from the

national return for all adult social care services but related to all on the Care Programme Approach. Barnet, Enfield and Haringey Mental Health Trust (BEHMHNT) was of the view that there may be gaps in their data. This would be investigated further.

A Member asked what the range of choice was in Barnet as part of social prescribing.

The Executive Director, Adults and Health responded that social prescribing could be made via the Prevention and Wellbeing Team and Wellbeing Coordinators, who connected people to a variety of activities, education and training. Barnet was working with seven primary care networks to recruit seven social prescribers, using dedicated funding from NHS England. Some link workers from the voluntary sector would be recruited to signpost people to various activities including exercise, arts, culture and social activities.

A Member stated that many voluntary organisations were finding it difficult to run activities and asked whether such services were being eroded.

The Executive Director, Adults and Health responded that Barnet had a lot of voluntary and community activity and the Council spent around £3million per year on voluntary sector support for adults' services. Barnet also offered funding through its grants programme.

The Chairman moved to the vote on the officer's recommendations. It was unanimously **RESOLVED** that:

The Committee reviewed the performance, budget and risk information for Q2 2019/20 and made no referrals to Policy and Resources Committee or Financial Performance and Contracts Committee.

9. UPDATE ON INTEGRATED CARE SYSTEM

The Chairman introduced the report. He noted that the Committee had requested more information on an Integrated Care System (ICS) for north central London at its meeting on 5 June. In the interim the Chairman had attended a meeting with senior members of the Health and Wellbeing Board and health partners some of this discussion was reflected in the report.

The Executive Director, Adults and Health noted that since the report had been written a decision had been made by NHSE that the five CCGs would merge from 1 April 2020. Further to this the CCGs had consulted with their members, who had agreed to the merger.

A Member enquired how funding would be distributed across the five CCGs and whether Barnet was likely to receive the same, more or less than previously.

The Executive Director, Adults and Health offered to circulate the full case for change to the Committee. The allocations to each borough were weighted according to National Funding Formula. Historically Barnet and Enfield had received considerably less than some other boroughs as funding was linked to indices of deprivation. However a 'Fair Shares Allocation' had been introduced several years ago and this would ensure that all received the right allocation. Some of the funding decisions should benefit Barnet as the principles were based on funding according to need.

A Member asked whether officers were doing enough to ensure they maximised Barnet's funding as there were areas of deprivation in Barnet.

The Executive Director, Adults and Health noted that the Census would be useful for outer London boroughs. The team also worked closely with the CCG which provided a statutory health intelligence function. Whenever pots of money were offered the team was also poised to submit bids for funding at short notice.

A Member noted that it could be difficult to influence the CCGs and she asked the Chairman whether the merger would make this even harder. The Chairman stated that it may not have such an effect, although it was important to continue to work with them to ensure resources were distributed fairly.

Councillor Caroline Stock, Chairman of the Health and Wellbeing Board attended meetings with health providers to discuss this.

The Chairman thanked officers for the report and useful update. He requested that officers update the Committee on progress when they felt appropriate.

The Chairman moved to the vote on the officer's recommendations. The Committee unanimously **RESOLVED:**

To note the contents of the report.

10. COMMITTEE FORWARD WORK PROGRAMME

The Chairman reported that two items had been deferred to the next meeting due to the General Election on 12 December 2019.

An additional meeting would be held on 10 February 2020 at 7pm to consider fees and charges.

Cllr Cooper stated that she would not be able to attend but would organise for a substitute for 10 February 2020.

11. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT

The meeting finished at 7.32 pm



Adults and Safeguarding Committee

17 February 2020

Title	Care planning procedures
Report of	Councillor Sachin Rajput – Committee Chairman
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	
Officer Contact Details	James Mass, Director of Adult Social Care james.mass@barnet.gov.uk

Summary

Following the submission of a member's item, this report has been prepared to provide information on the Council's approach to care planning and the identification of need.

Officers Recommendations

1. The Adults and Safeguarding Committee is asked to note the contents of the report.

1. WHY THIS REPORT IS NEEDED

- 1.1 In advance of the committee meeting of 25 November 2019, a member's item as follows was submitted:

I request that the Adults & Safeguarding Committee is provided with details of the procedures and practices used at care planning assessments where care options are discussed with individual social care users, demonstrating how each individual is enabled to exercise choice in their care, and how the identification of need is always free from resource considerations.

- 1.2 This could not be presented to the November meeting due to the pre-election period and so the information requested is being presented to this committee.

2. REASONS FOR RECOMMENDATIONS

- 2.1 This report provides the information requested in the member's item.

Implementation of the Care Act (2014)

- 2.2 Barnet Council took a thorough approach to ensuring that the implementation of the Care Act (2014) was focused on improving positive outcomes for residents as well as being legally compliant. A number of reports and policies were brought to various meetings of this committee in 2014 and 2015 to provide assurance as to the overall approach to implementation and to seek approval for a range of specific policies. This included a report to the meeting of 19 March 2015 entitled "Implementing the Care Act 2014: Eligibility; Carers contributions; Care arrangement fees; Increased demand". The "Council's Assessment & Eligibility Policy for Adults in Need" is set out in the background papers to this report. The policies followed the primary legislation and the associated statutory guidance of the Care Act 2014. Relevant sections of this policy include:

- Where it appears that an adult may have needs for care and support, the Council will assess whether the adult does have needs for care and support and if so, what those needs are. This is regardless of the level of those needs or an adult's financial resources.
- The Council will therefore seek to establish the total extent of needs and take a holistic view of the adult's needs considering their strengths as well as other support that might be available in the community to meet needs. The assessment will identify and capture all care and support needs, including those being met by any care and support being provided by a carer. Consideration will also be given as to how the adult, their support network and the wider community can contribute towards meeting the outcomes the adult wishes to achieve.

- Where any needs for care and support meet the eligibility criteria the Council will then take the following 3 steps: (a) consider what could be done to meet those eligible needs: this means the Council will consider potential support options and whether they may fall within the Council's contributions policy. How needs should be met will be determined by the care and support planning process. (b) ascertain whether the adult wants Barnet Council to meet those needs or whether they wish to arrange alternative services to meet some or all of those needs, and (c) establish where the adult is ordinarily resident: Barnet Council will be responsible for meeting eligible needs for care and support of adults who are ordinarily resident in Barnet.

2.3 The Council ensures it adheres to this policy and follows statutory guidance on assessment of care and support needs, determination of eligibility, and care & support planning.

Strength-based practice in adult social care in Barnet

2.4 Barnet Council has invested significantly in ensuring a strength-based approach is offered to residents in contact with adult social care. Staff members have all been trained in this approach and there is a quality assurance framework, including independent audit, in place to review practice and ensure this is sustained.

2.5 Important aspects of the strength-based approach include:

- In our interactions with people, we will apply a strengths-based approach, meaning that practitioners will work with people to identify their preferred outcomes and the personal resources they have to achieve these outcomes.
- We will be creative in how we meet an individual's care and support needs through how we commission, support plan and broker.

2.6 This approach is closely aligned to delivery of our Care Act responsibilities as detailed in the "Community support update" considered by this Committee on 19 September 2019 (see background papers).

Assessment of need, determination of eligibility and support planning

2.7 The assessment of care and support needs includes the following, which must be captured in the assessment record:

- What is important to the person
- What is working well that the individual wants to ensure remains in place
- What changes would most improve their well-being or quality of life
- All their care and support needs
- Risks, concerns and capacity
- Details of health conditions, and the home environment

- 2.8 Under the Care Act 2014 Section 13, all councils in England are required to meet needs at the national threshold described in The Care and Support (Eligibility Criteria) Regulations 2014. The eligibility threshold is based on identifying how an individual's needs affect their ability to achieve relevant desired outcomes, and whether as a consequence this has a significant impact on their wellbeing. The eligibility criteria are considered following the completion of the assessment of needs. The Regulations set out the outcomes used to determine eligibility, as follows:

Outcomes for adults with care and support needs

- Managing and maintaining nutrition
- Maintaining personal hygiene
- Managing toilet needs
- Being appropriately clothed
- Being able to make use of the adult's home safely
- Maintaining a habitable home environment
- Developing and maintaining family or other personal relationships
- Accessing and engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community, including public transport, and recreational facilities or services
- Carrying out any caring responsibilities the adult has for a child.

Outcomes for carers with support needs

- Carrying out any caring responsibilities the carer has for a child
- Providing care to other persons for whom the carer provides care
- Maintaining a habitable home environment in the carer's home, whether or not this is also the home of the adult needing care
- Managing and maintaining nutrition
- Developing and maintaining family or other personal relationships
- Engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community, including recreational facilities or services
- Engaging in recreational activities.

- 2.9 Local authorities must promote wellbeing when carrying out any of their care and support functions in respect of a person. This may be referred to as "the wellbeing principle" because it is a guiding principle that puts wellbeing at the heart of care and support. Barnet ensures that wellbeing is reflected in all its assessments of care & support needs and in the determination of eligibility.
- 2.10 The development of a care and support plan takes place after the completion of the care and support needs assessment, where social care practitioners identify all needs and understand the individual's own network of support; and after the determination of eligibility. In the development of a care and support plan, there will be a discussion of all suitable care and support options that could meet the identified needs.

2.11 The final care and support plan is agreed between the person and the council, and is based on meeting the individual's eligible needs and the agreed outcomes in the support plan.

2.12 The following case studies help to illustrate the approach that is taken to enable individuals to exercise choice in their care, and how the identification of need is undertaken without resource considerations.

2.13

Case study 1 - Mrs K

When Mrs K was first referred to adult social care she had no food in the house and no money available. She was scared, was not allowing anyone in the house, was refusing to accept support from any services and had an infestation of pigeons.

Following a care and support needs assessment, and the development of a care and support plan by Mrs K and her social worker, Mrs K is now warm, well, comfortable, regularly eats and has contact again with family that she had thought were dead. She has access to her money and is beginning to trust people, working through life affairs with her social worker and engaging with services.

This was achieved in part due to a social worker who used empathy and took time to build rapport and find out who Mrs K is and understand her life history. This enabled Mrs K to begin to trust and engage with those that could support her. The social worker used appreciative inquiry (a technique that focuses on strengths), applied the law including the Mental Capacity Act (2005) and the court of protection to support the process.

Mrs K now has an ongoing flexible package of support involving a multi-agency approach, regular professional involvement, and the ability to be flexible with care such as increasing when unwell / following medical procedure has made it possible for her to remain in her own home.

Case study 2 - Mr B

Mr B had eligible needs in relation to maintaining his nutrition and personal hygiene. However, he expressed a clear preference not to have care in the home and for his hygiene needs not to be met by paid carers.

A strength based approach was used in the development of his care and support plan. Mr B has a personal assistant (PA) who supports him to attend the local swimming pool 3 times a week where he swims and then showers. On the way home they go to the local café for something to eat. Mr B feels like 'the man he used to be' – he now gets to do what he loves again. Mr B has his personal care

needs met as he prefers to have a shower at the swimming pool. He also gets out and about in the community and eats well after his swim.

Case study 3 - Mr and Mrs P

Mr and Mrs P had frequent hospital admissions. Following each hospital episode care was arranged to support them both in their home but, despite initially accepting care, Mr P would then cancel it as he didn't like strangers coming into his property. Mr P did most of the practical tasks around the home, but after a fall, he could no longer manage this; meaning that neither Mr nor Mrs P could manage personal care, nutritional needs or maintaining their home. The son reported being at breaking point and felt that he couldn't do anymore. The GP and other health professionals felt that the couple needed residential care to ensure they were getting the care and support they needed and to resolve the situation of Mr P sending carers away.

By looking working with Mr and Mrs P as a couple, and considering what was important to them, the practitioner was able to understand that having a trusting relationship was key to any successful interaction. Mr and Mrs P did not want to move to a care home and so, building on the success of a private cleaner who spent time getting to know them and establishing a relationship with the couple, the worker worked with them to develop a combined care and support plan allowing one person to be there to support them both in the morning, lunchtime and evening whilst also developing a relationship and allowing time for this to happen.

A joint care package is now enabling the couple to minimise the number of people coming into their home, to remain in their home, and allowing them the opportunity to develop a relationship and therefore trust in the person coming in to support them.

Case study 4 - Mr N

Mr N is a young man in his 50's who as a result of two strokes requires support for his personal care, nutrition, maintaining relationships, accessing the community, managing his finances and maintaining his home. He resides with his family who requested a residential placement. Mr N was assessed as not having the mental capacity to decide the most suitable setting to meet his care and support needs.

It is not possible to determine from Mr N how he would like his care and support needs to be met. The social worker therefore has taken the approach of understanding who Mr N was before his strokes, observing him and his interactions now and considering what it would be like for him to move into a residential placement, versus living with family as he always has.

There is now ongoing work with the family to ensure we can put in place the least restrictive option for Mr N. He is a young man who was very independent and active before his stroke. Care and support at home is now being tried to try and maximise Mr N's well-being.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 N/A

4. POST DECISION IMPLEMENTATION

4.1 N/A

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- Barnet Council's corporate plan 2019-2024 sets out a commitment to supporting residents to live 'happy, healthy, independent lives with the most vulnerable protected'. It also sets out as an objective "supporting our residents who are older, vulnerable or who have disabilities, to remain independent and have a good quality of life". The plan goes on to set out that this will be delivered through:
 - "Opening new Extra Care schemes for people that need additional support to remain living independently
 - Providing enablement services that help people regain or increase their independence
 - Using technology to enhance independence and assist with care
 - Offering support for carers of people with dementia
 - Providing equipment that allows people to stay more independent at home"
- The approach taken to assessment and support planning is in support of this objective.

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

- The total adult social care net budget for 2019/20 is £98.5m of which £79.9m is the budget for the purchasing of care. The Adults and Safeguarding Committee savings programme will enable the council to meet its savings target as set out in the MTFS, to deliver £6m of savings in 19/20 across the total budget.

5.3 Social Value

- N/A

5.4 Legal and Constitutional References

- Whilst a local authority cannot take resources into account in assessing eligible needs, it is settled law that resources can be considered when considering the provision necessary to meet that identified eligible need (*Regina v Gloucestershire County Council and Another, Ex Parte Barry*: HL 21 Mar 1997).
- Following the Implementation of the Care Act 2014 and the Care and Support Statutory Guidance, there is a clear duty to involve the person in the care planning process, which has to be person centred. All reasonable steps have to be taken to reach agreement on provision, but the care plan does not have to only reflect the subject's choices.
- The statutory guidance (Care and Support Statutory Guidance) refers to keeping the person at the centre of any assessment, as follows:

6.30 Putting the person at the heart of the assessment process is crucial to understanding the person's needs, outcomes and wellbeing, and delivering better care and support. The local authority must involve the person being assessed in the process as they are best placed to judge their own wellbeing. In the case of an adult with care and support needs, the local authority must also involve any carer the person has (which may be more than one carer), and in all cases, the authority must also involve any other person requested. The local authority should have processes in place, and suitably trained staff, to ensure the involvement of these parties, so that their perspective and experience supports a better understanding of the needs, outcomes and wellbeing.

- Section 151 of the Local Government Act 1972 states that: "without prejudice to section 111, every local authority shall make arrangements for the proper administration of their financial affairs and shall secure that one of their officers has responsibility for the administration of those affairs". Section 111 of the Local Government Act 1972, relates to the subsidiary powers of local authorities.
- Local authorities owe a fiduciary duty to council tax payers, which means it must consider the prudent use of resources, including control of expenditure, financial prudence in the short and long term, the need to strike a fair balance between the interests of council tax payers and ratepayers and the community's interest in adequate and efficient services and the need to act in good faith in relation to compliance with statutory duties and exercising statutory powers.
- The Council's Constitution (Article 7 Committees, Forums, Working Groups and Partnerships) sets out the responsibilities of all council Committees.
- The responsibilities of the Adults and Safeguarding Committee include:

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

5.5 Risk Management

- All high cost packages, whether for support in the community or in a residential setting, are approved by an assistant director. This helps provide assurance that appropriate decisions are being taken that are fully compliant with the responsibilities set out in the Care Act.
- The council has an established approach to risk management, which is set out in the Risk Management Framework. Risks associated with the saving proposals will be outlined within the theme committee reports as each proposal is brought forward for the Committee to consider.

5.6 Equalities and Diversity

- 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.
- The public-sector equality duty is set out in s149 of the Equality Act 2010. A public authority must, in the exercise of its functions, have due regard to the need to:
 - a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
 - c) 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, in particular, to the need to:
 - a) Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
 - b) 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; and
 - c) 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 steps to take account of disabled persons' disabilities.
- 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, the need to:
 - a) Tackle prejudice; and
 - b) Promote understanding.
- The relevant protected characteristics are:
 - Age;
 - Disability;
 - Gender reassignment;
 - Pregnancy and maternity;
 - Race;
 - Religion or belief;
 - Sex; and
 - Sexual orientation.

5.7 Corporate Parenting

- 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. The outcomes and priorities in the refreshed Corporate Plan, Barnet 2024, reflect the council's commitment to the Corporate Parenting duty to ensure the most vulnerable are protected and the needs of children are considered in everything that the council does. Young people in care, and care leavers, who, when aged 18, meet eligibility criteria for adult social care, will be affected by these proposals in the same way as other adults who require support under Care Act (2014) criteria.

5.8 Consultation and Engagement

- Resident consultation was undertaken on the council's implementation of the Care Act

2014 which included information on the approach to assessment and care & support planning.

5.8 **Insight**

5.8.1 N/A

6. **BACKGROUND PAPERS**

- 6.1 Assessment and Eligibility policy for adults in need
Adults and Safeguarding Committee, 19 March 2015
<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MId=7933&Ver=4>
- 6.2 Delivery Plan 2019/20
Adults and Safeguarding Committee, 18 March 2019
<https://barnet.moderngov.co.uk/documents/s51616/Adults%20and%20Safeguarding%20Delivery%20Plan%202019-20.pdf>

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Adults and Safeguarding Committee

17 February 2020

Title	Update on the Delivery of the Prevent Duty
Report of	Chairman of the Adults and Safeguarding Committee
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	None
Officer Contact Details	<p>Sam Rosengard (Prevent Coordinator)</p> <p>Sam.rosengard@barnet.gov.uk</p> <p>Tel: 0208 359 3323</p>

Summary

Prevent is part of the Government's counter-terrorism strategy CONTEST and aims to provide support and re-direction to vulnerable individuals at risk of being radicalised into terrorist-related activity before any crimes are committed.

The Counter-Terrorism and Security Act 2018 requires specified authorities, in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism.

