MEETING
ADULTS AND SAFEGUARDING COMMITTEE
DATE AND TIME
THURSDAY 3RD JUNE, 2021
AT 8.00 PM
VENUE
HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4BG

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

Membership to be confirmed at Annual Council on 25 May 2021

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 27 May at 10AM. Requests must be submitted to faith.mwende@barnet.gov.uk

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

Governance Service contact: Faith Mwende faith.mwende@barnet.gov.uk
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ORDER OF BUSINESS

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Decisions of the Adults and Safeguarding Committee

15 March 2021

Members Present:-

AGENDA ITEM 1

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

Councillor Saira Don	Councillor Anne Clarke
Councillor Golnar Bokaei	Councillor Reema Patel
Councillor Felix Byers	Councillor Jo Cooper
Councillor Sarah Wardle	Councillor Jess Brayne
Councillor Paul Edwards	

1. CHAIRMAN'S INTRODUCTION

The Chairman welcomed everyone to this virtual meeting, explaining how the process would work.

2. MINUTES

RESOLVED that the minutes of the meeting held on 23 November 2020, be agreed as a correct record.

3. ABSENCE OF MEMBERS

NONE.

4. DECLARATIONS OF MEMBERS' DISCLOSABLE PECUNIARY INTERESTS AND OTHER INTERESTS

Councillor Cooper declared a non-pecuniary interest regarding agenda item 7 (Adults and Safeguarding Delivery Plan), as she was employed by the Royal Free and provided clinical input to a CCG Service directly referred to in this report.

5. REPORT OF THE MONITORING OFFICER (IF ANY)

None.

6. MEMBERS' ITEMS (IF ANY)

The Chairman drew attention to the following Members' Items:

Member	Item
Councillor Paul Edwards	It's been a while since the Committee looked at the affordability of paying at least London's Living Wage (LLW) to the former

Paying former Fremantle workers at least London's Living Wage	Fremantle workers. All other care workers employed by Your Choice Barnet (YCB) and The Barnet Group (TBG) are already paid at least London's Living Wage, and it is TBG policy to pay all staff at least LLW. The Covid-19 pandemic has highlighted once again the need to pay the former Fremantle care workers at least the London Living Wage. I ask that the Committee, Barnet Council and The Barnet Group give a commitment to ensure Barnet's former Fremantle workers are paid at least LLW, with the funding to be allocated in the forthcoming budget for implementation in 2021/22. The Chairman reported that the issue had already been raised at Full Council, discussions were held with Your Choice Barnet and provision had been made in the budget. **RESOLVED that the current position, as outlined by the Chairman, be noted.**
Councillor Anne Clarke **Integration of Health & Social Care**	As Government legislation on Integrated Health and Social Care may soon become law, there remains several concerns across all political parties. Local Councils need assurance that local authority social care budgets do not become consolidated into Health. The pandemic has rightly highlighted the dedication and professionalism of all those working for the NHS. It has equally brought a spotlight on the dedication and professionalism of those who work in the social care sector, whilst equally revealing the disparity in resources available to social care compared with health, including fundamentally different fiscal constraints. We are concerned that local government, which is responsible for social care, does not become the poor relation. We understand the 2014 Care Act will be repealed and replaced with new legislation, although at this stage the ramifications for local authorities are unclear. We request that officers brief the committee on what might be expected from new legislation on Integrated Care Systems and the proposed white paper on Integration and Innovation, with members of HOSC also invited. What are the strengths and weakness of the new proposals? What are the challenges the local authority faces as the new arrangements unfold? What assurances are there that the NHS and the Local Authority will have equal status in the new arrangements? The Chairman suggested that a Member Briefing be held on this issue during the late spring with relevant parties in attendance. **RESOLVED that the Chairman's suggestion be endorsed by the Committee.**

7. PUBLIC QUESTIONS AND COMMENTS (IF ANY)

The following comment has been received from Phil Cohen in relation to agenda item 7:

<u>The Adults and Safeguarding Committee Delivery plan 2021/22 paper's section 4.2 on Bringing health and care together</u>
This raises some very worrying issues that I as a Barnet resident and health consumer would like some clarity on. These are:

1. Plans in the Government's White Paper for an ICS NHS Body to run all health, social care and public health services with a single capped budget amount to an NHS takeover of social care. The language of 'integration' is a misnomer as the LGA has said - on the face of it there is very little local government representation on these bodies. This has disturbing implications for democratic control by elected councillors.
2. The NHS and social care operate different eligibility criteria and funding sources – what happens to them?
3. The White Paper appears to open the way to more private contracting of health and care services. Covid-19 contracts worth £19.7 billion mainly to the private sector show the direction of travel.
4. I am concerned the increased stress on digital health and technology in the White Paper means face to face consultations become the exception and undermines the vital doctor-patient relationship.

The Chairman suggested that the item be noted and linked to the Members Briefing on bringing health and social care together.

RESOLVED that the public comment be noted and dealt with as outlined above.

8. ADULTS AND SAFEGUARDING COMMITTEE DELIVERY PLAN 2021/22

The Chairman explained that this report set out the Delivery Plan Priorities for Adults and Safeguarding Committee for the financial year 2021/22.

Members asked several questions with Officers responding accordingly. There were also some issues raised which would be addressed outside of the meeting with Officers emailing Committee Members.

Councillor Edwards requested that recommendations 1 and 2 be dealt with separately, in terms of the voting process.

RESOLVED

1. **That the Committee approve the Delivery Plan 2021/22 as set out in this report.**

For	**6**
Against	**0**
Abstained	**5**

2. **That the Committee approve the extension of the Fit and Active (FAB) Framework to the end of March 2022. (unanimously approved).**

9. QUARTER 3 (Q3) 2020/21 DELIVERY PLAN PERFORMANCE REPORT

The Chairman noted that this report provided a thematic overview of performance for Q3 2020/21 focusing on the activities to deliver both the corporate and committee priorities in the Adults and Safeguarding Recovery and Delivery Plan.

