

MEETING

ADULTS AND SAFEGUARDING COMMITTEE

DATE AND TIME

MONDAY 6TH JUNE, 2022

AT 7.00 PM

VENUE

HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4BG

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

Chair: Councillor Paul Edwards
Vice Chair: Councillor Marianne Haylett

Ernest Ambe
Andrea Bilbow OBE
Anne Clarke

Dean Cohen
Edith David
Michael Mire

Liron Velleman
Lucy Wakeley
Sarah Wardle

Substitute Members

Alison Cornelius
Linda Lusingu

Laithe Jajeh
Gill Sargeant

Humayune Khalick
Caroline Stock

In line with the Constitution's Public Participation and Engagement Rules, requests to submit public questions or comments must be submitted by 10AM on the third working day before the date of the committee meeting. Therefore, the deadline for this meeting is Monday 30th June 2022 at 10AM (this takes into account the bank holidays). Requests must be submitted to governanceservice@barnet.gov.uk 020 8359 4369

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

Andrew Charlwood – Head of Governance

Media Relations Contact: Tristan Garrick 020 8359 2454 Tristan.Garrick@Barnet.gov.uk

ASSURANCE GROUP

ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	Minutes	5 - 10
2.	Absence of Members	
3.	Declarations of Members' Disclosable Pecuniary Interests and Other Interests	
4.	Report of the Monitoring Officer (if any)	
5.	Members' Items (if any)	
6.	Public Questions and Comments (if any)	
7.	Delivering the Administration's manifesto commitments	11 - 22
8.	Social Care Reform Implementation	23 - 32
9.	Quarter 4 (Q4) 2021/22 Delivery Plan Performance Report	33 - 50
10.	Committee Forward Work Programme	51 - 54
11.	Any other items that the Chairman decides are urgent	

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Decisions of the Adults and Safeguarding Committee

7 March 2022

Members Present:-

AGENDA ITEM 1

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

Councillor Saira Don	Councillor Paul Edwards
Councillor Golnar Bokaei	Councillor Anne Clarke
Councillor Felix Byers	Councillor Gill Sargeant
Councillor Nicole Richer	Councillor Jess Brayne
Councillor Sarah Wardle	

1. MINUTES

RESOLVED that the minutes of the meeting held on 11 January 2022, be agreed as a correct record.

A Member asked that it be noted within this meetings minutes that during the last meeting they had commented that in relation to the expansion of the Prevention team, officers needed to be able to respond to people's queries quickly to allow people to live independently.

2. ABSENCE OF MEMBERS

None.

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

None.

4. REPORT OF THE MONITORING OFFICER (IF ANY)

None.

5. MEMBERS' ITEMS (IF ANY)

None.

6. PUBLIC QUESTIONS AND COMMENTS (IF ANY)

None.

7. ADULTS AND SAFEGUARDING COMMITTEE DELIVERY PLAN 2022/23

The Chairman introduced the report which set out the delivery plan priorities for the Adults and Safeguarding Committee for the financial year 2022/23.

A Member enquired whether there was any information or training available to elected members on where to direct residents requiring mental health assistance. The Executive Director of Adults and Health agreed to circulate the mental health member training slides delivered in December 2020. The Chairman requested that the topic be added to the Adults and Safeguarding member training content, scheduled for the post-election member training sessions.

A member requested further information on how to access mental health services. An officer explained that the system was complicated, with a lot of services available, some through self-referral and others via a doctor. An officer explained that significant investment had been put into the Mental Health Trust which included ways to support people to access services. The Executive Director of Adults and Health would re-circulate information about current referral routes and explained that individual case work could be raised through members enquiries. The Executive Director of Adults and Health advised that discussions around issues in relation to access to mental health services would fall under the remit of Health, Overview and Scrutiny Committee.

Following discussion of the report, the Chairman moved to vote on the recommendations as outlined in the report. The votes were recorded as follows:

For: 6

Against: 0

Abstained : 4

RESOLVED that the committee approved the Delivery Plan priorities for 2022/23 as set out in this report.

8. FIT & ACTIVE BARNET FRAMEWORK 2022-2026

The Chairman introduced the report, which following consultation, sought approval from the committee of the final Fit & Active (FAB) framework 2022-2026. The Framework is supported by an implementation plan, which would be further refined as the work programme developed and refreshed annually. The equalities impact assessment concluded there was a positive impact for those with protected characteristics.

A member asked how the increase in the cost of living, impact of the Ukraine crisis and impact of the energy crisis could potentially adversely affect people using the services. Officers explained that a number of different interventions were available for residents at no cost, these included our parks (boot camps) and park runs. Other initiatives such as leisure organisations being free of charge and programmes being provided through children's centres and care homes, as well as free swimming lessons for under 8's. Officers also explained that the Fit and Active Barnet card offered concessions for services and that work was continually being done to promote the card and increase the number of residents using one.