As the Prevent Duty requires statutory bodies to protect vulnerable adults from radicalisation, the following report is needed to update the Adult and Safeguarding Committee regarding progress of delivery of the Prevent Duty in Barnet. The Committee is asked to note the contents of the report. This update on Prevent delivery will include:

- an update on the revised Barnet Prevent Risk Assessment
- an Update on Prevent case management
- an update on training delivery

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Officers Recommendations

1. That the Adults and Safeguarding Committee note the contents of this report.
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1. WHY THIS REPORT IS NEEDED

- 1.1 Section 21 of the Counter Terrorism and Security Act 2015 places a duty on certain bodies to have “due regard to the need to prevent people from being drawn into terrorism”.
- 1.2 The Government’s Prevent Strategy¹ was published in 2011 and forms part of an overall Counter Terrorism Strategy known as CONTEST. The Contest Strategy was reviewed in 2018 and has four elements which are detailed below:

- Pursue
- Protect
- Prepare
- **Prevent**

Prevent is a key part of the Contest Strategy which aims to stop people from becoming terrorists or supporting terrorism through early intervention.

- 1.3 In December 2017, the Barnet Council Prevent Strategy (2017-2020) was launched with the overriding objective:

‘to keep the people of Barnet safe by accurately identifying people vulnerable to being drawn into terrorism and/or violent extremism and to safeguarding children and adults by providing early intervention to protect and divert people away from being drawn into terrorist activity’

¹ For further information regarding Prevent delivery, read ‘the Prevent Duty Guidance: for England and Wales’. (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445977/3799_Revised_Prevent_Duty_Guidance__England_Wales_V2-Interactive.pdf)

- 1.4 This report will specifically update the Adult and Safeguarding Committee on the following:
- Overview of the Barnet Prevent risk assessment and revised Action Plan.
 - Update on Barnet Channel Casework.
 - Performance in relation to Prevent training delivery.

2. Barnet Counter Terrorism Risk Assessment

- 2.1 The Prevent Coordinator and Prevent Education Officer have developed a revised Barnet Radicalisation and Counter Terrorism Risk Assessment document and Action Plan, following consultation. The consultation process included the Council Management Team within the local authority, Managers within local Probation Service providers, Barnet Homes, Barnet CCG and Barnet Enfield and Haringey Mental Health Trust and the Barnet Prevent Delivery Group (a sub-group of the Safer Communities Partnership Board which oversees delivery of the Prevent Duty in Barnet). This consultation was undertaken to inform the development of the risk assessment.
- 2.2 Partners were asked to consider a questionnaire circulated by the Prevent Coordinator to identify any concerns in relation to radicalisation, or the promotion of narratives promoting violent extremism or terrorism. Responses were reviewed by the Prevent Coordinator and these informed Barnet's submission to the SO15 Counter Terrorism Police command for this year's London North Counter Terrorism Local Profile (CTLTP). The CTLTP is a document produced by the SO15 Counter Terrorism Police unit identifying the threat and vulnerability from terrorism and extremism relating to terrorism in local areas.
- 2.3 The Barnet Radicalisation and Counter Terrorism Risk Assessment was then reviewed by the Barnet Prevent Delivery Group on 26/09/2019. An accompanying Action Plan has been revised incorporating the key actions highlighted in the risk assessment as necessary to mitigate each identified area of risk.
- 2.4 These documents will be reviewed annually, and in the event of any significant change in risk. The documents will inform and drive the implementation of Prevent within Barnet Council between 2020 to 2024, in line with the Barnet Corporate Plan 2019-2024 which includes the objective of Barnet supporting and enabling "safe and strong communities where people get along well" with a commitment to "preventing radicalisation".
- 2.5 The local Prevent Risk Assessment and Action Plan documents have been reviewed by the Council Management Team and the Prevent Coordinator will meet with each director in January and February to ensure the risk assessment is agreed and understood and that each workstream lead will ensure implementation of relevant actions. The documents will be presented to the Community Leadership and Libraries Committee for approval in April 2020.

3. Update on Prevent Case Management Performance

3.1 Channel is a voluntary programme which focuses on providing support and early intervention to safeguard children and adults identified as being at risk of being drawn into terrorism or extremism by:

- Identifying the individuals at risk
- Assessing the nature and extent of that risk
- Developing the most appropriate support plan for the individuals concerned

The Channel Panel is chaired by a Barnet Community Safety Manager and is a multi-agency panel. Panel members act as SPOCs (Single Points of Contact) for their organisations. As such they will be expected to raise awareness around this agenda within their work areas and they provide advice and guidance to practitioners within their organisation.

3.2 The Barnet Channel Panel has consistent participation from the Counter Terrorism Command (SO15) Police Team, Multi-Agency Safeguarding Hub (MASH) which is represented by the Senior Practitioner and Prevent Lead, Barnet CCG which is represented by the Adult Safeguarding Lead and the Barnet, Enfield and Haringey Mental Health Trust who are represented by their Prevent Lead (the Head of Non-Clinical Risk). In addition, the manager of the Approved Mental Health Practitioner (AMHP) Team attends each Channel Panel meeting to provide advice on case discussions where mental health issues are evident.

3.3 Eleven Channel Panel meetings were held in 2020 with high levels of attendance from all partner agencies.

4. Performance on the training of Council Staff and Partnership

4.1 The Prevent Multi-Agency Action Plan outlines the statutory duty to provide training to ensure that Barnet and Partnership staff are able to recognise signs that an individual may be vulnerable to being radicalised, and able to respond appropriately to reduce that risk. The Workshop to Raise Awareness of Prevent (WRAP) provides information and guidance that enables staff to fulfil their duties within the Prevent Duty.

4.2 Barnet Council has embarked on a refreshed programme of training using the Home Office WRAP3 module. The refreshed programme of training delivery was launched in December 2017.

4.3 Due to the need to safeguard those individuals most vulnerable, the training rollout has focused initially on frontline safeguarding staff within Family Services and Adults and Health Services including Mental Health practitioners. In 2018 and 2019, training delivery was expanded to include other relevant workstreams and relevant partnership agencies who deliver services to vulnerable people in Barnet.

- 4.4 Table 1 below highlights progress in delivery of WRAP sessions within Adults and Health between 01 January 2018 (when the WRAP training programme was launched) and 31 December 2020.

Table 1

Responsible department/organisation	Number of Staff requiring training	Number of staff trained	Number of WRAP3 sessions delivered between Jan 2018 and Dec 2020
Adults and Health	302 (staff currently in post)	287	35

- 4.6 The Prevent Coordinator delivers monthly training sessions which are offered to all local authority staff and partnership staff operating in the local authority. Regular liaison takes place with the Adults and Health Workforce Development team to ensure that staff requiring WRAP training are invited to these sessions.
- 4.7 Work will be undertaken to review the current Adults and Health workforce to identify staff who have not undertaken WRAP training in the past 36 months and those members of staff will be prioritised in 2020.
- 4.8 The Prevent Coordinator has provided training to the National Probation Service and London Community Rehabilitation Company operational teams in Barnet. Training has also been provided to the Violence Against Women and Girls (VAWG) Network and a Counter Terrorism briefing was provided to Barnet CCG by SO15 Police colleagues.
- 4.9 All NHS trusts deliver Prevent training internally to staff. The Prevent Coordinator has received confirmation that the Trusts are meeting their targets for training delivery.

5. REASONS FOR RECOMMENDATIONS

- 5.1 As part of the Prevent strategy, the Prevent Coordinator is required to provide the Adults and Safeguarding Committee with an annual update on prevent delivery. The Committee is asked to provide comment on the report.

6. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

6.1 None in the context of this report.

7. POST DECISION IMPLEMENTATION

7.1 The documents referred to in this report will be presented to the Community Leadership and Libraries Committee for agreement and sign-off in April 2020.

8. IMPLICATIONS OF DECISION

8.1 Corporate Priorities and Performance

The Barnet Council Corporate Plan for 2019 to 2024 aims to achieve the following outcomes for the borough focus on place, people and communities:

- A pleasant, well maintained borough that we protect and invest in
- Our residents live happy, healthy, independent lives with the most vulnerable protected
- Safe and strong communities where people get along well

The effective implementation of the Barnet Prevent Action Plan supports Barnet in achieving the commitment set out in the corporate plan that Barnet will be amongst the safest places in London, with high levels of community cohesion, and residents feeling safe.

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

8.2.1 The Prevent Coordinator, Prevent Education Officer posts are funded through Home Office Grant Agreements which are refreshed annually. All projects proposed for 2020 would be funded directly by the Home Office if approved. The costs of WRAP training for Adults and Health staff are met within existing budgets. There is no risk to Home Office funding for Prevent posts in the 2020-2021 financial year. As such, there are no financial implications for the Adults and Safeguarding Committee arising from this report.

8.3 Social Value

8.3.1 Not relevant in the context of this report

8.4 Legal and Constitutional References

8.4.1 **The** Counter-Terrorism and Security Act 2015 contains a duty on specified authorities to have due regard to the need to prevent people from being drawn into terrorism. This is also known as the Prevent duty. There is statutory guidance issued under section 29 of the Act. that the authorities subject to the provisions must have regard to when carrying out the duty. (The Revised Prevent Guidance for England and Wales (2015))

8.4.2 According to the Council's Constitution, Article 7, the Adults and Safeguarding Committee have;

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

8.5 Risk Management

8.5.1 Risk management varies according to the different initiatives and individuals being supported through the Prevent duty. The partnership or appropriate agencies are made aware of risks and actions to mitigate the risks are agreed and put in place. There is always risk that the partnership may not achieve the targets set due to factors outside its direct control – however there is strong partnership working in place enabling agencies to identify and highlight risk and be open to addressing the risk collectively.

8.6 Equalities and Diversity

8.6.1 Section 149 of the Equality Act 2010 sets out the public sector equality duty to which the authority must have due regard. The Council's public sector equality duty is set out in s149 of the Equality Act 2010:

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.
- relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex and sexual orientation.

The London Borough of Barnet Prevent Strategy 2019-2024 and the services

delivered as part of this strategy take into account the protected characteristics to ensure services are accessible and fair to all sections of the community.

8.7 Corporate Parenting

8.7.1 Prevent training is currently being rolled out to teams across Children and Young People Services, including teams responsible for supervising looked after children. In recent months, WRAP sessions have been delivered to staff in the Onwards and Upwards (corporate parenting) team, the Fostering & Adoption Team and Children in Care teams to ensure staff are aware how to refer concerns where a child is assessed to be vulnerable to radicalisation. In recent months, cases of concern have been referred appropriately which indicates that the process is embedded.

8.8 Consultation and Engagement

8.8.1 Consultation is undertaken with stakeholder groups as follows:

- The Prevent Delivery Group has met quarterly and provided updates to the local Barnet partnership on Prevent and Community Engagement issues.
- Annual Prevent update reports and briefings are provided to the following boards:

Board	Area of Focus	Frequency	2019-2020 Prevent updates
Barnet Council Management Team	Council progress on meeting duty	Bi-annual	Most recent update: 03 December 2019 Next Update March 2020
The Safer Communities Partnership Board	Partnership action and inter-agency working to respond to local risk	Annually	Most recent update: 26 July 2019 Next Update January 2020
The Children's Safeguarding Board (Executive committee)	Safeguarding Children and educational services	Annually	Most recent update: 24th January 2019 Next Update 30 January 2020
The Health and Wellbeing Board	Health, prevention and care	Annually	Most recent update: 24th January 2019 Next Update March 2020
The Adult Safeguarding Board	Adults at risk of abuse or neglect	Annually	Most recent update: 28th February 2019 Next Update February 2020.

8.9 Insight

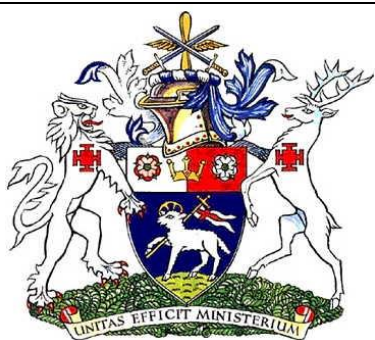
8.9.1 Not relevant in the context of this report.

9. BACKGROUND PAPERS

9.1.1 Papers which inform this report:

- a. The Counter-Terrorism Strategy (CONTEST) 2018
<https://www.gov.uk/government/publications/counter-terrorism-strategy-contest-2018>
- b. The Revised Prevent Duty Guidance for England and Wales (2015)
<https://www.gov.uk/government/publications/prevent-duty-guidance>
- c. Barnet Prevent Strategy (2017 to 2020)
<https://www.barnet.gov.uk/citizen-home/housing-and-community/community-safety/radicalisation.html>
- d. Counter Extremism Strategy (2018)
<https://www.gov.uk/government/publications/counter-extremism-strategy>
- e. Building a Stronger Britain Together
<https://www.gov.uk/guidance/building-a-stronger-britain-together>

AGENDA ITEM 9



Adults and Safeguarding Committee

17th February 2019

Title	Adult Social Care Market Position Statement
Report of	Chairman of the Adults and Safeguarding Committee
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix A – Adult Social Care Market Position Statement
Officer Contact Details	<p>Jess Baines-Holmes, Assistant Director, Adults Joint Commissioning jess.baines-holmes@barnet.gov.uk</p> <p>Muyi Adekoya, Head of Commissioning, Older Adults and Integrated Care muyi.adekoya@nhs.net</p> <p>Sam Raffell, Head of Care Quality Sam.Raffell@barnet.gov.uk</p>

Summary

The Care Act 2014 places a statutory duty on councils to promote the efficient and effective operation of a market in services for meeting care and support needs. This intends to ensure that anyone in a given area (whether or not their support is funded by the local authority) has a choice of care providers and of high-quality services. The council carries out this duty through a range of means.

One of these is the development of a Market Position Statement, which is an iterative strategy document outlining the direction of travel for local care and support services, including what works well and what needs change and development.

Sub regionally, the council works in partnership with other North Central London boroughs (Enfield, Haringey, Camden and Islington) to deliver a programme of care market improvement using its combined resources to maximise impact across North Central London.

Locally, the council has invested in a dedicated team working proactively and responsively in collaboration with care providers to share good practice, address quality issues and develop a community of practice capable of continuous improvement and fostering a diverse and stimulating marketplace for services.

This report outlines these initiatives and asks the Committee to approve the updated Adult Social Care Market Position Statement (MPS); and to note the sub regional programme and the local approach to market shaping and sustainability.

Recommendations

- 1. The Committee is asked to approve the Market Position Statement prior to publication.**
- 2. The Committee is asked to note the local and sub-regional approach to market shaping and sustainability.**

1. WHY THIS REPORT IS NEEDED

- 1.1 The Adults and Safeguarding Committee has responsibility for all matters relating to adult safeguarding and adult social care.
- 1.2 The council has duties under the Care Act 2014 to help develop a market that delivers a range of sustainable, high quality care and support services for residents.
- 1.3 These duties relate to:
 - 1.3.1 Local market shaping to encourage quality, choice and sufficiency of care and support provision
 - 1.3.2 Local contingency planning in case of provider failures
 - 1.3.3 Ensuring care is maintained for everyone, including people who fund their own care, where a provider fails financially and services cease, to ensure people's needs continue to be met.
- 1.4 This report outlines the work underway to ensure the council fulfils its market shaping duty under the Care Act 2014.

2. REASONS FOR RECOMMENDATIONS

Market Position Statement

- 2.1 Statutory guidance (issued under the Care Act 2014) states that local authorities should produce a 'Market Position Statement', whose functions may

include signalling to the market the likely need to extend or expand services, encouraging new entrants to the market in their area, or if appropriate, signalling likely decreases in service need.

- 2.2 The previous Market Position Statement (MPS) was available to care providers via an online microsite which has now been decommissioned following updates to the council's web presence. A new Market Position Statement for Adult Social Care has been developed and is being presented to committee prior to publication.
- 2.3 Market Position Statements are designed to promote diversity and quality in the provision of services (Care Act 2014, section 5).
- 2.4 It is a document targeting both existing providers that want to plan their future business, and new providers that want to enter the local market. It includes the local authority view of current provision in the social care market, what the gaps are, and the type and quality of services and support needed for the future.
- 2.5 Barnet's new Market Position Statement has been written following research and analysis of data, legislation, best practice and national guidance. This has included:
 - 2.5.1 Analysing local population data in the Joint Strategic Needs Assessment which provides a detailed analysis of Barnet's population.
 - 2.5.2 Reviewing national guidance on the content of a good Market Position Statement.
 - 2.5.3 Reviewing other councils' Market Position Statements to identify areas of good practice.
 - 2.5.4 Working with a range of council services, such as care quality, operational social care, procurement, public health and sport and physical activity to gather the most up to date content.
 - 2.5.5 Engaging with social care providers via provider forums and one-to-one meetings. Feedback from providers indicated the following:
 - Providers would like to access concise information in an accessible format e.g. a website with printable documents or fact sheets
 - Providers are interested in finding out about current demographics, future demographics, commissioning priorities, procurement engagement opportunities with the Local Authority
 - Providers are keen to access updated information regularly: bi-annually at a minimum
 - Providers would like to be made aware of a schedule of updates to the MPS
 - Providers would like 'real time' updates via social media for any significant information or urgent requests.

2.6 The Market Position Statement has incorporated the feedback from providers and reflects the aims of the council's Corporate Plan. Commissioning priorities set out in the MPS include:

- More nursing care provision for older people within the borough to address local and sub-regional shortages
- Increased and more innovative use of assistive technology and equipment to keep people well and independent at home for longer so that they thrive in the community
- Existing homecare, residential and accommodation-based services better able to support residents with behaviours that challenge
- New services to support people who have learning disabilities and complex needs, including their physical health, mental health and autism
- More urgent or crisis care services, including accommodation-based services, and short term 24-hour 'live-in' support services, for people with complex needs and behaviours that challenge
- Services that identify, engage, support and enable carers to maintain and improve their health and wellbeing and continue in their caring role

2.7 The publication of the new Market Position Statement will form part of the council's ongoing engagement with providers, better enabling them to support the residents of Barnet.

Sub-regional Strategic Market Management

2.8 Barnet and the other four North Central London Councils (Camden, Enfield, Haringey and Islington) have been working together since 2017 on a joint programme of work on adult social care, including a comprehensive programme of engagement with care providers in North Central London.

2.9 The programme has identified two key shared priorities: strengthening the care provider market and supporting the wider social care workforce.

2.10 To understand the local market dynamics, the programme has undertaken various detailed analyses and engagement exercises with providers through forums, workshops, one to one meetings and surveys.

2.11 Key themes raised by providers were:

- Providers have challenges relating to the workforce, particularly recruiting nurses
- Providers would prefer different commissioners to adopt the same or similar processes and requirements, such as the approach to quality monitoring
- Providers have challenges with the interface with health services, such as planning around hospital discharge.