The Chairman invited Officers to report specifically on the impact on Leisure and reopening.

Members asked several questions with Officers responding accordingly.

There were also some issues raised which would be addressed outside of the meeting with Officers emailing Committee Members.

RESOLVED that it be unanimously agreed to note the review the performance, budget and risk information for Q3 2020/21.

10. ADULT SOCIAL CARE CASE MANAGEMENT SYSTEM IMPLEMENTATION UPDATE

The Chairman noted that this report provided an update on implementation of Adult Social Care Case Management System, Mosaic.

RESOLVED that the Committee agrees to unanimously note the progress made in implementing the case management system.

11. UPDATE ON THE DELIVERY OF THE PREVENT DUTY

The Chairman noted that this report provided an update on the Delivery of the Prevent Duty.

The Chairman also invited the appropriate Officer to address the Committee on the delivery of the Prevent Duty, particularly for the benefit of new Members of the Committee.

RESOLVED that the Adults and Safeguarding Committee unanimously agrees to note the contents of this report.

12. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT

The Chairman reported that there were no urgent items, but noted that this was the last meeting of the current municipal year, thanked Officers for their assistance and pointed

out that there was not a work programme for this meeting to consider as it had been completed for the year. A new work programme for 21/22 would be brought to the June 2021 meeting.

The meeting finished at 7.46pm

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Adults and Safeguarding Committee

3rd June, 2021

Title	**Quarter 4 2020/21 Delivery Plan Performance Report**
Report of	Councillor Sachin Rajput – Committee Chairman
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Adults and Safeguarding Committee Recovery and Delivery Plan 2020/21
Officer Contact Details	Courtney Davis, Assistant Director Communities and Performance courtney.davis@barnet.gov.uk Appy Reddy, Head of Business Intelligence, Performance and Systems appy.reddy@barney.gov.uk Dean Langsdon, Finance Business Partner for Adults, Public Health and Leisure dean.Langsdon@barnet.gov.uk

Summary

This report provides a thematic overview of performance for Q4 2020/21 focusing on the activities to deliver both the corporate and committee priorities in the Adults and Safeguarding Recovery and Delivery Plan.

Officer Recommendations

1. The Committee is asked to review the performance, budget and risk information for Q4 2020/21 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.

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 Each year the committee adopts an annual plan, setting out the key priorities for the services within its remit, which includes key performance indicators. The plan for 2020/21 reflected both the Council's policy aims of safeguarding residents and supporting them to live independently; enabling residents to live healthy and active lives; and the Council's response to the Covid-19 pandemic for the services within the committee's remit. The plan also sets out the key actions required to restore services in the recovery phase of the pandemic response.

1.3 This report provides a thematic overview of performance for Q4 2020/21 focussing on the budget forecast and activities to deliver the priorities in the A&S Committee Delivery Plan 2020/21.

PRIORITIES 2020/21

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

- A summary of progress on pandemic related and other delivery activities
- Performance of Key Performance Indicators (KPIs)
  - Integrated Care
  - Promoting Independence
  - Prevention
  - Safeguarding and Statutory Services
  - Leisure

3. COVID 19 AND SERVICE DELIVERY

3.1 During this reporting period the country was in lockdown and a further peak of the pandemic occurred. There was extremely high demand on social care and health services during January and high demand for care continued to the end of the year. Social care services in general continued to operate throughout the quarter, with Covid secure arrangements as previously reported to committee. Leisure centres were closed during the period.

4. INTEGRATED CARE

4.1.1 The integrated discharge team continued to operate 7 days per week, covering Barnet hospital, community hospitals and Barnet residents requiring support following discharge from other hospitals. Funding from NHSE/I continued to pay the costs for care following a hospital admission for up to 6 weeks. The service continued to see high demand for home care and reablement services during this period.

4.2 KPIs

Indicator	Polarity	19/20 EOY	20/21 Target	Q4 20/21		Q4 19/20	Benchmarking
				Result	DOT	Result	
Total number of Hospital discharges in the period (pathway 0,1,2,3)	Smaller is Better	New for 20/21	Monitor	3876	New for 20/21	New for 20/21	No benchmark available
Percentage of Hospital Discharges to Pathway 1	Smaller is Better	New for 20/21	Monitor	75.8%	New for 20/21	New for 20/21	No benchmark available
Adults discharged in to social care (pathway 1 or 3) Assessed or Reviewed within 6 weeks	Bigger is Better	New for 20/21	Monitor	740	New for 20/21	New for 20/21	No benchmark available

4.2.1 There are 3 KPIs for this priority, which monitor integrated discharge. The Integrated Discharge Team (IDT) receives referrals from acute and community hospitals and is processing all discharges as per the four nationally agreed pathways. Those able to return home with no additional support are counted as pathway 0, back home with new support from health or social care are pathway 1, to intermediate care beds are pathway 2 and to residential or nursing homes are pathway 3. National indicators on delayed transfers of care (DTOC) have been suspended during the pandemic.

4.2.2 During the first six months of the pandemic it was challenging to ensure all reviews post-discharge were carried out in a timely fashion but performance significantly improved as the year progressed. Of the 3,876 discharges supported by the IDT, a proportion of these would have been health only and a number would not have required an on-going service beyond six weeks. The 740 discharges reviewed represents the majority of applicable cases with on-going support requiring a review. In the first months of the pandemic more review activity was carried out but was recorded in a more light-touch fashion given the very high demands on the service at the time and so is not counted in these totals.

5. PROMOTING INDEPENDENCE

5.1.1 Throughout the period, social care worked to support people to remain independent and living in their own home, in line with its strengths based practice

model. Barnet Shared Lives Scheme has been introduced to provide family-based support to adults with care and support needs. The scheme aims to promote, enable and maximise an individual's independence, life skills and involvement in the community. Work is progressing to try and accelerate recruitment for the scheme although it has been slowed by Covid 19. The council has procured some peer support from another successful Shared Lives scheme to help accelerate recruitment in 21/22.