2.12 Using this analysis, the programme has focussed on a number of strategic priorities for 19/20, which include:

- 2.12.1 **Managing the cost of placements:** shared work on cost modelling and analysing placement prices has enabled the councils to work with providers to better understand their cost drivers and promote greater efficiency where possible. This includes identifying ways of working with providers in partnership to address upward pressures on cost, for example high use of agency staff and poor staff retention. Having a shared understanding of placement costs regionally also allows the five North London councils to increasingly work collaboratively to reduce variations in price between boroughs. This has included commissioning independent market analysis to understand and benchmark the true cost of care delivery, ensuring that councils can pay rates that are affordable but also support a sustainable and high-quality market. This has led to a sub-regional reduction in average placement cost of 4.8%.
- 2.12.2 **Increasing nursing supply:** North Central London has circa 1,000 fewer nursing beds than other areas of London. Councils are starting to address the imbalance of supply by developing new nursing capacity and working with some providers with the aim of re-designating residential beds to nursing. Additionally, the programme is in the process of working with providers to test ideas for how to encourage inward investment into North Central London to build extra supply, and to understand how councils can ensure that the limited supply currently is retained, and support care homes to accommodate people with more complex needs within the places available.
- 2.12.3 **Promoting improved quality:** There are a range of interventions to support quality in care homes across North London, including training, direct support from primary and community care and urgent care support. Each borough has different approaches, and the programme is working with health colleagues to review how best to coordinate interventions to both improve quality consistently and sustainably, and reduce acute activity from care homes. In response to one of the key themes from providers, all North Central London boroughs are now adopting Barnet's approach to quality monitoring.
- 2.12.4 **Supporting workforce development:** There have been a number of initiatives in train in 19-20 to support the sector workforce. The five councils are working on a number of programmes to raise the profile of the care sector and encourage more people to consider it as a career path. The programme has developed a web-portal (Proud to Care North London) to support recruitment and raise awareness of roles within care, and has established an 'I-care ambassador' programme to train and support 'champions' of work in the care sector across North Central London. There

are currently 24 ambassadors across a number of employers, evenly split between domiciliary and care home providers and a range of roles.

In recognition of the high turnover rates within the sector, and increasing complexity of care, the programme is also developing and coordinating a number of initiatives to support staff retention and training in the sector. Chief amongst these are leadership and practice development schemes for nurses and registered managers, working with Capital Nurse, and a variety of training schemes to support care staff, including in clinical skills.

The workforce programme has secured more than £600,000 in workforce development funding for the care provider sector in north central London from Health Education England, Skills for Care and Capital Nurse. This supports programmes such as the Diploma in Leadership for Registered Managers and trainee nurse associates apprenticeships. Through the registered manager programme, an additional 16 registered managers were qualified across North Central London by the end of 2020.

Barnet's Local Approach to Market Management, Shaping and Sustainability.

- 2.13 Across North Central London, Adult Social Care is estimated to contribute £1 billion to the economy, £300 million of that in Barnet. It currently provides 37,000 jobs, one in 25 of all local jobs, with a projected 13,000 new jobs required by 2030 (source: Skills for Care, New Economics Foundation).
- 2.14 Barnet has the largest number of care providers among the North Central London boroughs and one of the largest care markets in London. There are currently 166 social care organisations registered with the Care Quality Commission (CQC).

Service Type	Number of services
Domiciliary Care	76
Residential Homes	66
Nursing Homes	19
Supported Living	15
Extra Care	6
Rehabilitation	1
Community Health Care Services	1

- 2.15 There are 19 nursing homes with 1,099 beds and 66 residential homes with 1,423 beds in the borough. As referred to in paragraph 2.12.2, across North Central London there is an oversupply of residential care beds and a shortage of nursing beds.
- 2.16 Despite there being a number of large providers, the care market is still dominated by those who own one or two care homes or who provide care in the community within a fairly small geographical area. Whether run by voluntary organisations, individuals or small companies it is this that forms the bedrock of the care system across the country. Therefore, it is vital that local authorities

have good engagement with these providers and vice versa if they are able to ensure that a sufficient supply of good quality care is available to those who need it.

- 2.17 The Care Quality Team, within Adults and Health, leads on the day-to-day management of the social care market in Barnet. This includes the brokering of new care packages, contract monitoring of care providers, quality improvement support across the care market and managing the Provider Concerns Process.
- 2.18 The team manages the on-going relationship with care providers, undertaking quality monitoring visits, reviewing performance against a set of key performance indicators and checking the quality of services.
- 2.19 Key to the team's role is a focus on engagement with providers, sharing best practice and working in partnership. This includes practice forums, engagement groups, specialist network support groups and workshops and bespoke staff development programmes.

Joint Working with the NHS

- 2.20 The council works closely with Barnet Clinical Commissioning Group to ensure a multi-agency approach to working with care providers in Barnet. The council and CCG have worked to jointly to develop the care homes workforce locally for a number of years.
- 2.21 An example of the joint approach taken to supporting care homes is the jointly funded team supporting the implementation of the enhanced health in care homes¹ framework. The enhanced health in care homes (EHCH) model is based on a suite of evidence-based interventions, which are designed to be delivered within and around a care home in a coordinated manner in order to make the biggest difference to the health and quality of life of its residents.
- 2.22 As part of delivering the agenda, the team has rolled out a programme called Significant Seven training for care home staff. The aim of the training is to upskill front-line staff using a simple tool, and enable them to identify when a resident is deteriorating and support with preventative actions. The tool monitors seven key areas; breathing, hydration, skin, toilet, mood, confusion and pain.
- 2.23 Care homes are also supported by the CCG medicines management team who work alongside the trainers and Care Quality Team; providing medication reviews and medicines management support to staff.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

¹ <https://www.england.nhs.uk/wp-content/uploads/2016/09/ehch-framework-v2.pdf>

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

- 4.1 The London Borough of Barnet Web Design team will design a website to host the contents of the new Adult Social Care MPS. The contents will be updated at least bi-annually.
- 4.2 The council will continue to work closely with North Central London councils to support a diverse and sustainable market for high quality care and support services.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 By facilitating the Adult Social Care market, the MPS supports delivery of the council's Corporate Plan Outcome 'Our residents live happy, healthy, independent lives with the most vulnerable protected' and 'Safe and strong communities where people get along well'. It supports the delivery of the following priorities:
- Supporting our residents who are older, vulnerable or who have disabilities, to remain independent and have a good quality of life
 - Encouraging residents to lead active and healthy lifestyles and maintain their mental wellbeing
 - Integrating health and social care and providing support for those with mental health problems and complex needs
 - Helping people into work and better paid employment
 - Focusing on the strengths of the community and what they can do to help themselves and each other
 - Supporting local businesses to thrive²
- 5.1.2 The MPS supports the aims of the Joint Health and Wellbeing Strategy 2015-20, 'keeping well' and 'promoting independence'.

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

- 5.2.1 It is not currently anticipated that there will be any costs incurred for hosting this content on the existing London Borough of Barnet website.

5.3 Social Value

- 5.3.1 Not applicable.

5.4 Legal and Constitutional References

- 5.4.1 The Care Act 2014 introduced new duties for local authorities to facilitate

² https://www.barnet.gov.uk/sites/default/files/corporate_plan_-_barnet_2024.pdf

and shape a diverse, sustainable and quality market.

The Act;

- emphasises that the local authority has a responsibility for promoting the wellbeing of the whole local population, not just those whose care that they currently fund.
- makes it clear that the local authority needs to move from being an influence on the care market solely through its own purchasing to one where, with providers, it seeks to shape, facilitate and support the care market
- gives the local authority powers and duties in the case of provider failure to ensure that continuity of care is maintained for people

5.5 Governance

5.5.1 According to the council's Constitution Article 7, the Adults and Safeguarding Committee has;

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

5.6 Risk Management

5.6.1 The council has an established approach to risk management. Key corporate risks are assessed regularly and reported to Policy and Resources Committee on a quarterly basis.

5.7 Equalities and Diversity

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

5.8 Consultation and Engagement

5.8.1 The Market Position Statement was informed by informal consultation with providers at provider forums, and through engagement with internal stakeholders' including colleagues in Adult Social Care, Care Quality and

Commissioning and commissioners in Family Services and Housing.

- 5.8.2 It is intended for the MPS to encourage ongoing provider dialogue to help shape future services in partnership. The MPS encourages the provider market to interact with the council through different forums.
- 5.8.3 To make the MPS even more accessible to the provider market it is intended for the MPS to be hosted online in a way which will include a range of functionality to promote a two-way dialogue between the council and the market.
- 5.8.4 It is planned for an MPS Development Group comprising Commissioning, Care Quality and representatives from the provider market to convene regularly to monitor and review the effectiveness of the MPS. Feedback provided by the market through the interactive pages on the website will be used to further develop and enhance the content of MPS.

5.9 **Insight**

- 5.9.1 Population need data drawn from local and national sources was used to identify service gaps and priorities. Detailed population need summaries are provided for each of the Adult Social Care cohorts within the MPS.

5 **BACKGROUND PAPERS**

None.

Market Position Statement 2020 – 2024

CLEAN

HAPPY

GREEN

HEALTHY

COMMUNITIES

INVEST

BUSINESSES

SAFE

INDEPENDENT

RESIDENTS

BARNET
LONDON BOROUGH

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*Contents and page numbers for document reference purposes and will not be included in the final MPS website

Introduction



Welcome to the London Borough of Barnet's Market Position Statement

This is a statement of what the care and support market looks like **in Barnet** and forms an important part of our dialogue with you as providers of services, with our other partners. For residents we hope this provides an overview of the services we have and intend to develop over the coming years.

This Statement describes the current and potential future demand and supply for adult social care services and our future commissioning intentions. It intends to:

- set out the direction of travel of Barnet's adult social care services
- provide information to **you** the social care market, to **inform** and facilitate strategic planning and development of services aligned to local need
- ensure the development of services are aligned to local need
- foster understanding and provide a basis for constructive and creative dialogue

Barnet's Market Position Statement (**MPS**) is intended to work dynamically and will be updated and refined in partnership with you, other partners and residents. [Go to our MPS website for updates and to find out how.](#)

Further information on the borough and the Council's wider strategy and objectives can be found in the [Corporate Plan](#). For more information on the current and future health and care needs of Barnet, please refer to the [Joint Strategic Needs Assessment](#).

Guiding principles

These are the principles and values we expect to see in the services we work with you to develop and commission.

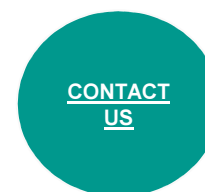
You should be able to answer **YES** to the following statements:

- ☐ We want to support people to be independent as they can be
- ☐ At the heart of all our services is a [strengths-based approach](#) which places individuals at the heart of services promoting their independence and wellbeing
- ☐ Our services are of a consistently high quality and we strive for continuous improvement
- ☐ We adhere and commit to the principles of [Adult Safeguarding](#) especially Making Safeguarding Personal
- ☐ We adhere and commit to the principles of the Mental Capacity Act 2005
- ☐ All our services are delivered with respect and dignity
- ☐ We respect and value the key role of family carers
- ☐ We embrace positive risk taking and skills development to support independence
- ☐ We are eager to break new ground and innovate
- ☐ We embrace digital opportunities and new technology
- ☐ We want to work in effective partnership with other providers



Key messages for 2020/2024 – what we need:

- ☐ More **nursing care** provision for older people within the borough to address local and regional shortages
- ☐ Increased and more innovative use of **assistive technology** and **equipment** to keep people well and independent at home for longer so that they thrive in the community
- ☐ More **homecare, residential and accommodation based services** better able to support residents with **behaviours that challenge**
- ☐ New services to support people who have **complex needs**, including their physical health, mental health and autism
- ☐ Services whose aim is to ensure that support delivers **progression** towards each person's individually agreed aspirations to maximise their long-term independence, choice and control
- ☐ More urgent or crisis care services, including **accommodation based services**, and **short term 24-hour 'live-in' support services**, for people with complex needs and behaviours that challenge
- ☐ Dementia specialist and dementia friendly services including **specialist nursing care** and **respite** options for older people with complex care and dementia needs
- ☐ Services that identify, engage, support and enable **carers** to maintain and improve their health and wellbeing and continue in their caring role



**Barnet
2024**

ABOUT THE BOROUGH



394,400 residents

Largest population in London

37.3 average age

Older than the London average (35.8)

23.9% under 16

Higher than the London average (22.6%)

Higher percentage of

over 85 year olds

compared to the rest of London on average

38.7% BME*
population

Below London average (42.5%)

*Black and minority ethnic



£50k average income

Higher than outer London average (£44k)

71.4% employed

Below London average (74.2%)

4.6% Unemployed

Below London average (5.1%)



23,000 businesses

3rd highest in London



£544,597 average house price

15 times median income

157,000 houses,

with a target to build

31,340 over the next 10 years

Housing tenure

61% owned, **13%** rented from local authority/housing association

26% private rented sector

Over 180 languages

spoken by primary school children



85.2 Female life expectancy

82 Male life expectancy

Above London averages of 84.2 and 80.4

70.5 crimes per
1,000 people

Below London average (92.9 per 1,000)



Fewest number of police officers per resident

compared to the rest of London.

Progress 8 scores*

ranked 2nd highest in the country

*based on pupils' attainment across eight subjects



94.7%

of pupils in

good or outstanding schools

14 libraries



5 leisure centres

8,675 hectares

4th largest in London by size

DONATE



1,064 charities

Over 750km of roads to maintain

28% of the borough is **greenbelt** with over **200 parks and greenspaces**

Barnet 2024 is our plan and vision for the borough

Barnet
2024

OUTCOME
A pleasant,
well
maintained
borough that
we protect
and invest in



OUTCOME
Our residents
live happy,
healthy,
independent
lives with the
most vulnerable
protected



OUTCOME
Safe and
strong
communities
where
people get
along well



A FAIR DEAL...MAXIMISING OPPORTUNITY...SHARED RESPONSIBILITY...EFFICIENT AND EFFECTIVE COUNCIL

A pleasant, well maintained borough that we protect and invest in



- Getting Barnet clean
- Keeping the borough moving
- Getting the best out of our parks
- Ensuring decent quality housing
- Investing in community facilities
- Responsible delivery of major regeneration



Our residents live happy, healthy, independent lives with the most vulnerable protected



- Improving services for children and young people
- Integrating health and social care
- Supporting older and vulnerable residents
- Helping people into work
- Encouraging residents to be active and healthy
- Ensuring we have good schools



Safe and strong communities where people get along well



- Keeping Barnet safe
- Tackling anti-social behaviour
- Celebrating diverse and strong communities
- Ensuring we are family-friendly
- Focusing on community strengths
- Supporting local businesses to thrive

Barnet
2024

Commissioning Priorities



The next section of the MPS tells you our priorities and the opportunities for market development.

- **Stay relevant, responsive and ambitious** – Create services that can support people with a range of needs, for example able to accommodate older people with a learning disability and accessible services for people with physical and sensory impairments and those with autistic spectrum disorders.
- **Assistive technology** – Use current, new and emerging technology innovatively, enabling people with care and support needs to live as independently as possible.
- **Accommodation and support** – Build new services and models which will support people with their recovery, enablement and progression. These will be in the borough so that connections to family and friends, local communities and networks which bring wider benefits are strong. We will re-open our Approved Provider Lists annually to provide opportunities for innovation and new ideas.
- **Prevention** – Ensure that we have a strong and robust prevention approach which promotes and maximises independence and wellbeing.
- **Workforce** – Focus on improving the quality and stability of the care workforce. This includes ensuring that there is strong clinical and professional leadership and implementing policies which promote person-centred care, applying a whole family approach to services, and supporting best practice in end of life care, safeguarding and mental capacity.
- **Employment and training** – Ensure specialist services are meeting the needs of people with mental ill health, learning disabilities and autism to achieve and progress to employment and training, greater independence and that they are working together for greater impact.
- **Carers** – Develop our support offer further for carers, including access to training, support groups, opportunities for respite and how support is integrated into primary care services (General Practice).
- **People with complex needs** – Maintain and improve existing good work to develop specialist and bespoke accommodation and support services, so that people can move from hospitals and residential services back to Barnet, working with the market on new models of cost effective, sustainable services.

Commissioning Priorities



People with Learning Disabilities and autism

- **Young people** – We want to ensure that young people with learning disabilities who are transitioning into adulthood have the opportunity to live in the borough with the friends or relatives they choose and can be supported to get a job and a full range of normal life opportunities. We want to work closely with young people and their families and carers, to ensure that current services are providing the right opportunities and that information is accessible so that they and those that know them best are aware of options and support available.
- **People with learning disabilities and dementia** – We want to ensure that mainstream and specialist services have trained and skilled staff who can make adjustments where necessary for people with learning disabilities and autism who are living with dementia and support them to live well in the community.
- **Access to health care** – We want providers to work with us to ensure access to mainstream services for people with learning disabilities and autism, reducing health inequalities and ensuring that those who need specialist support can get this through our integrated community learning disability service. We will continue to work closely with the NHS as autism diagnostic services are reviewed, particularly on their plans for local advice and support services, and will involve providers in our developing autism strategy action plan to ensure that opportunities are co-ordinated.

Commissioning Priorities



People with Mental Ill-Health

- **Young people** – We will work with providers to ensure that young people with ongoing mental health needs are supported to effectively transition into adult services, with a strong focus on supporting them to achieve good outcomes that are enablement and recovery focused.
- **Crisis support** – We want to work with providers who have expertise in supporting people experiencing mental health crisis; to prevent people's needs from escalating, reducing the numbers of people requiring specialist inpatient care and helping people to remain in their communities.
- **Access to health care** – We want providers to work with us to ensure access to mainstream services for people with mental health needs, reducing health inequalities and ensuring that those who need specialist support can get this. We want providers to look at opportunities to improve early access to support, to help people to maintain their mental health, and strengthen how we support people in our communities to self manage their needs. This includes considering how to improve delivery of support closer to people's homes in the context of the development of integrated care systems.

Commissioning Priorities

Older People including those with dementia

- **Housing and support** – We want to work with the market to develop new models of accommodation and support to ensure that there is sufficient and diverse housing and support provision to meet the needs of adults with dementia, enabling them to be appropriately supported to remain independent and to maximise their wellbeing.
- **Nursing care** – We want to increase the number of registered nursing care beds available within the borough, so that there is sufficient capacity in our local market to provide the right support to adults with dementia and for older people with complex needs needing nursing care in a care home setting.
- **Community support** – We want to explore opportunities to strengthen support in our communities for adults with dementia to prevent needs from escalating, reducing the numbers of preventable admissions into hospitals or nursing care.
- **Home care** – We want to ensure that homecare services which support people to remain more independent for as long as possible are able to provide the right support to adults with dementia and more complex needs.
- **Extra care** – We will develop more extra care housing and support services as this model supports independence, flexibility and value for money.

Our Local Context

Older People

- ❑ In 2020, the population of Barnet is estimated to be 402,700, the largest of all the London boroughs with population growth expected to be 5% (about 20,600) over the next 5 years to 2024.
- ❑ The number of **older people** in Barnet currently is estimated to be 58,400. This figure expected to rise by **10%** to 64,500 over this period.
- ❑ There is a predicted **10% rise** in the number of **older unpaid carers** (aged 65+) over the next 5 years.
- ❑ Life expectancy for men in Barnet is **82.2 years** - significantly higher than the London average of **80.5 years**.
- ❑ For women life expectancy in the borough is **85.5 years** - also significantly higher than the London average of **84.3 years**.
- ❑ Despite longer life expectancy, on average, people in Barnet live 18 years in ill health.
- ❑ The number of people aged 65+ who are living alone is expected to increase by **11% (20,600 in 2024)**.
- ❑ For more information on the current and future health and care needs of Barnet, please refer to the [Joint Strategic Needs Assessment](#).
- ❑ Please see Barnet [Dementia Needs Assessment](#) for more information.