5.1.2 The number of new permanent admissions into residential and nursing care homes for older adults dropped in 20/21. This reflects the concerns of some individuals and their families about entering care homes during the pandemic. The rate reflects the large older population in Barnet. Very few adults move directly into residential or nursing care without first having support at home. Admission into a care home tends to follow a significant decline in physical mobility and / or the progression of dementia.

5.2 KPIs

Indicator	Polarity	19/20 EOY	20/21 Target	Q4 20/21		Q4 19/20	Benchmarking
				Result	DOT	Result	
Numbers of shared lives carers recruited	Bigger is Better	New for 20/21	New for 20/21	4	New for 20/21	New for 20/21	No benchmark available
Number of shared lives placements	-	New for 20/21	New for 20/21	3	New for 20/21	New for 20/21	No benchmark available
Permanent admissions to residential and nursing care homes, per 100,000 population age 65+ (c)	Smaller is Better	528.3	530	432.8	↓	502.6	CIPFA Neighbours 389.1 London 406.2 England 585.6 (NASCIS, 18/19)
Permanent admissions to residential and nursing care homes, per 100,000 population age 18-64 (c)	Smaller is Better	11.8	13.0	11.8	↓	16.7	CIPFA Neighbours 8.9 London 9.6 England 13.9 (NASCIS, 18/19)
Adults with learning disabilities who live in their own home or with their family	Bigger is Better	80%	82%	82.1 %	↑	80%	CIPFA Neighbours 70.9% London 75.1% England 77.4% (NASCIS, 18/19)
People who feel in control of their own lives (Annual)	Bigger is Better	72%	-	75.9%	↑	75.9%	CIPFA Neighbours 72.8% London 71.4% England 77.6%

							(NASCIS, 18/19)

5.2.1 We have 6 KPIs under this priority. Two are new for 2020/21, 4 KPIs are Green. The KPIs reflect the council's continued emphasis on strengths-based practice in adult social care and promoting independence. Permanent admissions for those over 65 is a cumulative measure and will increase as the number of permanent admissions increase throughout the year. Most of the satisfaction measures collected from the national Adult Social Care User survey show that we are engaging well with clients. Satisfaction and quality of life measures improved compared to previous years and Barnet benchmarks better than London regional averages in satisfaction rates.

6. PREVENTION

6.1.1 During Q4 Adults and Health re-commissioned a number of prevention services for our residents: Community Advice, Dementia Support, Care Act & Independent Health Complaints Advocacy.

6.1.3 There has been further development of the enablement service to allow all adults returning home with the potential to regain or increase their independence to access enablement and to support the new model of hospital discharge. The number of adults receiving support from the enablement service significantly increased in the second half of the year, with 1002 people receiving a service and 647 needing no on-going support from adult social care afterwards. The percentage of people who did not need ongoing support following enablement reduced compared to 2019/20. This was as a result of widening access to the service so that people with higher levels of need could get enablement support. Although these individuals did not always finish their enablement programme needing no support at all, they often were able to live more independently, with lower levels of support, than if they had not had enablement.

6.1.4 In quarter four, the work to improve the initial contact service for adult social care progressed, with Social Care Direct staff transferring from Capita to the council. A staff consultation was launched in the period, followed by changes to procedures, training for staff and much closer working with the prevention team to ensure adults receive the right preventative support as quickly as possible.

6.2 KPIs

Indicator	Polarity	19/20 EOY	20/21 Target	Q4 20/21		Q4 19/20	Benchmarking
				Result	DOT	Result	
Percentage of Adult social care Referrals signposted to VCS	Bigger is Better	8.9%	10%	5.4%	↓	8.9%	No benchmark available

Indicator	Polarity	19/20 EOY	20/21 Target	Q4 20/21		Q4 19/20	Benchmarking
				Result	DOT	Result	
People provided with information, advice and guidance	Bigger is Better	3,991	4,000	3976	↑	3991	No benchmark available
Number of referrals from hospitals to reablement service	Bigger is Better	New for 20/21	Monitor	767	New for 20/21	New for 20/21	
Total number of referrals to reablement service	Bigger is Better	408	500	1002	-	-	No benchmark available
Percentage of clients achieving desired outcomes in 42 days of reablement without need of any further support from ASC and are living independently in community	Bigger is Better	84.5%	85%	64.8%	↑	60%	No benchmark available

6.2.1 We have 5 KPIs to inform progress on Prevention. All new referrals are considered for signposting to prevention support and voluntary sector organisations. Prevention is further considered at every step of the social care pathway while following principles of strengths based practice to meet appropriate outcomes. At the end of Q4, 5.4% of referrals were signposted to the VCS. This reduction is likely in part due to the significant number of adults that accessed VCS services via the help hub set-up to support the response to the pandemic. Performance against this measure has been impacted by Covid-19 as most of the community & voluntary sector organisations were impacted due to lockdown and were either closed or were performing functions with reduced capacity.

6.2.2 The reablement service saw significant change in 20/21 that explains the change in those achieving desired outcomes in 42 days of reablement without need of any further support from ASC and are living independently in the community. In 20/21 the council determined it was better for nearly all adults requiring home based support to go through the service initially and hence widened access criteria, to ensure that all those who could benefit get the chance to do so. As such, the number of adults in receipt of enablement has significantly increased, as has the number achieving the desired outcomes in 42 days, but the proportion not requiring ongoing support has decreased..

7. SAFEGUARDING

7.1 KPIs

Indicator	Polarity	19/20 EOY	20/21 Target	Q4 20/21		Q4 19/20	Benchmarking
				Result	DOT	Result	
Number of safeguarding concerns received in the period	-	1735	-	1668	↓	1735	No benchmark available
Number of s42 enquiries started in the period	-	309	-	387	↑	309	
Making Safeguarding personal outcome framework – was the individual or individual's representative asked what their desired outcomes were?	Bigger is Better	New for 20/21	Monitor	91.1%	New for 20/21	New for 20/21	No benchmark available
Making Safeguarding personal outcome framework – Percentage of desired outcomes that were fully or partially achieved?	Bigger is Better	New for 20/21	Monitor	84.8%	New for 20/21	New for 20/21	No benchmark available

7.1.1 There are four KPIs for this priority. Despite an initial dip in concerns received during the first wave of the pandemic, the total number of concerns has remained relatively constant. The number of enquiries has increased as a result of the embedding of new ways of working in the adults MASH. This has seen quicker decision making on safeguarding concerns and more accurate recording of investigation work that led to no further action as an enquiry.

8. LEISURE

8.1.1 Our leisure facilities had closed towards the end of Q3, as London entered Tier 4 restrictions. In January 2021, the third national lockdown commenced and leisure centres remained closed throughout Q4. There were also restrictions on outdoor sports and physical activity.

8.1.2 Throughout the period GLL continued to offer a free online fitness service to all members via the 'Better at home' app which offers users a large library of virtual fitness classes and home exercise routines in addition to nutrition and food guidance. The service was promoted on the Better website, social media and member newsletters. When restrictions on outdoor physical activity were eased towards the end of Q4, GLL began to offer outdoor, socially distanced, exercise classes.

9. BUDGET

9.1 The Revenue Outturn position (after reserve movements) for the Adults and Safeguarding Committee's service areas of adult social care and leisure is £105.457m. Of this, £8.629m is the impact of Covid, leaving an underspend of £4.867m or 4.7% of the budget at year end.

Revenue Final Outturn Position 2020/21

Budget Area	20/21 Budget	Final Outturn	Variance to revised budget (under)/over spend	Covid Impact	Revised variance (under)/over spend
	£'000	£'000	£'000	£'000	£'000
Non-Placement Budget					
ASC Prevention Services	2,264	2,653	389	0	389
ASC Workforce	16,097	17,392	1,295	1,104	191
Sub-total	**18,361**	**20,045**	**1,684**	**1,104**	**580**
Placements Budget					
Integrated Care - LD	33,073	30,160	(2,913)	0	(2,913)
Integrated Care - MH	9,399	8,668	(731)	0	(731)
Integrated Care - OA	32,376	34,156	1,780	3,323	(1,543)
Integrated Care - PD	9,920	9,856	(64)	0	(64)
Sub-total	**84,768**	**82,840**	**(1,928)**	**3,323**	**(5,251)**
Covid (non-demand)	*0*	*1,237*	*1,237*	*1,237*	*0*
Sub-total	**0**	**1,237**	**1,237**	**1,237**	**0**
Adults Social Care Total	**103,129**	**103,280**	**993**	**5,664**	**(4,671)**
Leisure	(592)	2,177	2,769	2,965	(196)
Leisure Total	**(592)**	**2,177**	**2,769**	**2,965**	**(196)**
Total Adults	**102,537**	**105,457**	**3,762**	**8,629**	**4,867**

Final costs for the Covid financial impact are set out below, as set out in the final year end return to the Ministry of Housing, Communities and Local Government (MHCLG) in March 2021.

Service Area	Covid-19 Impact		Category
	£'000	Commentary	
Adults Social Care	1,781	Additional Demand (Early Discharge)	Demand
	1,292	Support to the Care Market - Residential (block voids)	Demand
	250	Homecare planned	Non-demand
	1,237	Supporting the Care market	Non-demand
	1,104	Staffing	Non-demand
Sub-total	**5,664**		
Leisure	1,808	Commercial loss to GLL	Non-demand
	1,157		Non-demand
Sub-total	**2,965**		
Total	**8,629**		

9.2 The main reason for the underspend in the committee's budget is the application of the national NHSE/I funding for post- hospital discharge care costs, which has been claimed at £12.9 million for the full financial year. Prior to the pandemic, the council would be responsible for funding the costs of post-hospital social care for those eligible under the Care Act and for the provision of enablement.

9.3 The Prevention cost centre includes voluntary sector funding, telecare and the costs of running the Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) scheme. The overspend in this cost centre is mainly caused by the DoLS scheme. The overspend in the adult social care workforce cost centre is caused by structural issues including the impact of UPR and the vacancy factor.

9.5 The Leisure, Sports and Physical Activity budget overspent by £2.769m, due to the loss of planned surplus income and the award of supplier support in relation to business disruption, caused by the mandated closure of centres during the initial stages of the pandemic. However, this has been addressed through the application of central government funding.

9.6 Non-ringfenced Covid financial impact has reduced from quarter 3 due to the announcement of specific grant funding to support the care sector i.e. additional infection control fund, rapid testing fund and workforce capacity grants.

9.7 The Capital outturn for areas within the committee's remit is £4.817m, this reflects a reported underspend of £1.292m at outturn. For Investing in IT, the underspend is proposed for slippage into next year financial year to support the delivery of the next phase of Mosaic development. For Community Equipment the reported underspend is being proposed as slippage over the next three years of the programme, as it is anticipated that demand will rise after the pandemic. In December 2020, a 13.5% increase to the 2020-21 DFG grant was announced, therefore the increase is reflected in the forecast and the budget addition is being put forward for approval.

The underspend now showing will also be slipped into 21/22 and will be needed to complete delayed work because of the pandemic.

Capital Outturn

Capital Programme Description	2020-21 Final Budget	2020-21 Final Outturn	Variance
	£'000	£'000	£'000
Sport and Physical Activities	1,595	1,550	(45)
Community Equipment and Assistive Technology	550	443	(107)
Investing in IT	1,079	699	(380)
Disabled Facilities Grants Programme	2,885	2,125	(760)
Total	**6,109**	**4,817**	**(1,292)**

10. SAVINGS

10.1 The total amount of savings identified for A&S Committee for 2020/21 is £5.317m. This is shown in Table 3. Savings have been reviewed and risk assessed. The final year end position is as follows:

Note: Where savings delivery has been directly affected by Covid it has been captured on the MHCLG return, c£1.4 million.