Tab function to link to commissioning priorities/ care group pages with link to commissioning inbox for feedback

Our Local Context

People with Learning disabilities and Autism

- ❑ There are 2,500 younger adults (aged 18-64) in Barnet with autistic spectrum conditions or disorders and this number is projected to rise over the next 15 years to 2,800.
- ❑ Dementia is more prevalent among people with learning disabilities. One in ten people with a learning disability develop **young onset** Alzheimer's disease between the age of 50 to 65.

People with Mental Ill-Health

- ❑ Between 2018 and 2035, common mental disorders will increase by **14%** in Barnet adults (aged 18 – 64).
- ❑ Over the same period, the number of people with two or more psychiatric disorders is predicted to increase by **15%** and those with antisocial personality disorder by **18%** from 874 to 1,035.

People with Dementia

- ❑ It is estimated that there are **4,266** people with dementia living in Barnet and by 2035 this figure is expected to increase to **7,407** - an increase of **74%**
- ❑ Older age groups are associated with higher dementia prevalence. The number of older Barnet residents with dementia will increase by **47%** between 2018 and 2030.

People with Physical & Sensory Impairment

- ❑ The number of people under 65 with severe hearing loss is expected to increase by **25%** by 2035.
- ❑ For younger people with serious sight loss a similar increase of **25%** is expected by 2035.

Tab function to link to commissioning priorities/ care group pages with link to commissioning inbox for feedback

Urgent Service Requirements

This webpage will be kept up to date with live/urgent requirements, with key contacts provided. It will include a ticker running across the screen highlighting the immediate service needs in the borough.

For example:

**IMMEDIATE NEEDS: ADDITIONAL NURSING CARE PLACES BY
31/03/20**

Care workers for services in Edgware and Golders Green areas

Gujarati speaking care workers in North Finchley area

**If you can assist please contact: Brokerage team at
brokerage.team@barnet.gov.uk**

New and upcoming procurement opportunities

- Barnet Council uses an eSourcing Portal available at www.barnetsourcing.co.uk
- Suppliers are encouraged to sign up by registering to hear about current and forthcoming procurement opportunities. The eSourcing Portal also contains details of all past and current sourcing activities.
- Here you will find information such as prior information notices, market engagement event adverts, and tender opportunities for council services. On registering, you can tailor your interests in order to receive auto-notifications when the Council is procuring services relevant to what you can deliver.
- We will open our Approved Provider List for accommodation and support annually and will be considering new models of accommodation and support that promote recovery and progression led enablement.
- We will re-open our Approved Provider Lists annually to provide opportunities for innovation and new ideas.

If you would like further information on the procurement process please contact:
procurement@barnet.gov.uk

New and upcoming procurement opportunities

Upcoming opportunities	
2019-2020	Homecare older people (Q3)
	Healthwatch (Q3)
	Re-opening Approved Provider List for accommodation and support (Q4)
Future Years	Older people
	Community equipment
	Wellbeing day services older people
	Prevention
	Community advice and signposting
	Care Act advocacy
	Mental health enablement
	Mental health community rehabilitation
	Specialist dementia enablement support
	Wellbeing day services for people with learning disabilities and autism
Procurement Forward Plan (LINK)	

People with Learning Disabilities and Autism (1)



Understanding our population and predicted changes

- People with learning disabilities are living longer and with increasingly complex health conditions, including dementia. As people's needs increase we have an ever increasing focus on looking for ways to meet these needs in innovative and cost effective ways. There continues to be an increase in the number of people diagnosed with autism. However there are not enough autism specific services in the borough.
- Most autism services will be commissioned by health and education services. ASC is most interested in services for people with LD and autism/MH and autism/complex needs and autism.
- As parents / carers / family members in their caring role continue to age, their ability to provide care and support for relatives with support needs is reduced. There is a need for other community services to step in and provide greater levels of support
- We have a cohort of aspirational and ambitious young people whom we want to be supported to fulfil their aspirations, for example, paid employment, volunteering and participating in community activities
- **In terms of wider context**, the NHS Long Term Plan sets out a focus on improving services for people with learning disabilities and autism. Commitments include increasing access to support for children and young people with an autism diagnosis, developing new models of care to provide care closer to home and investing in intensive, crisis and forensic

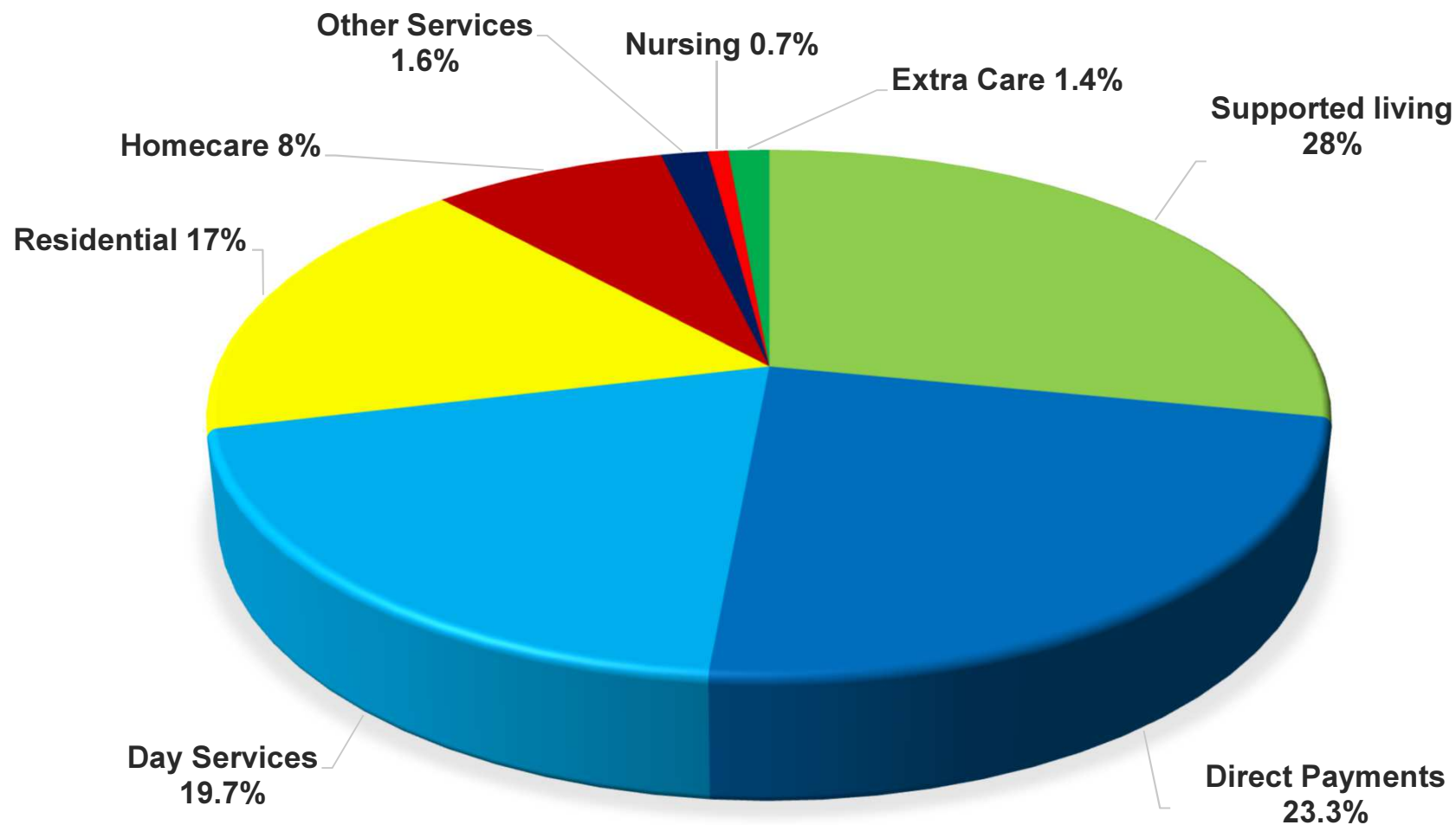
Facts and Figures: Learning Disabilities

- There are an estimated 6,100 adults with a learning disability in the borough under 65 years and 1,176 older people aged 65+ a total of 7,276 adults in the borough. 84% of people with a learning disability in Barnet are aged under 65 years
- Based on national estimates there were 1,554 adults in Barnet with moderate to severe learning disabilities
- Increasing life expectancy means that more PWLD and people with complex needs are expected to access adult social care in the future
- Between 2020 and 2035, the predicted number of adults in Barnet with moderate to severe learning disabilities is estimated to increase by 20% from 1,554 to 1,858
- **A needs assessment of our population of people with learning disabilities** will be undertaken in early 2020 to inform future planning

Facts and Figures: Autism

- In 2019, there are an estimated 2,488 younger adults (aged 18-64) with autism spectrum disorder (ASD) in Barnet, which is the 2nd highest prevalence of all the London boroughs. Forecasts indicate that the number of young adults with autism will increase by 3.6%, by 2023
- In 2019, there are an estimated 524 older people (aged 65+) with ASD in Barnet, which is the 2nd highest number of all the London boroughs. This is predicted to increase by 11.5% by 2023.
- In Barnet, there were 122 autistic people who were social care eligible in 2018.
- In 2018, 87.7% of autistic people with learning disabilities were eligible for social care
- A full autism needs assessment is currently underway which will help to inform our review of our local action plan / strategy

People with Learning Disabilities and Autism Purchased services* (2)



*Snapshot of data taken on 29th October 2019

People with Learning Disabilities and Autism (3)



What we have now	What we need	How can you work with us?
<p>We have a good range of providers of supported accommodation appointed to our Approved Provider List. We have providers who have committed to our strategic vision (a wider range of Accommodation and Support services with good outcomes for service users - supporting them to progress towards independent living through integrated support plans and clear move-on pathways).</p>	<p>We need more providers delivering employment support and day opportunities.</p> <p>More skilled and experienced providers who can work with us to develop new models of accommodation and support.</p> <p>More providers of supported living who will work with people who require lower levels of support, between 4 and 21 hours per week.</p> <p>More providers which have a focus on reducing dependence and who are proactive in identifying opportunities to enable individuals to acquire new skills and 'Progress' towards living more independently.</p>	<p>If you are already a provider on our Approved Provider List and are interested in developing new accommodation and support within the borough we want to work with you to develop it in line with presenting demand.</p> <p>Barnet will be re-opening our Approved Provider List for accommodation and support 2020. If you are interested in joining, you can sign-up to our procurement portal to be alerted to upcoming opportunities.</p> <p>If you are a provider on our Approved Provider List we would like you to:-</p> <ul style="list-style-type: none"> ✓ proactively engage with requests for support; responding within 24 hours to referrals ✓ when successful, complete assessments within 72 hours of being informed ✓ consider appropriate staffing models which are sustainable, can support a range of needs, are enablement and recovery focused and support people to access community resources and achieve the outcomes they want ✓ develop and deliver models of care for complex and challenging behaviours which enable people to improve and maintain independence and wellbeing ✓ contact us if you are supporting an individual and believe they are ready to step down from the support they are currently receiving ✓ contact us if you have concerns about an individual you are supporting to prevent placement breakdown and escalation of need

People with Learning Disabilities and Autism (4)

What we have now	What we need	How can you work with us?
<p>We have a good range of providers of supported accommodation appointed to our Approved Provider List . We have providers who have committed to our strategic vision (a wider range of Accommodation and Support services with good outcomes for service users - supporting them to progress towards independent living through integrated support plans and clear move-on pathways).</p>	<p>We have few providers delivering employment support and day opportunities.</p> <p>More skilled and experienced providers who can work with us to develop new models of accommodation and support.</p> <p>More providers of supported living who will work with people who require lower levels of support, between 4 and 21 hours per week.</p> <p>Providers who have a focus on reducing dependence and who are proactive in identifying opportunities to enable individuals to acquire new skills and 'Progress' towards living more independently.</p>	<p>If you are already a provider on our Approved Provider List and are interested in developing new accommodation and support within the borough we want to work with you to develop it in line with presenting demand.</p> <p>Barnet will be re-opening our Approved Provider List for accommodation and support in early 2020. If you are interested in joining, you can sign-up to our procurement portal to be alerted to upcoming opportunities.</p> <p>If you are a provider on our Approved Provider List we would like you to:-</p> <ul style="list-style-type: none"> ✓ proactively engage with requests for support; responding within 24 hours to referrals ✓ when successful, complete assessments within 72 hours of being informed ✓ consider appropriate staffing models which are sustainable, can support a range of needs, are enablement and recovery focused and support people to access community resources and achieve the outcome they want ✓ develop and deliver models of care for complex and challenging behaviours which enable people to improve and maintain independence and wellbeing ✓ contact us if you are supporting an individual and believe they are ready to step down from the support they are currently receiving ✓ contact us if you have concerns about an individual you are supporting to prevent placement breakdown and escalation of need

People with Learning Disabilities and Autism (5)

What we have now	What we need	How can you work with us?
We have pro-active family and carer support in the borough and we continue to develop and invest in services which help people maintain their caring role.	Providers that will work with young people 16+ (planning). More autism specific services including respite.	We are reviewing the range of respite available to people with learning disabilities and older people. We want to hear from you. If you are planning to develop your services to give different respite options particularly for younger people. We want to work with our leisure providers to develop further opportunities as well as improving and modernising existing respite provision.
We are working closely with health services in North Central London as autism and ADHD diagnostic and treatment services are reviewed particularly.	A better pathway for adults with autism that can support people either with or waiting for a diagnosis to access information, advice and assistance.	Work in partnership with joint commissioning on the plans for local advice and support services that are being developed in 2020 Participate in the review of our autism action plan.
We work with providers of high quality residential care services for people with learning disabilities.	Whilst we have good provision of residential placement services, many residential placements are out of borough, and we would like to bring individuals back to the borough where appropriate to their needs.. There are still 187 (25% of people we support with learning disabilities) in residential/nursing care, often out of area.	As we review placements to confirm whether an out of borough placement remains the best option for individuals, we want to work with providers that will develop new services or reconfigure current services to better meet needs. This includes additional enablement services for individual support plans to ensure progression for people.

People with Learning Disabilities and Autism (6)

What we have now	What we need	How can you work with us?
We are working more closely with mental health services to develop crisis pathways	We need skilled providers who can bring their experience to develop a clear and robust crisis pathway - working with mental health services.	<p>Work with us to increase CrashPad /Home-instead* availability – including 'in-reach' and close working with existing services. Approved Provider List (APL)</p> <p>* CrashPad/ Home-instead services to prevent and minimise the risk of crisis within an individual's life by providing either emergency accommodation (Crash Pad) or extra care and support within their own home.</p>
We have some good mainstream and generic services that are supporting people with LD and Autism and dementia.	We need more care and support services with staff trained, experienced and confident working with people with LD who also have autism or dementia.	<p>Participate in training and support offered by our specialist teams. Help us to design, develop and further improve our training to make our offer easier to access for all staff. For more information please contact asc.training@barnet.gov.uk.</p>

People with Physical and Sensory Impairment (1)



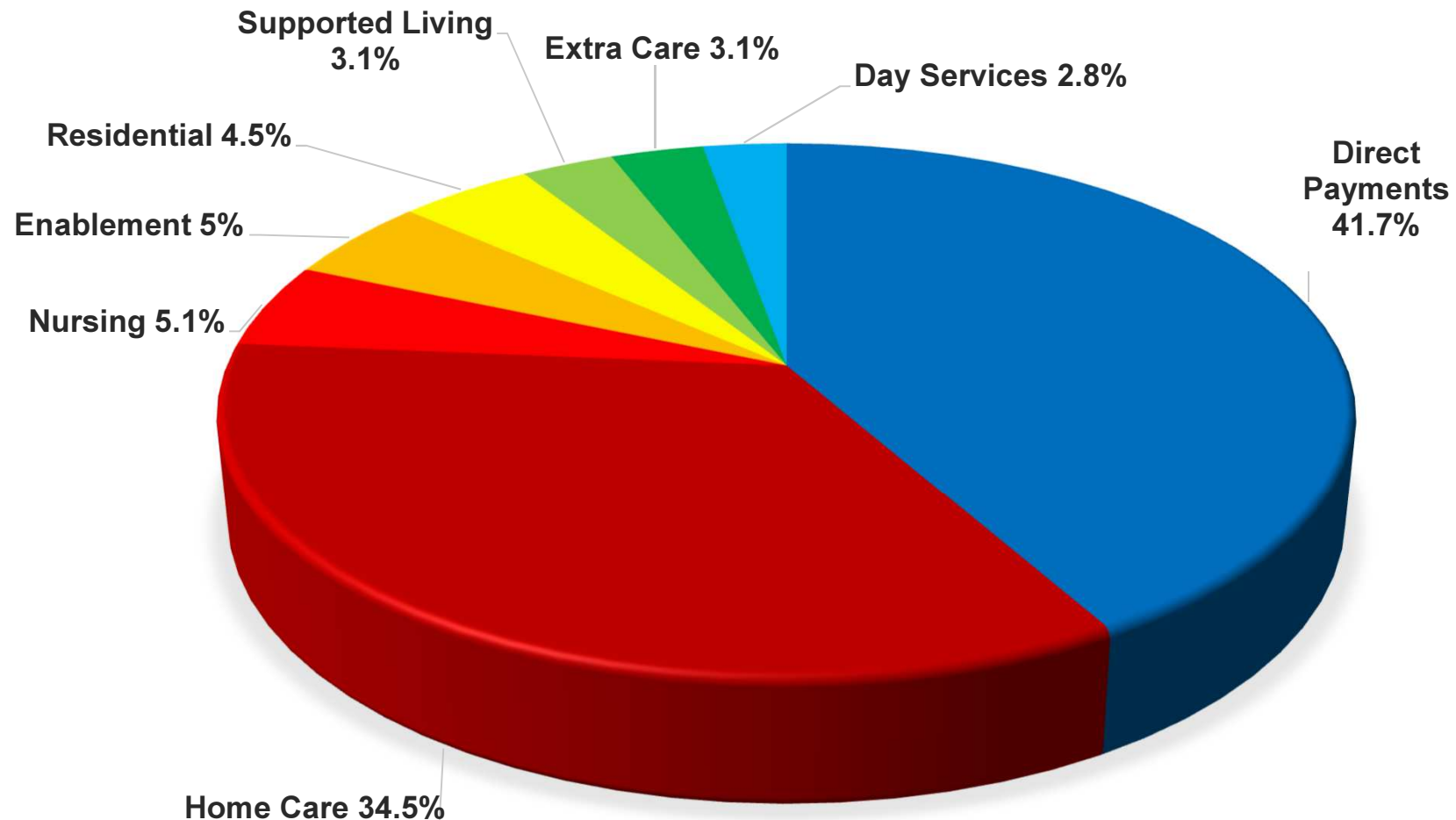
Understanding our population and predicted changes

- There are an increasing number of people living with physical and sensory impairments. Diabetes is closely linked with a number of conditions that can impair vision and the predicted increase in diabetes in Barnet is likely to be one of the main causes of the increase in people living with sight impairment.
- We are working with voluntary sector providers to increase opportunities to provide targeted preventative advice and guidance for people with sensory impairments.