Ref	Description of Savings	Savings for 2020/21 (£)	Comment
E1	YCB transformation	290,000	Impacted by Covid
E2	Prevention contracts	350,000	Achieved -
E3	Telecare overheads	155,000	Achieved
E4	Reduction in printing costs	15,000	Achieved
E5	Nursing care costs	150,000	Achieved
I1	Better Care Fund	150,000	Achieved
I2	Prepaid cards and Direct Payments	250,000	Achieved
I3	VAT efficient leisure contracts	61,000	Impacted by Covid
I4	SPA income	1,096,000	Impacted by Covid
I5	Charges and discretionary services	150,000	Achieved
I6	Additional client contributions	200,000	Achieved
I7	Additional capitalisation	1,000,000	Achieved
R1	OPPD reviews	400,000	Achieved
R2	Telecare savings	200,000	Achieved

R3	Support for working age adults (LD)	550,000	Achieved
R4	Mental health reviews	300,000	Achieved
Total Savings		**5,317,000**	

11. REASONS FOR RECOMMENDATIONS

11.1 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 Recovery and Delivery Plan.

12. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

12.1 None.

13. POST DECISION IMPLEMENTATION

13.1 None.

14. IMPLICATIONS OF DECISION

14.1 Corporate Priorities and Performance

14.1.1 The report provides an overview of performance for Q4 20/21, including budget forecasts, savings, progress on actions, KPIs and risks.

14.1.2 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 and Annual Delivery Plans.

14.1.3 Relevant council strategies and policies include the following:

- Medium Term Financial Strategy
- Corporate Plan (
- A&S Committee Recovery and Delivery Plan
- Performance and Risk Management Frameworks.

15. RESOURCES (Finance and Value for Money, Procurement, Staffing, IT, Property, Sustainability)

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

16. SOCIAL VALUE

16.1 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.

17. LEGAL AND CONSTITUTIONAL REFRENCES

17.1 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.

17.2 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.

17.3 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.

17.4 The council's Financial Regulations can be found at:
http://barnet.moderngov.co.uk/documents/s46515/17FinancialRegulations.doc.pdf

18. RISK MANAGEMENT

18.1 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

Risk description	Risk Mitigations and Q4 Update

STR22: Sustainability of VCS Funding and sustainability challenges facing the voluntary sector could lead to a reduction in capacity and growth of preventative services resulting in difficulties accessing services and demand for more complex support. Risk Rating: 15	. In Q4, the risk (including score) was reviewed to be a Corporate Strategy about the relationship with the VCS with overview split between Adults and Health and Strategy. The community participation strategy is exploring several ways of securing funding for the VCS.
AC002 Failure of a care provider: A care provider suddenly being unable to deliver services could lead to HSE breach, harm to individuals resulting in a violation of statutory duty and financial consequences. This risk covers both quality and financial risk to care providers. Risk Rating: 16	For all contracted services due diligence is undertaken at the start of each contract to ensure quality and sustainability of providers. Regular contract monitoring is undertaken with providers and Care Quality advisors support homes through best practice support and supporting staff development. If issues are identified, then there is a clear provider concerns process to access risk to individuals and support improvement. There is also a clear provider failure / closure approach to manage closure of homes and safe transition of individuals if required. During the pandemic, 7 day a week support has been available to care settings, along with regular monitoring, including: • Regular collection of information (PPE, Covid-19 cases, staffing levels, hospital admissions) to target support where it is needed most • Delivery of PPE to care providers where required • Developed a new One Care Home clinical in reach team approach, working with health colleagues to provide clinical support to care homes. There is a robust quality assurance and provider concerns process in place if there are any quality issues identified. There is additional Covid-19 funding and ongoing work to support the short, medium- and long-term sustainability of the care market considering increased vacancies and reductions in demand.
AC044 Leisure: The performance of the leisure operator to deliver against contractual obligations and commitments	The performance of the leisure operator to deliver against contractual obligations and commitments could lead to the health and wellbeing priorities not

could lead to the health and wellbeing priorities not being fulfilled resulting in possible consequences to service delivery and finances. Risk Rating 15	being fulfilled resulting in possible consequences to service delivery and finances. Facilities have been operating as much as possible throughout the pandemic period and offering online and outdoor activities when buildings had to be closed. The key operating principles are that all facilities are Covid-19 Secure (adopting Government Guidance), prioritising the safety of staff, ensuring customers have confidence in plans and feel safe in facilities; and focus on reactivating core activities with maximum efficiency.

19. EQUALITIES AND DIVERSITY

19.1 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.

19.2 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.

19.3 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.

19.3.1 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

19.4 Corporate Parenting

19.4.1 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 care leavers with care and support needs including eligible needs under the Care Act 2014. Dedicated

concessionary access to Leisure Centres is in place for Care Leavers, Children in Care and Young Carers.

19.5 Consultation and Engagement

19.5.1 N/A

19.6 Insight

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

20 BACKGROUND PAPERS

20.1 Adults and Safeguarding Committee 17th September 2020, Quarter 1 Recovery and Delivery Performance Report (item 9)

https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MId=10203&Ver=

20.2 Adults and Safeguarding Committee, 23 November 2020, Quarter 2 Recovery and Delivery Performance Report (item 8)
8https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MId=10204&Ver=4

20.3 Adults and Safeguarding Committee 15th March 2021, Quarter 3 Delivery Plan Performance Report (item 9)
https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MId=10205&Ver=4

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Adults and Safeguarding Committee

3rd June 2021

Title	An update on the Barnet Integrated Care Partnership, the White Paper and Integrated Care Systems
Report of	Cllr Sachin Rajput – committee chairman
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	None
Officer Contact Details	Dawn Wakeling, Executive Director – Adults and Health Dawn.wakeling@barnet.gov.uk

Summary

The NHS Long Term Plan (LTP), published in 2019 proposed organisational change for the NHS through the development of 'integrated care systems' (ICS), based on the same geographical areas as Sustainability and Transformation Partnerships (STP). The White Paper, 'Integration and Innovation: working together to improve health and social care for all', published in February 2021, sets out the legislative proposals for a Health and Care Bill which will put ICSs on a statutory footing, as well as including proposals covering social care.