Facts and Figures: Physical and Sensory Impairment

- The number of adults in Barnet aged 18-64 with impaired mobility is predicted to increase from 12,405 to 14,506 by 2035, an increase of 17%.
- Whilst there are small numbers of people with serious visual impairments under the age of 64, this increases sharply with age - 5,071 people over 65 have a moderate or severe visual impairment. This figure is predicted to increase by 50% to 7,712 by 2035.
- This includes 1,747 people with a registerable eye condition – with a significant increases of 57% by 2035 to 2,752
- The number of adults with diabetes is predicted to increase by 34% by 2035
- National estimates predict a significant increase in people with a severe hearing loss from 6234 to 9619 over the next 15 years, a 54% increase.
- A more detailed needs assessment will be undertaken in 2020/21 to inform future planning.

People with Physical and Sensory Impairment Purchased services* (2)



*Snapshot of data taken on 29th October 2019

People with Physical and Sensory Impairment (3)

What we have now	What we need	How can you work with us?
We have a small number of high quality supported living and residential services specifically designed to meet the needs of people with physical and sensory impairments	<p>Services that can make adjustments and provide accessible services for people with physical and sensory impairments.</p> <p>More skilled and experienced providers who can work with us to develop new models of accommodation and support.</p>	<p>Work with us to improve accessibility of our commissioned services and to increase the understanding of local need.</p> <p>Providers who have a focus on reducing dependence and who are proactive in identifying opportunities to enable individuals to acquire new skills and progress towards living more independently.</p>
Further needs analysis and planning is currently underway and will be available in 2020/2021		

Older People (1)



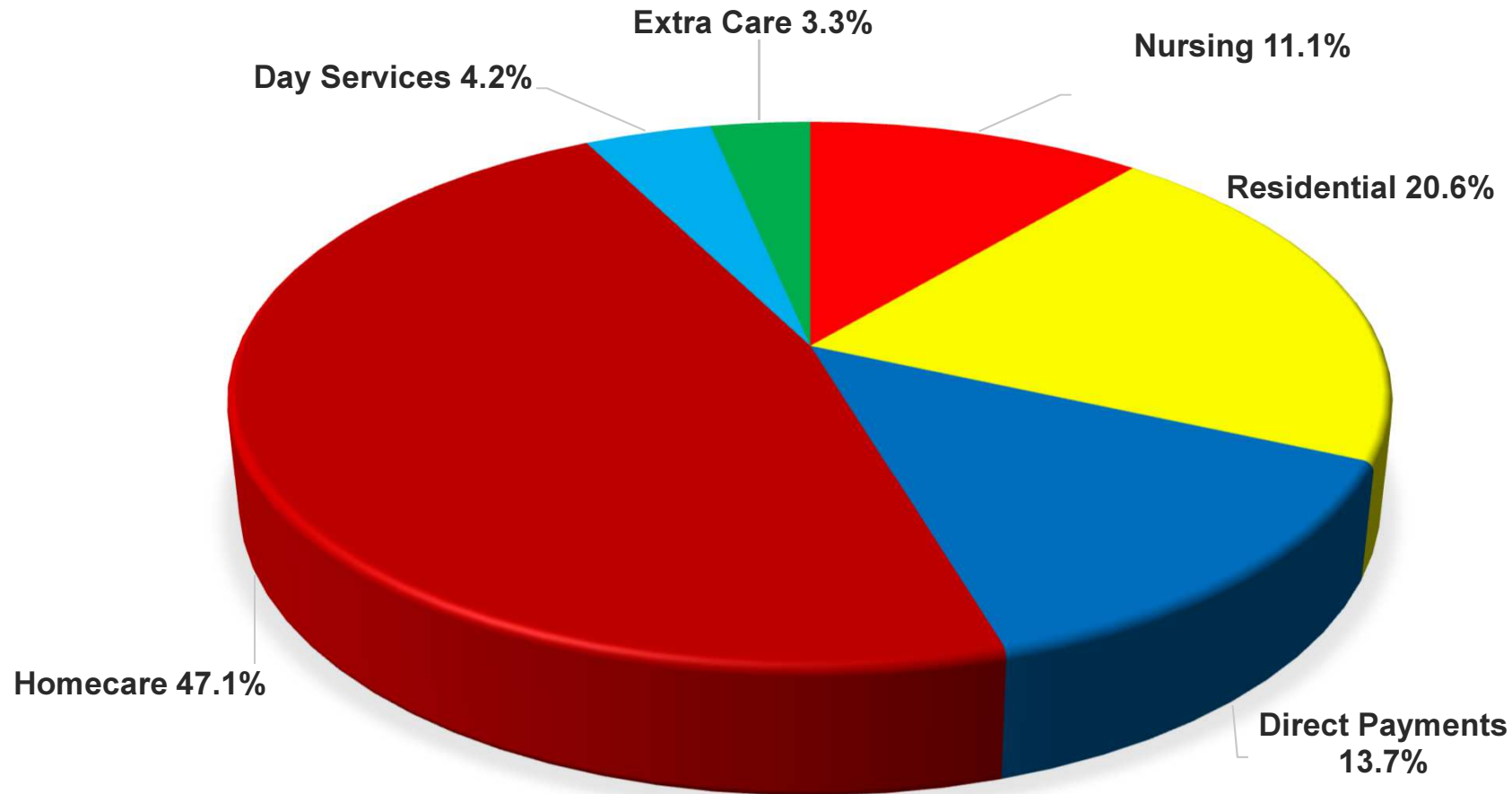
Understanding Our Population and Predicted Changes

- An increasing older people population
- An increasing population of people living with dementia
- People living longer, with more complex needs and more long term conditions
- An on-going increase in the numbers of frailer people requiring more complex/nursing care

Facts and Figures: Older People

- 34% (£32.1m) of the Adult Social Care budget was allocated to supporting older people (including dementia) in 2018/19
- The number of older adults in Barnet is expected to rise by 10% (about 5,500) by 2023.
- The number of people aged 65+ who are living alone is expected to increase by 11% (20,600 in 2023).
- Increases in various long-term conditions are projected for older people in the borough. Between 2018 and 2030, the following increases are predicted for older Barnet residents (aged 65+):
 - dementia (47%), diabetes (37%), depression (36%), long term conditions associated with stroke (40%) and limiting long term illness that affects daily activities a lot (41%)
- Barnet will experience one of the largest increases in older residents of all London boroughs over the next five to ten years, and the number of people with dementia is forecast to increase 1.5 times faster than other London locations
- 12,240 older people (aged 65+) registered with a Barnet GP have one or more long term condition (i.e. a long term condition which limits their activities a lot)
- In North London, there are more residential beds and proportionately fewer nursing beds than the London average. From January 2016 to October 2018 beds in older adult nursing homes in Barnet have reduced from 1131 to 973 beds

Older People Purchased services* (2)



*Snapshot of data taken on 29th October 2019

Older People (3)



What we have now	What we need	How can you work with us?
We have a broad range of care homes in Barnet especially as Barnet has the highest number of registered care home places for the over 65s of any London borough. Local care homes work effectively with the council to share good practice and improved services.	There is a gap in nursing care provision in Barnet and we want to work with you to look at opportunities to re-designate beds in dual registered schemes or opportunities to re-register residential homes to provide nursing care in order to increase the number of nursing beds available to residents in borough.	<p><u>Nursing care</u> If you are a provider in Barnet currently providing a mix of residential and nursing beds we would like to work with you to increase the number of nursing care beds available to Barnet residents.</p> <p>If you are currently a nursing care provider in Barnet who we spot purchase beds from, we would like to work with you to identify opportunities for Barnet to enter into block contracts with you at a sustainable price.</p> <p>If you are willing to invest in and develop nursing home capacity within the borough, particularly for people with more complex needs e.g. dementia, physical disability or mental ill health. We would like to look at partnership opportunities and access arrangements to meet growing demand.</p> <p>We want to work with providers specifically about nursing recruitment and retention, as well as innovation and best practice in nursing care.</p>
We currently purchase residential and nursing care through a mixture of block contracts and spot purchasing arrangements.	The biggest challenge to addressing the shortfall in nursing care places is the significant gap in the nursing workforce.	<p><u>Residential care</u> If you are a residential provider in borough currently providing support to Barnet residents, we want to work with you to support workforce training, where necessary, to ensure staff are equipped with the right skills to effectively support residents with dementia and complex needs and reduce inappropriate hospital admissions.</p> <p><u>Nursing care</u> We are working with North Central London partners on workforce and maintain strong links with local, regional and national workforce initiatives focusing on the health and care system. We particularly want to work with you on nursing</p>

Older People (4)

What we have now	What we need	How can you work with us?
<p>We have worked in partnership with The Barnet Group to develop a dementia friendly Extra Care Housing Scheme in Mill Hill with 53 flats. The scheme opened in January 2019 and is now fully occupied.</p> <p>We are working with The Barnet Group to develop a further two extra care schemes: a 50 unit scheme in Burnt Oak due for completion in Autumn 2022 and a 75 unit extra care scheme on the Fosters estate in Summer 2023.</p> <p>We currently have four extra care schemes in borough and a number of sheltered housing schemes with overnight care services (sheltered plus).</p>	<p>There is a need to develop new models of accommodation and support which can meet the needs of both people with health and social care needs and their carers appropriately.</p> <p>We want to work more closely with sheltered housing providers to develop and extend the sheltered plus model.</p> <p>We plan to continue to develop our housing options to support older people to be able to better plan for their future, to remain in their own homes and to remain independent.</p>	<p><u>Extra Care Housing and Sheltered Care and Sheltered Plus</u></p> <p>With two more extra care developments in progress, we want to ensure a staggered approach to the development of further schemes. This will enable us to effectively manage demand and avoid providers holding high levels of vacancies.</p> <p>Talk to us about plans for additional extra care and assisted living developments in the private sector.</p> <p>If you are a sheltered housing landlord speak to us about Sheltered Plus.</p>
<p>We have an enablement service provided by The Barnet Group, which provides short-term support to individuals to maintain and improve their independence. This can be prior to, or following, discharge from hospital and can prevent readmission to hospital or permanent admission to residential care and nursing provision.</p>	<p>There is a need for more specialist home care support for specific health and social care needs to ensure that individuals and their carers can receive the right support at the right time (e.g. able to meet the specific language needs or with specific specialist training to meet the needs of the individual).</p>	<p><u>Home care</u></p> <p>New contracts for homecare will commence from August 2020; the list will subsequently reopen to new providers bi-annually, or more frequently as required.</p> <p>If you are interested in providing homecare and not already on our Approved Provider List, please sign-up to our procurement portal and you will be alerted to opportunities to bid.</p>
<p>We have a strong assistive technology offer to enable people living independently for longer in their own home.</p>	<p>Support needs to be offered earlier to friends and family in a caring role, to ensure that they can maintain their own health and wellbeing and prevent crises from occurring.</p>	<p>We are interested in hearing from providers who have innovative solutions to supporting people in their caring role.</p>

People with Mental Ill-Health (1)



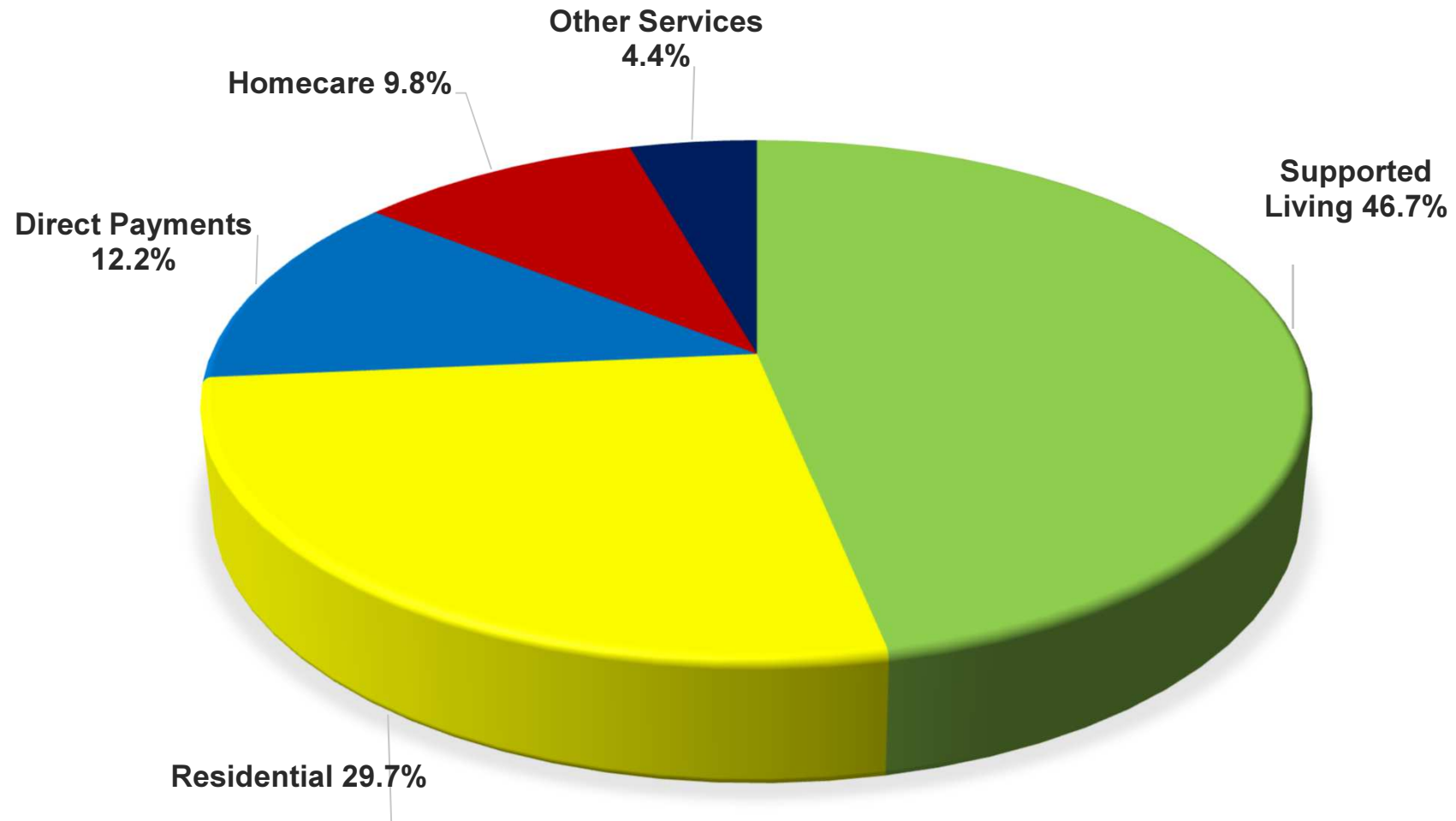
Understanding our population and predicted changes

- Adult social care is committed to working alongside people to maximise their mental wellbeing and health – we want to work with people with mental ill health to manage their needs as independently as possible and be in control of their lives.
- Within Barnet there is a higher rate of common mental illness than our neighbouring boroughs in North Central London. 42,184 people, 10.5% of the population of Barnet is estimated to have a common mental illness, such as types of depression and anxiety, and obsessive compulsive disorder.
- Between 2018 and 2030 there is also a predicted increase in depression in older Barnet residents (aged 65+) of 36%.
- People are living longer with complex mental health needs.
- The proportion of adults living in Barnet who are in contact with secondary mental health services and in employment is significantly lower than the England average (between March 2017 and March 2018).

Facts and Figures: Mental Health

- 5,944 people aged 18 – 64 years are predicted to have a borderline personality disorder and it is predicted that this will increase to 6,424 by 2035.
- 8,322 people aged 18-64 are predicted to have an anti-social personality disorder, predicted to rise to 9,196 by 2035.
- 1,735 people aged 18-64 are predicted to have psychotic disorder.
- 17,846 people aged 18-64 are predicted to have two or more psychiatric disorders.
- 7% (£6.6m) of the Adult Social Care budget was allocated to supporting adults with mental ill health in 2018/19 (this does not include expenditure on adults with dementia).
- 385 people with mental health needs receive support directly through Adult Social Care to support them to remain independent and maximise their wellbeing.