Since the last report on integrated care to this committee, officers have been working with Barnet and north central London NHS colleagues to develop the Barnet Integrated Care Partnership (ICP), with associated programmes of work.

This report updates the committee on the White Paper, and the progress of the Barnet Integrated Care Partnership.

Officers Recommendations

1. **The Adults and Safeguarding Committee is asked to note and comment on the content of the report.**

1. WHY THIS REPORT IS NEEDED

1.1 Since the last report to this committee on integrated care, a significant amount of work has taken place to develop the Barnet Integrated Care Partnership. This report outlines the achievements to date and future priorities. The white paper sets out significant changes for health and social care, which are relevant to the remit of this committee.

1.2 Barnet Council has a history of collaborative working with local health services and a range of integrated services and programmes of work in place. These were previously reported to this committee in September 2018. In addition, the five north London Councils in the STP footprint (Barnet, Camden, Enfield, Haringey and Islington) are continuing their collective programme of work to enable a strong local authority voice within the developing ICS. The Council is therefore well placed to explore new partnership arrangements that could deliver better health and wellbeing outcomes for residents.

2. THE WHITE PAPER AND INTEGRATED CARE SYSTEMS

2.1 The main proposals in the White Paper relevant to the Adults and Safeguarding Committee's remit are summarised in this section of the report.

2.2 In England, Integrated Care Systems (ICSs) will be established as statutory bodies. Clinical Commissioning Groups will be abolished and their functions transferred to ICSs. Integrated care systems are defined by NHSE as systems where "NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve."[1]

2.3 Integrated Care Systems will have two governing entities. The first, the 'ICS NHS Body' will be responsible for the day to day running of the ICS and consist of NHS organisations. It will have specific requirements to develop a plan to meet the health needs of the population within their area, to set the strategic direction of the ICS and develop a capital plan for NHS providers within the ICS. The ICSs will be required to meet financial objectives set by NHS England, which require financial balance to be delivered across the ICS area. The requirement for NHS commissioners to procure NHS care and treatment services competitively, will be removed. The ICS will not have the power to direct providers, and providers' relationships with the Care Quality Commission will remain unchanged. The White Paper says that a clearly defined role for social care within the structure of the integrated care system board will be created, to give adult social care a greater voice in NHS planning and allocation.

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[1] http]s://www.england.nhs.uk/integratedcare/integrated-care-systems/ accessed 22.05.19.

2.4 The second governing entity, the 'ICS Health and Care Partnership' will include local government and other stakeholders, and have the responsibility to develop a plan to address the system's health, public health and social care needs. The ICS and relevant local authorities will be required to have regard to this plan. The White Paper indicates that local areas will be able to develop their ICS partnership body based on local need and building on pre-existing local partnerships.

2.5 The NHS and local government will be given a duty to co-operate with each other and the ICS will have a duty to have regard to the local Joint Strategic Needs Assessment and the Health and Wellbeing strategy.

2.6 The White Paper emphasises the importance of working at 'place' level to deliver effective integration: "A key responsibility for these systems will be to support place-based joint working between the NHS, local government, community health services, and other partners such as the voluntary and community sector. Frequently, place level commissioning within an integrated care system will align geographically to a local authority boundary" (White Paper, para 1.14, p.10).

2.7 The White Paper also sets out a number of proposals for social care. Firstly, the DHSC will make changes to the data they collect on adult social care and the frequency with which they collect it. This will include increased data collection from social care providers, and on services provided to those who fund their own care.

2.8 The Health and Care Bill will place a new duty on the CQC to assess local authorities' delivery of their adult social care duties, with a power of intervention for the secretary of state where it is considered that a local authority is failing to meet their duties. The White Paper indicates that this will be phased in over time.

2.9 There will be a new power for the secretary of state to make payments directly to all social care providers. At present this power extends only to not-for-profit entities.

2.10 The Delayed Discharge regime, as set out in the Care Act 2014, will be abolished and the Discharge to Assess model (as used by the Barnet Integrated Discharge Team currently) will be enshrined in law.

2.11 The Better Care Fund will be separated from the NHS Mandate and have a standalone legislative power.

2.12 Subject to parliamentary business, the intention is that the proposals in the White Paper will begin to be implemented in 2022.

2.13 The link to the full White Paper is below:
https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version

The Health and Social Care Select Committee recently published its response to the White Paper. The link can be found below:

https://publications.parliament.uk/pa/cm5802/cmselect/cmhealth/20/2002.htm

2.14 There are significant implications for councils in the White Paper. It is welcome that there is a commitment to local authority boundaries being the meaningful level for the commissioning and delivery of services. However, ICSs often cover several local authorities and the level of autonomy at the borough level and the relationship with the ICS, as set out in the White Paper, is not yet clear. It will be important that the Council is able to meaningfully influence the development of local primary and community health services to ensure that they respond to the needs of Barnet's population. Councils are well placed, with health partners, to agree local priorities for investment and how to integrate services in a way that makes the greatest improvement in health and wellbeing for our residents. Locally, the north central London ICS is beginning to prepare for the transition to the new model. They have appointed a director of transition and will be preparing detailed plan in line with new guidance and national timescales.

2.15 The introduction of a new assurance framework for councils' delivery of social care duties is also significant. Such arrangements have not been in place for several years. The White Paper commits to designing the framework collaboratively, building on existing service improvement activities and phased implementation. However, this will be an area of significant focus for the council and more details will be shared with the committee as they become available.

2.16 Commentary on the White Paper's proposals from the Local Government Association and London Councils can be found below:

Link: London Councils Health and Social Care White Paper: Innovation and Integration Briefing

https://www.local.gov.uk/parliament/briefings-and-responses/lga-briefing-health-and-social-care-bill-white-paper

3. THE BARNET INTEGRATED CARE PARTNERSHIP

3.1 The Barnet ICP's current work programme has 3 workstreams: integrated pathways; same day access and discharge; & support to care homes.