People with Mental Ill-Health Purchased services* (2)



*Snapshot of data taken on 29th October 2019

People with Mental Ill-Health (3)



What we have now	What we need	How can you work with us?
<p>We have a good range of accommodation and support providers to support adults with low/moderate and moderate/severe mental health needs appointed to our Approved Provider List.</p>	<p>More providers of supported living who will work with people who require lower levels of support, between 4 and 21 hours per week.</p> <p>More providers who are able to provide supported accommodation in Barnet which appropriately meets the needs of adults with complex mental health needs (e.g. forensic history or particularly challenging behaviours) that focus on progression, recovery and move-on, complexity and behaviours that challenge.</p> <p>To develop more interventions for people experiencing mental health crises (e.g. CrashPad/ respite centres/crisis cafés) to prevent avoidable admissions into acute settings and help people experiencing mental health crises to have access to different forms of support early, which prevent their needs escalating.</p> <p>Providers that will work with young people 16+ on transition planning, progression and recovery.</p> <p>More skilled and experienced providers who can work with us to develop new models of accommodation and support that are recovery and progression focused.</p>	<p>If you are already a provider on our approved provider list and are interested in developing new accommodation and support within the borough, we want to work with you to develop it in line with presenting demand.</p> <p>Barnet will be re-opening our Approved Provider List for accommodation and support in early 2020. If you are interested in joining, you can sign-up to our procurement portal to be alerted to upcoming opportunities.</p> <p>If you are a provider on our Approved Provider List we would like you to:-</p> <ul style="list-style-type: none"> ✓ proactively engage with requests for support; responding within 24 hours to referrals ✓ When successful, complete assessments within 24 hours of being informed ✓ consider appropriate staffing models which are sustainable, can support a range of needs, are enablement and recovery focused and support people to access community resources and achieve the outcome they want ✓ develop and deliver models of care for complex and challenging behaviours which are enablement and recovery focused; support people to step down from more intensive support and be enabled to improve and maintain independence and wellbeing ✓ contact us if you are supporting an individual and believe they are ready to step down from the support they are currently receiving ✓ contact us if you have concerns about an individual you are supporting to prevent placement breakdown and escalation of need

People with Mental Ill-Health (4)



What we have now	What we need	How can you work with us?
We have a range of providers delivering employment support to adults with mental ill health.	To continue to expand and develop the range of employment support options we have in place particularly for those with complex mental health needs and learning disabilities and or autism.	We would like you to let us know about support that you are delivering and engage with us to diversify the current offer and ensure that employment support is available in a range of settings and easily accessible for people.
We have a strong assistive technology offer.	To continue to promote and embed assistive technology into a range of settings to enable people to maintain and maximise their independence.	If you are a provider on our Approved Provider List we would like you to consider how you could utilise assistive technology to improve support for those you work with to improve outcomes.
We work with providers who have committed to our strategic vision to deliver strengths-based support (enabling, working alongside people, promoting independence and wellbeing).	More care and support services that have staff trained and experienced and are confident working with people with mental ill health in a strengths-based way.	We want you to contact us to find out more about strengths-based approaches and training available.
We have good support for carers of adults with mental ill health.	To continue to develop support for carers that is easily accessible and increase support available outside of working hours.	We want you to work in partnership with us to:- <ul style="list-style-type: none"> • Promote support for carers • Develop more support for carers of people with mental ill health which will help them to maintain their health and wellbeing and support them to be able to continue caring for their friends and families

People with Dementia (1)

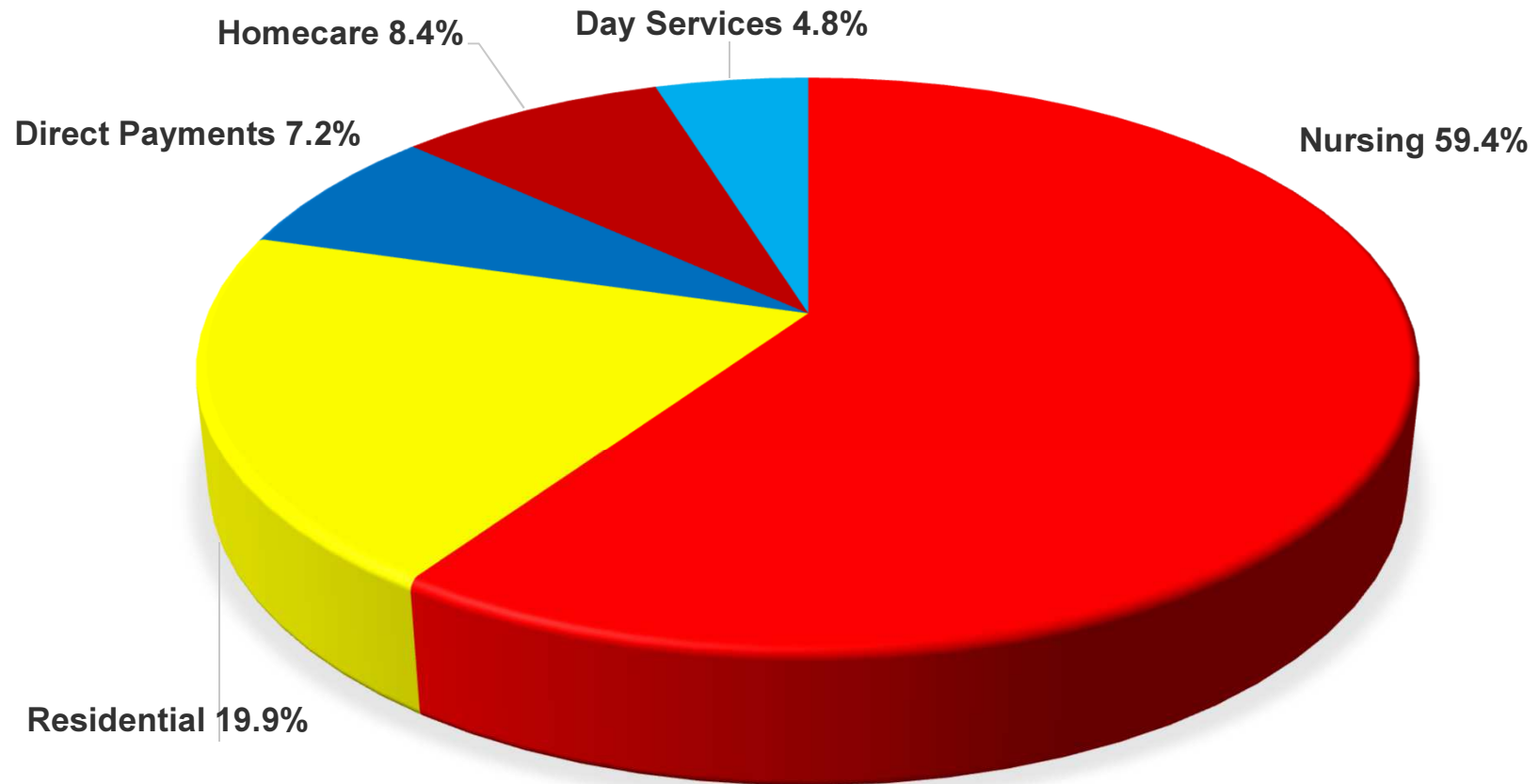
Understanding our population and predicted changes

- Adult social care is committed to working alongside people to promote their independence and maximise their wellbeing— we want to work with people with dementia and their carers to live a high quality of life and continue to achieve the outcomes they want
- Barnet has a large demographic of older people and currently there are 4,266 people aged over 65+ estimated to have dementia in Barnet and this is set to increase to 7,407 by 2035 (a 74% increase)
- The estimated percentage of older people living with dementia in Barnet who have a formal diagnosis is 73%.
- The number of emergency admissions to hospital, which include a reference to dementia, are significantly higher in Barnet than the national average.
- It is estimated that 70% of all care home residents in Barnet have dementia

Facts and Figures: Dementia

- The cohort of people with young-onset dementia is small, but their needs are complex.
- Currently the number of people with young onset dementia in Barnet is projected to increase from 91 in 2018 to 119 by 2035 (a 31% increase)
- The 50-59 age group accounts for largest proportion of adults with young onset dementia in Barnet
- Barnet had the 5th highest recorded prevalence of late onset dementia of all London boroughs. In 2017, there were 2,679 people (age 65+) recorded on Barnet GP practice disease registers, of which 593 were newly diagnosed
- People with learning disability are five times more likely to develop dementia compared to general population and one in ten people with a learning disability develop young onset Alzheimer's disease between the age of 50 to 65

People with Dementia Purchased services* (2)



*Snapshot of data taken on 29th October 2019

People with Dementia (3)

What we have now	What we need	How can you work with us?
We have a good range of extra care and sheltered housing provision for people, some of which has been developed with a dementia friendly focus.	More skilled and experienced providers are needed who can work with us to develop new models of accommodation and support to ensure that there is sufficient and diverse housing and home care provision to meet the needs of adults with dementia appropriately.	<p>We are interested in ensuring that we continue to develop our housing options to support residents with dementia to remain in their communities and better plan for their future.</p> <p>With two more extra care developments in the pipeline, we want to ensure a staggered approach to the development of further schemes. This will enable us to effectively manage demand and avoid providers holding high levels of vacancies.</p>
We have a wide range of providers delivering home care support to adults with dementia.	<p>There is a need for more specialist home care support for adults with dementia with complex needs.</p> <p>We are keen to work with providers who are strengths-based and work in an enabling way with people to deliver good outcomes.</p>	<p>We will be going out to tender for a qualified provider list for home care services in November 2019; the list will be reopened to new providers bi-annually, or more frequently as required.</p> <p>If you are interested in providing specialist homecare for people with dementia and not already on our Approved Provider List, please sign-up to our procurement portal and you will be alerted to opportunities to bid.</p>
We have a strong assistive technology offer.	To continue to promote and embed assistive technology into a range of settings to enable people to maintain and maximise their independence.	If you are a provider of care in the borough we would like you to consider how you could utilise assistive technology to improve support for those you work to improve outcomes and promote people's independence and wellbeing.
We have good support for carers of adults with dementia.	More assertive outreach support is required to help people with dementia and their carers to maintain and maximise their independence.	To work with us in partnership to develop new models of assertive outreach support for people with dementia and their carers.

People with Dementia (4)



What we have now	What we need	How can you work with us?
We have a range of dementia focussed care homes who work well with the council to support people with dementia, including commitment to shared training programmes	More local nursing care to support people with dementia and people with dementia with complex nursing needs	<p>If you are a provider in Barnet currently providing a mix of residential and nursing beds for people with dementia, we would like to work with you to explore opportunities to increase the number of nursing care beds you have</p> <p>If you are currently a nursing care provider in Barnet who we spot purchase beds from, we would like to work with you to identify opportunities for Barnet to enter into block contracts with you at a sustainable price for people with dementia.</p> <p>If you are willing to invest in and develop nursing home capacity within the borough, particularly for people with dementia who have more complex needs, then we would like to create partnership opportunities and access arrangements to meet growing demand.</p>
We have an integrated diagnosis pathway for adults with dementia with our dementia community support service and a broad range of dementia community support.	<p>Some areas with relatively high prevalence of dementia do not host dementia support services such as Edgware, Friern Barnet and Hampstead Garden Suburb.</p> <p>More specialist post diagnostic support is needed.</p> <p>There is limited specialist support available for adults with young onset dementia and for adults with learning disabilities and dementia.</p>	<p>To work in partnership with us to develop more support in the borough for people post diagnosis specifically aimed at promoting people's independence and staying connected with their communities particularly in areas which are not currently hosting community support services.</p> <p>Develop more specialist support for adults with young onset dementia and adults with learning disabilities and dementia.</p>
We work with providers who have committed to our strategic vision to deliver strengths-based support	Mainstream care and support services with staff trained, experienced and confident working with people with dementia in a strengths-based way.	We want you to contact us to find out more about strengths-based approaches and training available.

Ways to get involved: Training and Events

Please check this page for updates on calendar of events and forthcoming training opportunities.

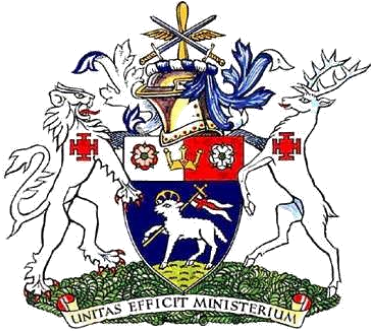
Forums for market engagement / find out more information	Terms of reference	Frequency	Contact
Borough-wide Practice Development Forums Run on different areas (e.g. End of Life Care, Dementia etc) Themes are determined by feedback from providers, trends, or areas needing support	For peer support, sharing best practise, information point	Quarterly meetings	Care Quality Team at carequality@barnet.gov.uk
Registered Managers Network Group - the group is chaired by registered managers and is further supported by Skills for Care	For peer support, sharing best practise, information point	Quarterly meetings	Care Quality Team at carequality@barnet.gov.uk
The Barnet Voluntary Community Sector Forum	Finding information/local market intelligence/creative thinking/networking about what other providers are doing	Regular meetings	Prevention & Wellbeing Team PreventionandWellbeing@barnet.gov.uk
The Workforce Development Team offer training to internal and external staff members in the such areas including Safeguarding, Adults - Policy and Procedures, Provider Led Enquiries, Dysphagia Training and Emergency First Aid. Some of these courses are chargeable	We offer training courses to improve practice and deliver outstanding care to residents	Please refer to the Training Programme to view course frequency	Workforce Development Team asc.training@barnet.gov.uk

How to contact us



If you would like further information, please get in touch with Adults Joint Commissioning:

- **By e-mail:** Adults.Commissioning@Barnet.gov.uk
- **By telephone:** 020 8359 3396
- **By post:** Adults Joint Commissioning
London Borough of Barnet
2 Bristol Ave
London
NW9 4EW

	<h2 style="text-align: center;">Adults and Safeguarding Committee</h2> <h3 style="text-align: center;">17 February 2020</h3>
Title	Quarter 3 (Q3) 2019/20 Delivery Plan Performance Report
Report of	Councillor Sachin Rajput – Committee Chairman
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	None
Officer Contact Details	<p>Courtney Davis, Assistant Director, Communities and Performance courtney.davis@barnet.gov.uk</p> <p>Altin Bozhani, Finance Business Partner for Adults, Public Health and Leisure altin.bozhani@barnet.gov.uk</p> <p>Alaine Clarke, Head of Programmes, Performance and Risk alaine.clarke@barnet.gov.uk</p>

Summary

This report provides a thematic overview of performance for Q3 2019/20 focusing on the activities to deliver both the corporate and committee priorities in the Adults and Safeguarding Committee Annual Delivery Plan. The report also provides the budget forecast for the committee.

Officer Recommendations

- The Committee is asked to review the performance, budget and risk information for Q3 2019/20 and make any referrals to Policy and Resources Committee or Financial Performance and Contracts Committee in accordance with the terms of reference of these Committees, as it decides appropriate.**

1. INTRODUCTION

- 1.1 The Adults and Safeguarding (A&S) Committee has responsibility for all matters relating to vulnerable adults, adult social care (ASC) and leisure services; and works with partners on the Health and Wellbeing Board (HWBB) to ensure that social care interventions are effectively and seamlessly joined up with Public Health and healthcare.
- 1.2 This report provides a **thematic overview of performance** for **Q3 2019/20** focusing on the budget forecast and activities to deliver the **priorities** in the **A&S Committee Annual Delivery Plan**, which can be found online at:
<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MId=9475&Ver=4>

2. BUDGET FORECASTS

- 2.1 The **Revenue Forecast** (after reserve movements) for the Adults and Safeguarding Committee's service areas of adult social care and leisure is **£101.654m** (see table 1).

Table 1: Revenue Forecast (Q3 2019/20)

Service	Revised Budget	Q3 19/20 Forecast	Variance from Revised Budget Adv/(fav) ¹	Reserve Move-ments	Q3 19/20 Forecast after Reserve Move-ments	Variance after Reserve Move-ments Adv/(fav)
	£000	£000	£000	£000	£000	£000
Integrated Care - LD	30,629	27,565	-3,064	0	27,565	-3,064
Integrated care - MH	8,699	9,392	693	0	9,392	693
Integrated Care - OA	31,616	36,247	4,631	0	36,247	4,631
Integrated Care - PD	9,049	8,794	-256	0	8,794	-256
Prevention Services	2,770	2,791	21	0	2,791	21
Workforce	15,752	15,950	198	0	15,950	198
Leisure, Sports and Physical Activity	521	916	395	0	916	395
Total	99,035	101,654	2,618	0	101,654	2,618

- 2.2 Barnet ASC is a service that achieves outcomes equal to comparator local authorities (LAs) at low cost. The most recently available national ASC-FR benchmarking data for 2018/19 shows that spend on ASC per head of adult population is low compared to other LAs (18th lowest in England), whilst spend per person in receipt of services is the 10th lowest in England and the 6th lowest in England for the over 65s. At the same time, the service achieves good outcomes compared to other councils, for example in admissions to residential care, independent living for people with learning disability and people feeling in control of their lives.

¹ Adv/fav refers to an adverse or favourable position. An adverse position would be a budget overspend. An adverse variance would mean the position has got worse since the last reported period.

- 2.3 The service has achieved £27.5m of savings over the last four years.
- 2.4 The ASC placements budget has forecast an overspend of £2.004m, which is the net variance of overspends in OA (£4.631m), MH (£0.693m) offset by underspend in LD (£3.064m) and PD (£0.256m). The overspends in the respective areas are because of unfunded pressures in care and support costs. As the complexity of need increases, individuals need more intensive support for longer and there are some market capacity challenges – particularly sufficient capacity for nursing care. The underspend in LD (£3.064m) is due to use of Ordinary Residence provision of £2.897m and £0.167m net impact of client income.
- 2.5 In Q3, the non-placements budgets overspend by £0.219m, which is because of overspends on the staffing budget (£0.198m) and the prevention budget (£0.021m). Management recovery actions have been taken to reduce budget pressures which includes holding c.39 FTE posts vacant. Despite these actions, an overspend is forecast because of a range of unfunded pressures in care and support costs. Due to these pressures, the service has developed a recovery plan in addition to its planned 2019-20 medium term financial savings (MTFS). The recovery plan is currently forecasting to deliver in-year savings of £1,180m. As a result, the total social care forecast overspend has been reduced to £2.223m.
- 2.6 Leisure, Sports and Physical Activity budget is forecasting to overspend by £0.395m, due to revenue income loss resulting from the closure of the swimming pools at Finchley Lido Leisure Centre.
- 2.7 There are several significant debtors (such as the Barnet Clinical Commissioning Group or BCCG) for the service which could result in debt write offs being written back to the service. The service management are working hard to resolve the debt issue.
- 2.8 The **Capital Forecast** for areas within the committee's remit is **£14.184m**.

Table 2: Capital Forecast (Q3 2019/20)

Service	19/20 Revised Budget	Additions/ (Deletions)	(Slippage)/ Accelerated Spend	Q3 19/20 Forecast	Forecast variance from Approved Budget
	£0	£0	£0	£0	£0
Investing in IT	2,060	0	0	2,060	0
Sports and Physical Activities	12,124	0	0	12,124	0
Total	14,184	0	0	14,184	0

3. SAVINGS

- 3.1 The medium term financial strategy (MTFS) **savings** target for the A&S Committee in 2019/20 is **£6.081m**. These are shown in table 3. At Q3, **£5.504m** of savings are forecast as achievable, leaving a budget pressure £0.577m. The following table shows the reasons for the reduced forecast. Savings achievement is being monitored monthly and potential risks identified and mitigated early. The service is maintaining robust controls on spend to mitigate the impact of the at risk and unachievable savings.

Table 3: Savings forecast delivery (Q3 2019/20)

Ref	Description of Savings	Savings for 19/20	Q3 19/20 Forecast	Comment
E2	Staffing reductions	-682	-682	Achieved
E3	Transformation of Your Choice Barnet	-227	-131	£96k of unachievable savings from reduction in care costs for LD clients.
E4	Rescoping and targeting of prevention contracts	-370	-213	£157k at risk – delivery is dependent on conclusion of contract negotiations with providers.
E6	Meeting eligible needs in more cost-effective settings	-424	-100	£0.324m of placement cost avoidance likely to be non-achievable.
E7	Reduction of printing	-25	-25	Achieved
I1	BCF	-647	-647	Achieved
I2	iBCF	-1,391	-1,391	Achieved
I3	Maintaining affordable levels of inflation on existing care packages	-1,000	-1,000	Achieved
I4	Prepaid card solution	-250	-250	Achievement is being monitored monthly
I5	Reduction of bad debt	-100	-100	Achievement is being monitored monthly
R1	Increasing the independence of OA / PD	-192	-192	Achievement is being monitored monthly
R5	Assistive Technology	-300	-300	Achievement is being monitored monthly
R8	Support for working age adults	-285	-285	Achievement is being monitored monthly
R9	Mental Health service user independence	-188	-188	Achievement is being monitored monthly
Total savings		-6,081	-5,504	

4. PRIORITIES

4.1 This section provides an update on the Committee's priorities as follows:

- A summary of progress on Actions² to deliver the priority
- Performance of Key Performance Indicators (KPIs)³
- Risks to delivering the Actions and priority
- High (15 to 25) level risks from the Corporate Risk Register⁴

4.2 The Q3 status for each of the Committee's priorities is shown in table 4. This reflects the *overall performance on Actions, KPIs and Risks*⁵ for each priority.

Table 4: Priorities for A&S Committee

Section	Priority	Q3 Status
5.	Integrating health and social care and providing support for those with mental health problems and complex needs	Limited
6.	Supporting older and vulnerable residents and those with disabilities to remain independent	Good
7.	Encouraging residents to lead active and healthy lifestyles and maintain mental wellbeing	Good
8.	Safeguarding adults at risk of abuse and neglect	Good
9.	Efficient delivery of statutory duties	Good

5.	Integrating local health and social care and providing support for those with mental health problems and complex needs	Q3 Status
		Satisfactory

5.1 Summary of Actions Limited progress

5.1.1 This priority incorporates joint work with NHS Barnet Clinical Commissioning Group (BCCG) on the development of primary care networks (PCNs - formerly called Care Closer to Home networks). The programme aims to transform how primary and community health care and support is delivered, so that people receive care and support closer to their homes. PCNs are part of the development of a local integrated care system (ICS) as per the NHS Long Term Plan launched in January 2019.

² A summary of the Actions is provided for each priority. These are RAG rated as followed: Complete or Good progress = GREEN (where no Actions RAG rated RED); Satisfactory progress = AMBER (where no more than one Action RAG rated RED) or Poor progress = RED (where more than two Actions RAG rated RED)

³ KPI RAG rating reflects the percentage variance of the result against the target as follows: On target = GREEN (G); Up to 9.9% off target = AMBER (A); 10% or more off target = RED (R). The Direction of Travel (DOT) status shows the percentage variation in the result since last year e.g. Improving (↑ I), Worsening (↓ W) or Same (→ S). The percentage variation is calculated as follows: Q3 19/20 result minus Q3 18/19 result equals difference; then difference divided by Q3 18/19 result multiplied by 100 = percentage variation. KPIs are illustrated by (q) quarter; (c) cumulative up to end quarter; (s) snapshot in time; or (r) rolling 12 months.

⁶ The Corporate Risk Register includes strategic risks (strategic and business critical risks) and high (15 to 25) service/joint risks (service and contract delivery risks). All risks are managed in line with the council's risk management framework. The risk registers are live documents and the Q3 19/20 Corporate Risk Register provides a snapshot in time (as at end December 2019). All risk descriptions for the strategic and high (15 to 25) level service/joint risks are available in Appendix A. The risk ratings are: Low = 1 to 3 (GREEN); Medium/Low = 4 to 6 (YELLOW); Medium/High = 8 to 12 (AMBER); and High = 15 to 25 (RED).

⁵ The Q3 Status reflects overall performance on Actions, KPIs and Risks as follows: Complete or Good progress = GREEN (where no Actions or KPIs RAG rated RED and no more than one high level risk); Satisfactory progress = AMBER (where no more than one Action or KPIs RAG rated RED and/or no more than two high level risks) or Limited progress = RED (where two or more Actions or KPIs RAG rated RED and/or more than two high level risks).

- 5.1.2 Currently, there are seven Primary Care Network's (PCN's)⁶ in Barnet. The council has been leading this programme of work with BCCG and has supported the first PCN to improve referrals and signposting to council and other universal services. Adults and Health have continued to work closely with other PCNs, for example being part of the frailty multi-disciplinary team in PCN 2 and developing an improved community model of care and support for adults with dementia and their carers within PCN 5. This new model aims to go live in Q4 and a member of the ASC Specialist Dementia Support Service will be embedded into this PCN to improve post diagnostic support for adults with dementia and their carers.
- 5.1.3 Adults and Health have continued to work with the PCN's to develop the social prescribing model. The Prevention and Wellbeing Team has worked with Public Health and the Barnet Homes Partnership Manager to deliver training and a week-long induction programme for the new Social Prescribing Link Workers based in PCNs. This induction ensured an informative introduction to statutory services, including Adults and Family Services, Mental Health Services, Housing, and Employment; and what is on offer from the local Voluntary and Community Sector.
- 5.1.4 The number of people benefiting from mental health recovery support has increased with the Network (the mental health enablement service), doubling the number of referrals it has managed over the last year. An additional group work course has been developed in Q3 led by the peer support and community access workers, based on feedback from service users. The intensive enablement team has developed awareness and training programmes for providers of supported accommodation, with the team working with staff in these services to enhance user safety and reducing their risk of social exclusion.
- 5.1.5 The Barnet Integrated Learning Disability Service (BILDS), based in the council and made up of social care, community health and mental health trust staff, has continued to support the 'progression' of people with learning disabilities to increased independence. This has included in-depth reviews, which identify opportunities to build people's skills and independence; and with care providers to reduce any overprovision of care in the same setting and work with clients to help them progress towards their identified goals. There were 146 clients identified as a focus for this work and 80% of these reviews were completed by end December 2019. The service has been working with six care providers to alter the way they are commissioned, enabling greater flexibility in supporting progression and changes in people's needs, at a lower overall cost. In the remainder of 2019/20, the BILDS will explore greater use of general purpose housing for people with Learning Disabilities and deliver intensive reviews of out-of-borough residential placements to assess opportunities for progression, improving overall quality and cost.
- 5.1.6 The council is setting up a Shared Lives Scheme and has appointed a Scheme Manager who is working towards the scheme being registered with CQC with a view to launch by March 2020. Carer recruitment is scheduled to begin in February 2020.
- 5.1.7 Council officers continue to work closely with NHS partners on preventing admissions to hospital and ensuring timely discharge through daily meetings and formal programme boards such as the hospital-site based Urgent Care Boards and the system-wide A&E Delivery Board. Nationally, performance against the A&E 95% 4 - hour target has been the worst on record between November 2019- January 2020, with attendances up by c.6.5% These challenges have been reflected in the 4- hour target performance of local hospitals.

⁶ Primary Care Networks are groups of GP practices working closely together with other primary and community care staff and health and care organisations to provide integrated services to their local populations.

In addition, discharges from local acute hospitals to social care and other agencies have increased by 17% compared to last year.

- 5.1.8 Council officers continued to work closely with NHS partner organisations on the development of integrated care models as part of the North London Sustainability and Transformation Partnership's (NCL STP) move to form an integrated care system, made up of five local integrated care partnerships (ICPs). This committee has received reports on these developments separately. The council is represented in this programme by the chief executive, the executive director for adults and health and the director of public health. The initial priorities are to improve community-based integrated care for people with dementia and older people with frailty.

5.2 KPIs

- 5.2.1 There are 10 KPIs for this priority, which monitor health and social care integration. Five KPIs met the Q3 targets. Two KPIs were Monitor only for Q3. The overall status of Limited is applied to this priority because three KPIs did not meet the Q3 targets. Two of the three KPIs RAG rated RED reflect the performance of NHS organisations with some elements of council performance. The target on independent living in mental health covers the group of people known to the mental health trust who have a care programme approach (CPA) plan. Most of this group do not receive support from adult social care. The KPI for health and social care delayed transfers of care is also RAG rated, of which the NHS will typically account for two-thirds of the target performance; however, adult social care also did not achieve its own target for the snapshot month and is also RAG rated red.

5.2.2

- **Delayed transfers of care (DTOC) from hospital per day per 100,000 population (aged 18+) which are attributable to NHS and adult social care (RAG rated RED) – 9.64 against a target of 7.19.**
- **Delayed transfers of care (DTOC) from hospital per day per 100,000 population which are attributable to adult social care only (RAG rated RED) – 3.23 against a target of 2.07.**
 - **NHS DTOC** at the end of November 2019 was performing at **5.50 per day** per 100,000 population against the **target of 4.76** daily rate
 - Delays attributed to **Social Care** at the end of November 2019 were performing at **3.23 per day** per 100,000 population against the **target of 2.07** daily rate
 - **Joint NHS and Social Care DTOC** at the end of November 2019 was performing at **0.73 per day** per 100,000 population against the **target of 0.35** daily rate.

- 5.2.3 For the period reported (November 2019⁷), the targets were not met for NHS, Social Care or Joint DTOC delays. For November 2019, 287 social care days delayed, and 65 jointly attributed days delayed are expected to be published. Adult social care performance has been negatively impacted by a change in the national reporting guidance, where Central London Community Healthcare NHS Trust (CLCH) started reporting non-acute delays from Adams Ward (in Finchley Memorial Hospital) from September 2019 onwards. These patients follow 'Pathway 3 - Discharge to Access', which means that clients are moved from a hospital bed to a community ward where the clients are assessed. Any days in this ward are counted towards the overall DTOC performance for Barnet. Other comparator group councils move patients to Pathway 3 placements in nursing and residential care whilst they are being assessed, which is not counted within the DTOC target, so

⁷ There is a two-month time lag for published DTOC figures and because of this Barnet has an established methodology of using the middle month of the quarter as a snapshot for the quarter.

comparisons may not be like-for-like. Reasons for ASC delays remain difficulties sourcing home care and nursing care for people with complex needs. The council is working with the NHS on new pathways to improve discharges from hospitals.

5.2.4

- **Adults with mental health needs who live independently, with or without support (RAG rated RED) – 69.7% against 83%.** This is a national indicator that includes the cohort of all adults supported by NHS mental health services under the care programme approach (CPA), which is significantly broader than those receiving ASC. These accommodation arrangements are recorded as settled accommodation in the Mental Health Services Data Set (MHSDS) and the data reported to committee comes from this national submission made by health partners.

The 2018/19 ASCOF data has been published. The 18/19 EOY result has been revised to 71.9%. This compares to 71.5% for CIPFA neighbours. As people progress with their recovery, move into stable accommodation and then stop receiving support with their mental health, they are no longer included in the dataset. The Trust has also indicated that there are data quality issues affecting this indicator.

Indicator	Polarity	18/19 EOY ⁸	19/20 Target	Q3 19/20			Q3 18/19	Benchmarking
				Target	Result	DOT	Result	
Permanent admissions to residential and nursing care homes, per 100,000 population age 65+ (c)	Smaller is Better	334.4 ⁹	511 ¹⁰	383	378 (G)	Not comparable	260 ¹¹	CIPFA Neighbours 389.2 London 430 England 580 (NASCIS, 18/19)
Permanent admissions to residential and nursing care homes, per 100,000 population age 18-64 (c)	Smaller is Better	9.5 ¹²	13.0 ¹³	9.7	6.2 (G)	Not comparable	3.3 ¹⁴	CIPFA Neighbours 8.9 London 9.6 England 13.9 (NASCIS, 18/19)
New admissions to residential care for working age adults, per 100,000 population, MH only (Monthly)	Smaller is Better	New for 19/20	7.5	5.7	0.83 (G)	New for 19/20	New for 19/20	No benchmark available

⁸ 18/19 EOY results have been updated with the latest ASCOF publications for 18/19

⁹ 18/19 EOY result changed from 381.4 to 334.4.

¹⁰ The annual target has been adjusted to 511 (from 490) to reflect the change to using ONS population estimates. This brings the council in line with the standard methodology used by the NHS for this KPI.

¹¹ Q3 19/20 result is not comparable with Q3 18/19 result, due to change in population estimates used for the calculation. 18/19 results were based on SNPP population estimates. 19/20 results are now based on ONS population estimates.

¹² 18/19 EOY result changed from 9.1 to 9.5.

¹³ The annual target has been adjusted to 13.0 (from 12.0) to reflect the change to using ONS population estimates. This brings the council in line with the standard methodology used by the NHS for this KPI.

¹⁴ Q3 19/20 result is not comparable with Q3 18/19 result, due to change in population estimates used for the calculation. 18/19 results were based on SNPP population estimates. 19/20 results are now based on ONS population estimates.

Indicator	Polarity	18/19 EOY ⁸	19/20 Target	Q3 19/20			Q3 18/19	Benchmarking
				Target	Result	DOT	Result	
Adults with mental health needs who live independently, with or without support ¹⁵ (s)	Bigger is Better	71.9% ¹⁶	83% ¹⁷	83%	69.7% (R)	↓ W -16.6%	83.5%	18/19 CIPFA Neighbours 71.5% London 62% England 58% (ASCOF, 2018-19)
Adults with learning disabilities who live in their own home or with their family (s)	Bigger is Better	77.5% ¹⁸	74%	74%	76.7% (G)	↓ W -2.2%	78.4%	CIPFA Neighbours 73.7% London 75.1% England 77.4% (ASCOF, 2018-19)
Delayed transfers of care from hospital per day per 100,000 population (aged 18+) which are attributable to NHS and adult social care ¹⁹ (s)	Smaller is Better	7.2 ²⁰	7.19 ²¹	7.19	9.64 ²² (R)	Not comparable ²³	6.98	CIPFA Neighbours 6.1 London 6.3 England 10.3 (ASCOF, 2018-19)

¹⁵ 'Living independently with or without support' refers to accommodation arrangements where the occupier has security of tenure or appropriate stability of residence in their usual accommodation in the medium-to-long-term, or is part of a household whose head holds such security of tenure/residence. These accommodation arrangements are recorded as settled accommodation in the Mental Health Services Data Set (MHSDS) and is reported from national submission from health partners. Social care does not hold these datasets and relies on partner submission.

¹⁶ 18/19 EOY results changed from 80.9% to 71.9%.

¹⁷ Data provided by Barnet, Enfield, Haringey Mental Health Trust. NHS England have been working with all Mental Health Trusts to improve the quality of this data. As this work continues this may lead to variations in reported performance and the target may be revised accordingly.

¹⁸ 18/19 EOY result changed from 78% to 77.5%.

¹⁹ The results for the DTOC KPIs are a snapshot of performance in the most recent month for which data is available at the point of report production (February 2019) – they do not show data over the preceding year.

²⁰ 18/19 EOY result changed from 9.45 to 7.2.

²¹ The DTOC targets are set by NHS England at a national level. The annual target has been adjusted to 7.19 (from 6.87) to reflect the change to using ONS population estimates. This brings the council in line with the standard methodology used by the NHS for this KPI.

²² Result is for November 2019. There is a two-month time lag for published DTOC figures and because of this Barnet has an established methodology of using the middle month of the quarter as a snapshot for the quarter.

²³ Q3 19/20 result is not comparable with Q3 18/19 result, due to change in population estimates used for the calculation. 18/19 results were based on SNPP population estimates. 19/20 results are now based on ONS population estimates

Indicator	Polarity	18/19 EOY ⁸	19/20 Target	Q3 19/20			Q3 18/19	Benchmarking
				Target	Result	DOT	Result	
Delayed transfers of care from hospital per day per 100,000 population which are attributable to adult social care only ²⁴ (s)	Smaller is Better	1.7 ²⁵	2.07 ²⁶	2.07	3.23 ²⁷ (R)	Not comparable ²⁸	1.2	CIPFA Neighbours 1.9 London 2.0 England 3.1 (ASCOF, 2018-19)
People who feel in control of their own lives ²⁹ (Annual)	Bigger is Better	72.2% ³⁰	75.8% ³¹ (within conf. interval)	75.8%	72.2% (G)	↓ W -4.7%	75.8	CIPFA Neighbours 72.8 London 71.4 England 77.6 (ASCOF, 2018-19)
People signposted to information, advice and guidance (c)	Bigger is Better	New for 19/20	Monitor	Monitor	3087	New for 19/20	New for 19/20	No benchmark available
Referrals to voluntary sector organisations at first contact (c)	Bigger is Better	New for 19/20	Monitor	Monitor	1763	New for 19/20	New for 19/20	No benchmark available

5.3 Risks

5.3.1 There are three risks to delivery of the actions for this priority³². These have been assessed at a medium/high (8 to 12) level and have controls/mitigations in place to manage the risks.

- **AC004 - Surge in demand from NHS (risk score 12).** To manage an unpredictable surge in demand for ASC from the NHS, regular meetings are held between ASC, BCCG and NHS Provider Trusts to manage pressures in the system and management of patients who are delayed in hospital. There continued to be pressure on admissions and beds in both the acute and rehab sites, with hospital social work staff and team managers focused on facilitating discharges of long length of stay patients with multiple complex needs. The council has continued to work closely with providers on ensuring capacity and quality of care and managing expectations from system partners about capacity in care provider

²⁴ The results for the DTOC KPIs are a snapshot of performance in the most recent month for which data is available at the point of report production (February 2019) – they do not show data over the preceding year.

²⁵ 18/19 EOY results changed from 2.01 to 1.7.

²⁶ The DTOC targets are set by NHS England at a national level. The annual target has been adjusted to 2.07 (from 2.03) to reflect the change to using ONS population estimates. This brings the council in line with the standard methodology used by the NHS for this KPI.

²⁷ Result is for November 2019. There is a two-month time lag for published DTOC figures and because of this Barnet has an established methodology of using the middle month of the quarter as a snapshot for the quarter.

²⁸ Q3 19/20 result is not comparable with Q3 18/19 result, due to change in population estimates used for the calculation. 18/19 results were based on SNPP population estimates. 19/20 results are now based on ONS population estimates

²⁹ This survey indicator has a confidence interval of +/-4.2%pts.

³⁰ 18/19 EOY result changed from 75.8% to 72.2%.

³¹ All indicators based on the Adults Social Care user survey are set using a 'confidence interval' that takes account of the margin of error which may result from surveying a small sample of the population.

³² There were three Delivery Plan risks; however, AC018 – Strategic relations with the NHS has been reflected in the new strategic risk (STR12 – Relationship with healthcare providers and partner organisations), which has been mapped to the Safeguarding priority instead of the Integrating local health and social care priority; and AC020 has been moved to this priority from the Supporting older and vulnerable residents priority

markets. Home care capacity remains at a satisfactory level. Hospital social work teams have had significant management changes in the last few months, with new managers now in post. The teams continue to respond to increasing demand through assessing and reviewing care needs promptly.

- **AC016 - Strategic prevention and intervention (risk score 8).** Funding and sustainability challenges facing the voluntary sector could lead to a reduction in capacity of preventative services. ASC continued to work with the Voluntary and Community Sector (VCS) to support development of the prevention and wellbeing offer. Prevention and Wellbeing Co-ordinators develop new community resources with individuals and local organisations aimed at promoting wellbeing and independence. The prevention and wellbeing service has continued to identify opportunities for the VCS to support social care and vice versa and lead a successful quarterly VCS forum for VCS providers in the borough (an informal networking opportunity to discuss issues and problem solve while getting to know new and well-established providers).
- **AC020 - Lack of practicing Approved Mental Health Professionals (AMHP) (risk score 9).** The AMHP service has been tracking any delays in Mental Health Act assessments and the reasons for them. The AMHP assessment pathway policy has continued to be updated. The three BEHMT boroughs are discussing the provision of cross-borough arrangements, the app for Section 12 Doctors has been progressed as part of the NCL plans. Work between the CCG and the Trust looking at the crisis pathway has continued. One person has been identified to undergo AMHP training.