3.2 **Integrated pathways**: The workstream has focused on the development of a community multi-disciplinary team (MDT) model to better support frail older residents in Primary Care Network 2, which covers East Barnet, Oakleigh, Brunswick Park and Coppetts, where 17% of its population of 60, 500 are aged 65 or over. The intention has been to develop a model that could be scaled across Barnet.

3.3 The MDT works with residents aged 65 or over who are moderately or severely frail; and dependant on the clinician's judgement, with people who are (if outside criteria) within the last 12 months of their life expectancy or on the palliative care register. The MDT working is a shift away from a reactive, disease orientated and disjointed model of care, towards a more holistic, personalised, preventative model of care. The MDT consists of GP practices, CLCH, Social Care, secondary care and the voluntary sector and is coordinated by a frailty specialist nurse. The nurse undertakes home visits and completes comprehensive geriatric assessments which, in discussion with patients and their families, is used to create a personalised care plan via the MDT.

3.4 The MDT has been evaluated and the findings are that the MDT has helped to improve outcomes for people and their carers, as well as improving end of life care. Since the launch of the frailty MDT, there has been a reduction in non-elective and A&E admissions in the PCN, whilst also facilitating closer working between system partners in the quest to provide a personalised holistic plan for patients and their carers.

3.5 In addition, a further MDT is in the process of being piloted in PCN 5, which covers Hendon, Brent Cross, Golders Green and Childs Hill. The aim is to develop a model which provides pre-diagnostic support, support at the point of diagnosis and post diagnosis, creating a blended approach for not just the adult with dementia, but also the carer of that person. The model has already placed a dementia nurse and a VCS co-ordinator within the PCN, as well as embedding cognitive stimulation therapy. The model went live in November 2020 but the MDT element was delayed due to the second wave of Covid-19. This work is now being re-started.

3.6 The next step is to develop a plan for MDTs for older people to be rolled out across all Barnet PCNs. The plan will take into account the continued pressures of the pandemic, recovery and the vaccination programme.

3.7 **Clinical support to care homes** This workstream has focused on the roll out of the primary care support to care homes (such as a named GP for each care home, weekly GP-led ward rounds in care homes and the creation of a dedicated clinical in-reach team for care homes. The 'One Care Home' in-reach team (OCHT) was set up in May 2020. The Team's role is:

a) To support the review of patients identified as a clinical priority for MDT assessment and care, identified through the General Practice weekly 'check in' with care homes.
b) To support with the delivery of personalised care and support plans for care home residents
c) To support the provision and medication support to care homes.
d) To provide training (including IPC), support and empowerment of staff.
e) To provide a dedicated clinical support line, 7 days a week, 8a.m-8p.m for patient referrals and/ or queries to improve support and access for care home residents to multi-disciplinary clinical support.
f) To ensure that, wherever possible, individuals who require support to live independently have access to the right care and the right health services in the place of their choosing

3.8 The OCHT are supporting 91 care homes and supported living schemes in the borough to date:

Number of Homes	Type of Residence	Number of Beds
23	Older People's Nursing Homes	1099
16	Mental Health Care	172

25	Learning Disabilities Care	146
27	Older People's Residential Homes	1073

3.9 The Team has carried out approximately 350 community matron-led resident reviews and 259 physiotherapy reviews. In addition, the MDT has supported 129 residents to date. The MDT includes community matrons, allied health professional, Barnet and Enfield Mental Health Trust consultants and Barnet Hospital Consultant Geriatricians. Further work is underway to promote the offer and raise awareness of the MDT sessions with the PCNs, as well as looking at ways to strengthen the feedback process to GPs.

3.10 During the pandemic the team delivered a wide range of support including**:**

- Testing approximately 629 residents and 515 staff
- Working with public health and the care quality team to support bedded care settings experiencing outbreaks.
- Delivering Infection Prevention and Control (IPC) and Coordinate My Care training
- Care planning and support alongside GPs.

3.11 The team has received positive feedback, highlighting the benefits of inter-disciplinary working, the enhanced speed of escalation and resolution of patient's health care needs, the training benefits for Care Home staff and community matrons and enabling more proactive and supportive care of residents within their home setting.

3.12 **Same Day Access and Discharge** This workstream contains two elements: development of an urgent treatment centre model at Finchley Memorial Hospital, building on the walk-in centre there, and the implementation of the integrated discharge team and discharge to assessment model, as required by the national pandemic discharge guidance.

3.13 Urgent Treatment centres are GP-led, open at least 12 hours a day, offer appointments that can be booked through 111 or via GP referral and can diagnose and treat the most common ailments for which people attend A&E. It is anticipated that the work on the urgent treatment centre model at Finchley will be complete by summer 2021. In addition, as services are reinstated as the recovery from the pandemic continues, Finchley Memorial Hospital Walk-in Centre is preparing for a return to usual operating hours. There has also been the establishment of better links with NHS 111 to start the transition to a book ahead approach for same day access, enabling more effective triage. This will develop further in the next twelve months. The temporary closure of Edgware Community Hospital walk-in centre has been extended to 30 September 2021 to allow resources to be deployed to more urgent areas in-line with Covid recovery plans.

3.14 The integrated discharge team is continuing to operate across Barnet Hospital and the community hospitals. The discharge to assess model will become an on-going statutory requirement for councils and the NHS, as set out in the White Paper, and the council is working with the other north London councils and ICS partners to develop a permanent model for the team. National NHSE funding for discharge has also been extended until September 2021. The team has achieved a great deal in the time it has been in operation:

- There is a better experience for residents – less time spent waiting in an acute hospital bed when they don't need to be there. In the first year of operation, the team have enabled over four thousand residents to leave hospital to the right place for them.
- It has had a significant impact in helping save bed days by reducing length of stay and avoiding what would have been delayed transfers of care. Average length of stay in Barnet Hospital between February to April 2019 was 21 days, whilst in the same period in 2020 it was 8 days.
- There is staff capacity available at the right time to support timely discharge, 8a.m – 8p.m, seven days per week, from community health, continuing health care, social care brokerage and social work.
- The Home First principle has been applied across the whole process, with three quarters of patients going home.
- It is easier to find appropriate residential / nursing and extra care placements for individuals – communications between ward staff, consultants and those working on discharge have been improved to ensure needs are properly understood and there has been a change to focus on a quick initial move to further assess and understand ongoing needs.
- A more flexible approach to the use of NHS community rehabilitation beds has helped with improving flow across the system.
- The streamlining of arrangements has meant hospital staff can focus more on meeting the needs of patients.
- Feedback from patients and their families has been positive.