6. Supporting older and vulnerable residents and those with disabilities to remain independent	Q3 Status Good
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6.1 Summary of Actions Good progress

- 6.1.1 Ansell Court, a dementia friendly extra-care scheme with 53 flats (50 x 1-bedroom flats and 3 x 2-bedroom flats), is the first of the council's three new developments in Barnet. Building works were completed in February 2019 and occupation of the flats commenced during the first week of April 2019. As at end December 2019, all flats have been allocated and 45 residents have moved in. Staff at Ansell Court are working with ASC staff to support people to move into the remaining flats.
- 6.1.2 Two additional extra care sites are in development, one is due to commence build in 2020 and the other is entering planning stages following the approval of the outline business case.
- 6.1.3 The Reablement Service has continued to perform well with 408 individuals supported in Q3, of whom 55 required ongoing care services.
- 6.1.4 The Care Technology service continues to grow significantly; now in year three of the contract it is projected there will be another 1,440 user installations, which is significantly above the contract target of 700.
- 6.1.5 In October 2019, the Prevention and Wellbeing Team led and co-ordinated Barnet Silver Week. This week-long celebration highlighted the skills and talents of the older population and gave people the opportunity to showcase what is on offer locally, encourage others to join in, and meet new people, with the aim of reducing isolation over the longer term as people continue with activities. Barnet Silver Week saw over 80 events hosted by 60 organisations, many of them coming together to collaborate on new projects. The events

included exercise and dancing showcases, information and advice events, digital workshops, and events focusing on improving mental health and wellbeing. Healthwatch Barnet evaluated the Silver Sunday Afternoon Tea and information event and feedback included ““I live alone and good to see so many people”, “It’s helpful as it gives us a lot of information”, “Increases the awareness of services people can use”.

- 6.16 The Joint Commissioning Team are developing a Dementia Strategy, which will set out the strategic vision, direction and priorities for how adults with dementia and their carers are effectively supported across health and social care. A dementia strategy co-production group made up of adults with dementia and their carers has been established and there is also strong engagement with ASC staff, health colleagues, VCS, primary care and acute services.

6.2 KPIs

- 6.2.1 There are three KPIs for this priority, which monitor support to older and vulnerable residents. One KPI met the Q3 target. Two KPIs are Monitor only for Q3, with 13.5% of people receiving reablement going on to require a long-term service; and 408 clients receiving preventative reablement services enabling them to live in the community for longer.

Indicator ³³	Polarity	18/19 EOY	19/20 Target	Q3 19/20			Q3 18/19	Benchmarking
				Target	Result	DOT	Result	
Number of Extra Care beds in Ansell Court which are filled (c)	Bigger is Better	New for 19/20	53	39	45 (G)	New	New for 19/20	No benchmark available
Proportion of people receiving reablement who go on to require a long-term service (SALT)	Smaller is Better	New for 19/20	Monitor	Monitor	13.5%	New for 19/20	New for 19/20	No benchmark available
Clients receiving preventative reablement services enabling them to live in the community for longer	Bigger is Better	New for 19/20	Monitor ³⁴	Monitor	408	New for 19/20	New for 19/20	No benchmark available

6.3 Risks

- 6.3.1 There are no risks delivery of the actions for this priority³⁵.

³³ KPIs on the proportion of people with a reduction in support needs following telecare and service users receiving ongoing services with telecare have been taken out. These have been replaced by a new KPI on clients receiving preventative reablement services enabling them to live in the community for longer. This enablement measure is a good replacement as it shows value added services and impact with the number clients supported to live within the community and not requiring more complex social care support.

³⁴ The 19/20 data will be used to establish a baseline.

³⁵ There was one Delivery Plan risk (AC020 – Lack of practicing AMHP) but this has been moved to the Integrating local health and social care priority.

7. Encouraging residents to lead active and healthy lifestyles and maintain mental wellbeing	Q3 Status Good
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7.1 Summary of Actions Good progress

- 7.1.1 The new leisure centres at New Barnet and Barnet Copthall opened their doors on 30 August 2019 and 1 September 2019 respectively. Offering a diverse mix of facilities and activities, the leisure centres support residents to lead more active and healthy lifestyles. There have been 173,066 attendances at Barnet Copthall Leisure Centre and 80,189 attendances at New Barnet Leisure Centre between their opening and the end of December 2019. This figure accounted for a range of activities that took place, including swimming opportunities, sports courses and lessons, health and fitness, group exercise and healthwise initiatives. For the purposes of comparison, attendances at the new Barnet Copthall centre between September 2019 and December 2019 were 10,000 higher than average attendances per quarter at the old centre.
- 7.1.2 The Fit and Active Barnet (FAB) brand continued to grow, with 24,630 registered FAB card members by the end of December 2019. Future FAB promotions will be focused on targeted demographic groups such as carers and the cared for (January 2020) and women and girls (March 2020).
- 7.1.3 The council's leisure management contract with GLL (Better) has continued to deliver a range of programmes to support the achievement of Public Health outcomes including weight management (children and adults); support for those with cancer; diabetes & falls prevention; dementia cafe etc. The council continued to co-ordinate and deliver the Disability Sports Network, diversifying the membership through further stakeholder engagement.
- 7.1.4 The pools at Finchley Lido remained closed during Q3 but planned remedial works are estimated to be completed in Q4 following which the pools will reopen. Poolside improvements have been completed during the closure period to create a better experience for customers when the pools re-open, including new poolside changing cubicles, a vanity area, new lockers and the installation of a new ventilation system.

7.2 KPIs

- 7.2.1 There are three KPIs for this priority, which monitor active and healthy lifestyles. All three KPIs met the Q3 targets. The indicator 'participants engaged in targeted programmes' covers those using the public health programmes within the Better contract.
- 7.2.2 Barnet has experienced a significant increase in the Active Lives dataset with 64% of the adult population (16+) active for at least 150 minutes per week. Barnet is one of four London boroughs to achieve a statistically significant increase since 2015 when the Active Lives Survey was launched. London Sport featured a case study reflecting how a collaborative approach in Barnet has led to an increase in levels of physical activity and opportunities for residents in the borough.

Indicator	Polarity	18/19 EOY	19/20 Target	Q3 19/20			Q3 18/19	Benchmarking
				Target	Result	DOT	Result	
Adults (16+) taking part in moderate activity at least 150 minutes per week (Bi-annual) ³⁶	Bigger is Better	New for 19/20	60%	60%	64% (G)	New for 19/20	New for 19/20	Rank 19 (out of 32 London Boroughs) (2019, Sport England)
FAB card holders following FAB2 campaign (c)	Bigger is Better	New for 19/20	22000	21000	24630 (G)	New for 19/20	New for 19/20	No benchmark available
Participants engaged in targeted programmes (q)	Bigger is Better	New for 19/20	690	195	196 (G)	New for 19/20	New for 19/20	No benchmark available

7.3 Risks

7.3.1 There are four risks to delivery of the actions for this priority. These have been assessed at a low (scoring 1 to 3) and medium/high (scoring 8 to 12) level and have controls/mitigations in place to manage the risks.

- **AC023 - Construction of leisure facilities (risk score 9).** An increase in construction costs places a risk on affordability of the schemes and potential delays to the programme. Barnet Copthall Leisure Centre and New Barnet Leisure centre were fully opened to the public in Q3. The decommissioning of Church Farm Leisure Centre has been completed and the demolition programme at the previous Barnet Copthall Leisure Centre has commenced. The programme is due for completion by March 2020. The project remains within the budget agreed by P&R Committee and budget monitoring takes place on a monthly basis.
- **AC043 - FAB Card registrations (risk score 1 – reduced from 2).** There is a risk that the second phase of the FAB campaign might not result in the level of anticipated FAB Card registrations. There were 24,630 FAB Card registrations by Q3, exceeding the year-end target of 22,000. Communications have continued in line with national awareness dates to promote the FAB Card and engage under-represented groups.
- **AC044 - Leisure operator performance against contract (risk score 12 - reduced from 16).** If the leisure operator fails to deliver against contractual obligations/commitments, this could impact on the delivery of the contract and health and wellbeing activities. The leisure management contract has continued to be monitored in alignment with the Performance Management Framework to ensure delivery against contractual obligations, commitments and targets. An unexpected closure of the pools at Finchley Lido Leisure Centre since March 2019 (now anticipated to open within Q4) may impact performance. The SPA team are working with the leisure operator to understand and minimise this. Disrupted service delivery is being absorbed at other leisure facilities where possible and communications are being managed. Guild Architects have been appointed to support the remedial programme at Finchley Lido. The programme was on track in Q3 and is expected to be delivered in Q4. The council is in consultation with GLL regarding commercial arrangements in relation to loss of revenue impact.

³⁶ KPI is reported from the Sport England Active Lives Adult Survey, which is undertaken twice a year. This uses the Chief Medical Officer guidelines as a measurement.

- **AC045 - Barnet Disability Sports Network (DSN) (risk score 2).** There is a risk the DSN fails to identify and collaborate on opportunities to enhance access and experience for disabled residents. The DSN comprises stakeholders within the borough that provide a service or have contact with residents with a disability. The DSN meets every six months to collaborative on opportunities to maximise Sport and Physical Activity (SPA) access and experience for disabled residents. The DSN has continued to engage stakeholders with a meeting in October 2019. Membership has continued to diversify, providing support for collaborative working.

8.	Safeguarding adults at risk of abuse and neglect	Q3 Status
		Good

8.1 Summary of Actions Good progress

- 8.1.1 The Adult Multi Agency Safeguarding (MASH) hub was launched on 10 June 2019. The MASH brings together knowledge and expertise from across ASC and key partners and is being implemented in phases. Stronger links with key partners have been established who are engaged on a regular basis to assist with the assessment and decisions on safeguarding. This has led to positive case discussions and quicker responses to referrals. At present the adult social care practitioners are co-located one day per week with Solace (domestic violence) and WDP (drugs and alcohol service). The children's MASH and police team will move to Colindale in March 2020 which will improve multi-agency working. There has been a significant increase in the number of safeguarding concerns received since the launch of the MASH. This has been known to occur when Adults MASHs are implemented because the referral pathway is clearer and simplified for partner agencies; and the process of communicating about the establishment of a MASH raises awareness amongst agencies. There has been a 22% increase in safeguarding concerns in June – September 2019 when compared to the previous year. Funding for an additional social worker has been given to the service and recruitment is underway to ensure there is increased resource to manage demand.
- 8.1.2 The Barnet Safeguarding Adults Board (SAB) is dedicated to working to embed the 'Making safeguarding personal' principles across all organisations working to support adults at risk of abuse, neglect or exploitation. The SAB Annual Report was presented to A&S Committee on 19 September 2019 and provided progress against the three key priorities for the SAB by individual organisations and across the partnership as a whole. During Q3, the seven-minute briefing and action plans for the most recent Safeguarding Adults Review were published and shared. Partners completed the London Safeguarding Adults Partnership Audit Tool (SAPAT), the outcomes of which were considered at the SAB and will contribute to the development of the 2020/21 Operational Plan for the BSAB.

8.2 KPIs

- 8.2.1 There is one KPI for this priority.

Indicator	Polarity	18/19 EOY	19/20 Target	Q3 19/20			Q3 18/19	Benchmarking
				Target	Result	DOT	Result	
Conversion rate safeguarding concerns to Section 42 enquiries	Monitor	New for 19/20	Monitor	Monitor	23.7%	New for 19/20	New for 19/20	No benchmark available

8.3 Risks

8.3.1 There are two risks to delivery of the actions for this priority³⁷. These have been assessed at a medium/high (8 to 12) level and have controls/mitigations in place to manage the risks.

- **AC046 - Adults MASH Resourcing (risk score 15).** There is a risk that there will be insufficient resource and subject expertise within the Multi-Agency Safeguarding Hub (MASH) due to capacity constraints within service areas & delays to co-location with other services/partners, which may lead to the MASH being less effective and unable to effectively safeguard vulnerable adults. There is a dedicated team of six staff. In the absence of MASH Police moving to Colindale there have been discussions about having a Police representation in the weekly Hub.
- **STR12 - Relationship with healthcare providers and partner organisations (risk score 12).** Ineffective relationships with healthcare providers and partner organisations such as the NHS could lead to an inability to manage demand resulting in failure to meet statutory duties and safeguarding of vulnerable residents. Engagement with the NHS has continued locally; although there is still significant uncertainty as to the CCG merger and what the new model will be in practice. Work has progressed with the CCG and Royal Free Hospital to improve discharge pathways and regular meetings have taken place to identify further improvements and ensure that residents are supported to be discharged as soon as possible.

9.	Efficient delivery of statutory duties	Q3 Status
		Good

9.1 Summary of Actions Good progress

9.1.1 This element of the Delivery Plan was focused on delivering the Medium Term Financial Strategy (MTFS) and savings programme, whilst continuing to deliver statutory duties. Progress on the MTFS is set out in section 3.1.

9.2 KPIs

9.2.1 There are no KPIs for this priority.

9.3 Risks

9.3.1 There are two risks to delivery of the actions for this priority³⁸. These have been assessed at a medium/low (4 to 6) level and have controls/mitigations in place to manage the risks.

- **AC047 - MTFS Savings Delivery (risk score 6 – increased from 4).** There have been some additional challenges to achieving some savings, as a result the risk score has increased to 6. These challenges are being addressed through continued joint working and agreeing validation processes.
- **AC007 - Database and reporting environment (risk score 4).** If information is not recorded, as per compliance, on the new social care database this could lead to limited or inaccurate intelligence and insight to meet statutory obligations. Following the hosting from Capita, the full management of the database will move to a new supplier by the end

³⁷ There was one Delivery Plan risk for this priority (AC046). However, STR12 has replaced AC018 (which was mapped to the Integrating local health and social care priority) and moved to the Safeguarding priority.

³⁸ AC031 - Business intelligence and financial reporting merged with AC007 – Database and reporting environment (an existing risk on Adults and Health risk register).

of Q4. A new reporting framework is being developed which will link to performance reporting frameworks and target operating models.

9.3.2 In addition to the risks in the Annual Delivery Plan, there was a *service risk* linked to this priority that was scored at a high (15 to 25) level in Q3.

- **AC001 - Increased overspend to meet statutory duties (risk score 20).** Increased demand and the uncertainty of the operating environment could lead to insufficient resources for the service to meet its statutory duties. There are strong monitoring processes in place for all savings as part of the MTFS. Budget monitoring processes have remained robust. Controls on all spend are in place and closely monitored. 2020/21 MTFS plans are being finalised as part of the business planning process.

10 REASONS FOR RECOMMENDATIONS

- 10.1 These recommendations are to provide the Committee with relevant budget, performance and risk information in relation to the corporate and committee priorities in the Corporate Plan (Barnet 2024) and A&S Committee Annual Delivery Plan. This paper enables the council to meet the budget agreed by Council in March 2019.

11 ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 11.1 None.

12 POST DECISION IMPLEMENTATION

- 12.1 None.

13 IMPLICATIONS OF DECISION

13.1 Corporate Priorities and Performance

- 13.1.1 The report provides an overview of performance for Q3 2019/20, including budget forecasts, savings, progress on actions, KPIs and risks to delivering the Annual Delivery Plan.
- 13.1.2 The Q3 2019/20 results for all Corporate Plan and Delivery Plan KPIs are published on the Open Barnet portal at <https://open.barnet.gov.uk/dataset>
- 13.1.3 Robust budget, performance and risk monitoring are essential to ensure that there are adequate and appropriately directed resources to support delivery and achievement of corporate and committee priorities as set out in the Corporate Plan (Barnet 2024) and Annual Delivery Plans.
- 13.1.4 Relevant council strategies and policies include the following:
- Medium Term Financial Strategy
 - Corporate Plan (Barnet 2024)
 - A&S Committee Annual Delivery Plan
 - Performance and Risk Management Frameworks.

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

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

13.3 Social Value

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

activities in line with Social Value will be monitored through this contract management process.

13.3 Legal and Constitutional References

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

- 13.4.4 The council’s Financial Regulations can be found at:
<http://barnet.moderngov.co.uk/documents/s46515/17FinancialRegulations.doc.pdf>

13.5 Risk Management

- 13.5.1 The council has an established approach to risk management, which is set out in the Risk Management Framework. Risks are reviewed quarterly (as a minimum) and any high level (scoring 15+) risks are reported to the relevant Theme Committee and Policy and Resources Committee. In addition, the Annual Delivery Plan risks associated with the priorities for this Committee are outlined in the report.

13.6 Equalities and Diversity

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

need to:

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

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

13.6.3 In order to assist in meeting the duty the council will:

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

This is also what we expect of our partners.

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

13.7 Corporate Parenting

13.7.1 In line with Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in carrying out any functions that relate to children and young people. The services set out in this report are relevant to adult care leavers with care and support needs including eligible needs under the Care Act 2014.

13.8 Consultation and Engagement

13.8.1 Consultation on the new Corporate Plan (Barnet 2024) was carried out in the summer 2018. The Corporate Plan was approved by Council in March 2019.

13.9 Insight

13.9.1 The report identifies key budget, performance and risk information in relation to the A&S Committee Annual Delivery Plan.

14 BACKGROUND PAPERS

14.1 Council, 5 March 2019 – approved Corporate Plan (Barnet 2024)
<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=162&MId=9456&Ver=4>

14.2 A&S Committee, 18 March 2019 – approved Annual Delivery Plan
<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MId=9475&Ver=4>

**London Borough of Barnet
Adults and Safeguarding
Committee Forward Work
Programme
January 2020 - June 2020**

Contact: naomi.kwasa@barnet.gov.uk

Title of Report	Overview of decision	Report Of (<i>officer</i>)	Issue Type (Non key/Key/Urgent)
17 February 2020			
Prevent Annual Progress Report	An update for the Committee.	Private Sector Housing Manager (Re)	Non-key
Market Position Statement 2019-24, including Care Provider Quality (Deferred from 25 November 2019 due to General Election)	An update for the Committee.	Assistant Director (Communities and Wellbeing)	Key
Performance Report Q3 2019/20	Regular performance report.	Head of Programme and Resources	Non-key
3rd June 2020			
Refresh of Annual Delivery Plans for 2020/21	A report which sets out specific actions to achieve the priorities for the Committee over the next year, and how progress and performance will be measured.	Executive Director of Adults and Health	Non-key
Healthwatch Barnet Enter and View Summary Report	An update on the work of Healthwatch Barnet during 2018/19.	Assistant Director (Communities and Wellbeing)	Non-key

Title of Report	Overview of decision	Report Of (<i>officer</i>)	Issue Type (Non key/Key/Urgent)
EOY Delivery Plan Performance Report	The reports provide a thematic overview of performance for the quarter/end of year focusing on the budget forecasts and activities to deliver the priorities in the Annual Delivery Plan.	Executive Director of Adults and Health	Non-key
Item(s) to be allocated			
Update on the implementation of direct payments			Non-key
Update on Integrated Care System for North Central London			Non-key