3.15 **Future priorities**

In addition to the workstreams above, the ICP is in the early stages of scoping programmes of work in the following areas:

- Mental health and dementia
- Children and Young People's health
- Health inequalities
- Engagement and co-production

4. REASONS FOR RECOMMENDATIONS

4.1 The White Paper sets out significant changes for councils that are relevant to the remit of the Adults and Safeguarding Committee. It is important that the committee is informed of these proposals, along with local and NCL developments.

5. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

5.1 The Council could choose not to engage with this process concerning the arrangements the NHS aims to put in place in the future. This is not recommended as engaging with the process creates an opportunity to articulate the needs of residents and the potential to improve health and wellbeing outcomes.

6. POST DECISION IMPLEMENTATION

6.1 Officers, the committee chairman and the chairman of the health and wellbeing board will continue to engage in the process. Officers will bring back further reports at the appropriate points in the development of the ICS and ICP, and as the social care proposals are fleshed out.

7. IMPLICATIONS OF DECISION

7.1 Corporate Priorities and Performance

7.1.1 This area of work is clearly aligned to the Barnet plans Healthy priority, which has integrated care at its core. The priorities will also support the delivery of the Health and Wellbeing Strategy.

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

7.2.1 Engaging with the ICP and ICS development process will be delivered within our existing resources. The aim of developing a strong borough based partnership would be to invest in more pro-active and preventative models of care that would support efficient use of social care and health resources. It is anticipated that any new responsibilities for councils resulting from the new Health and Care Bill would be funded through the new burdens funding regime.

7.3 Social Value

7.3.1 We are seeking to strengthen our partnership arrangements with health providers in such a way that addresses wider determinants of health, such as employment and housing challenges, and has a strong voice for Barnet voluntary sector and social care providers.

7.4 Legal and Constitutional References

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

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

7.4.2 The White Paper sets out the Government's legislative proposals for a Health and Care

Bill.

7.5 **Risk Management**

7.5.1 Risks will be managed in relation to Barnet's corporate approach to risk management.

7.6 **Equalities and Diversity**

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

7.7 **Corporate Parenting**

7.7.1 In line with Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in decision-making across the council. In engaging with this process, officers will ensure that the health and care needs of looked after children and young people; and care leavers, are considered by those developing the ICS and ICP.

7.8 **Consultation and Engagement**

7.8.1 Engagement in the ICP work programme will be achieved through the co-production workstream and through liaison with HealthWatch, the council's adult social care Involvement Board, and engagement mechanisms for children and young people.

5.8 **Insight**

5.8.1 The Council's position is informed by local, sub-regional and regional engagement; our understanding of the health and wellbeing of our communities articulated in the JSNA and our experience of developing effective integrated services with health partners.

8. BACKGROUND PAPERS

8.1 Integrated health and social care to the Adult and Safeguarding Committee, 20 September 2018.

8.2 An update on the NHS Long Term Plan and Integrated Care Systems to the Adult and Safeguarding Committee, June 2019

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London Borough of Barnet Adults and Safeguarding Committee Forward Work Programme September 2021 - March 2022

Contact: Faith Mwende Faith.mwende@barnet.gov.uk 020 8359 4917

AGENDA ITEM 9

Title of Report	Overview of decision	Report Of *(officer)*	Issue Type (Non key/Key/Urgent)
14th September 2021			
Performance Report Q1 2021/22	Regular performance report	Head of Programmes, Performance, Risk Growth and Corporate Services	**Non-key**
Safeguarding Board Annual Report	The Committee to receive an update on how the agencies in Barnet whose services impact adults in need of care and support have cooperated to keep the vulnerable safe and promote their wellbeing.	Safeguarding Adults Business Manager – Adults and Communities	**Key**
The Fit & Active Barnet (FAB) Framework	The committee to receive a review the council's physical activity strategy 2016-21	Assistant Director Community & Performance, Adults & Health Assistant Director Greenspaces & Leisure, Environment	**Non-key**
24th November 2021			
Annual Complaints Report	report on information contained within the statutory Annual Complaints Report 2020/21	Assistant Director Communities and Performance – Adults and Health	**Non-Key**
Performance Report Q2 2021/22	Regular performance report	Head of Programmes, Performance, Risk Growth and Corporate Services	**Non-key**
Draft revised Fit & Active Barnet (FAB) Framework	The committee to approve the framework prior to consultation	Assistant Director Community & Performance, Adults & Health Assistant Director Greenspaces & Leisure, Environment	**Non-key**

Title of Report	Overview of decision	Report Of *(officer)*	Issue Type (Non key/Key/Urgent)
Business Planning Report	The report will set out the medium term financial strategy proposals for recommendation to Policy and Resources Committee	Assistant Director Communities and Performance – Adults and Health and Improvement and Policy Manager Adults and Communities	**Key**
11th January 2022 (TBC)			
7th March 2022 - TBC			
Performance Report Q3 2021/22	Regular performance report.	Head of Programmes, Performance, Risk Growth and Corporate Services	**Non-key**
Fit & Active Barnet (FAB) Framework	The committee to approve the Fit & Active Barnet (FAB) Framework following consultation.	Assistant Director Community & Performance, Adults & Health Assistant Director Greenspaces & Leisure, Environment	**Non-key**
Committee Delivery Plan 2022-23	The committee to approve the delivery plan.	Assistant Director Communities and Performance – Adults and Health and	**Non-key**

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