Officers also explained that they were working with operators to reduce energy costs as far as possible. The Council was continually looking at efficiencies and carbon neutral options within leisure centres, to prevent the increased costs being transferred to the users.

The Chairman thanked officers for the work they were doing and agreed that services needed to continue to be both competitive and affordable.

Following discussion of the report, the Chairman moved to vote on the recommendations as outlined in the report. The votes were recorded as follows:

For: 10

Against:0

Abstain:0

RESOLVED that The Adults and Safeguarding Committee:

1) Approved the final version of the Fit & Active Barnet Framework (2022-2026) (appendix 1).

2) Reviewed and noted the report of the consultation findings (appendix 2).

3) Reviewed and noted the Fit & Active Barnet Implementation plan 2022-2023 (appendix 3).

4) Reviewed and noted the findings of the Equalities Impact Assessment (appendix 4).

9. ADVOCACY SERVICES - A SINGLE PROVIDER APPROACH

The Chairman introduced the report which summarised the rationale for the recommendation to re-procure all advocacy services under a single tri-borough contract with a lead provider from 1st November 2022. The lead provider would be expected to subcontract to smaller specialist organisations, where beneficial, to reach diverse communities and meet a full range of accessibility needs.

Following discussion of the report, the Chairman moved to vote on the recommendations as outlined in the report. The votes were recorded as follows

For: 10

Against:0

Abstain: 0

RESOLVED that the Adults and Safeguarding Committee:

1) Approved the proposed approach to proceed with the planned re-procurement of the tri-borough advocacy contract, under a single provider approach, to include all statutory and community advocacy functions, namely Independent Mental Capacity Advocacy (IMCA), Independent Mental Health Advocacy (IMHA), Independent Health Complaints Advocacy Service (IHCAS) and Care Act Advocacy (CAA).

2) Noted the early termination of the Care Act Advocacy contract, in order that it be coterminous with the tri-borough and IHCAS contracts to facilitate tendering as proposed under recommendation 1.

10. BUILDING ON STRENGTHS AND MAINTAINING INDEPENDENCE

The Chairman introduced the report which outlined the council's work to promote the independence of adults with care and support needs. The report summarised recent

relevant activity across Adult Social Care and plans for the coming year that support the delivery of the corporate plan ambition.

It was noted that members would like the opportunity to go and visit the extra care housing provision, as they had done on previous occasions.

A Member asked what plans were currently in development for extra care schemes. The Executive Director of Adults and Health explained that the current focus was on completing the two care schemes in development, Stag House and Cheshir House, which would complete £44.5 million of the building schemes. The Executive Director of Adults and Health advised that there were also two other extra care provision schemes run by housing associations in the Borough, Wood Court and Goodwin Court. It was also explained that a periodic re-refresh of the market position statement would be completed, which sets out the care and support needs within the Borough and what care providers the council is seeking.

Following discussion of the report, the Chairman moved to vote on the recommendations as outlined in the report.

It was unanimously RESOLVED that the Adults and Safeguarding Committee noted the content of the report and endorsed the prospective activity outlined to continue to support, maintain and improve the independence of residents in the borough.

11. QUARTER 3 (Q3) 2021/22 DELIVERY PLAN PERFORMANCE REPORT

A member enquired as to whether there was any indication around how much the Council might receive because of the national insurance increase. The Executive Director of Adults and Health advised that officers were unable to answer the question specifically, however the Council's budget had been agreed which set out the known council income and funding settlements from Central government.

Following discussion of the report, the Chairman moved to vote on the recommendations as outlined in the report.

It was unanimously RESOLVED that the Adults and Safeguarding Committee reviewed the performance, budget and risk information for Q3 2021/22 and would 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.

12. COMMITTEE FORWARD WORK PROGRAMME

It was noted that a new work programme for 2022-23 would be devised and published within the next meeting's agenda.

13. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT

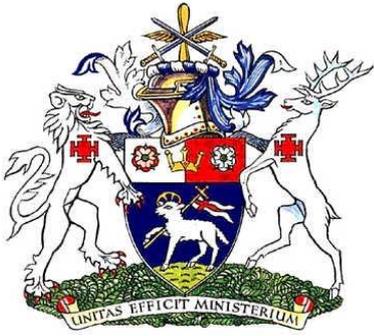
The Chairman thanked Mr Natynczyk in his absence for his support to the Committee over the municipal year and thanked Miss Lewis for stepping in to cover at short notice.

The Chairman thanked all committee members and officers for their work and gave well wishes to any members not re-standing during the elections.

Councillor Edwards thanked the Chairman for the polite and civil way in which he had chaired the committee and thanked officers for their hard work, particularly during the pandemic.

The meeting finished at 19.54pm.

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Adults and Safeguarding Committee

AGENDA ITEM 7

6th June 2022

Title	Delivering the Administration's manifesto priorities
Report of	Chair of the Adults and Safeguarding Committee
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	None
Officer Contact Details	Dawn Wakeling, Executive Director of Adults and Health Dawn.wakeling@barnet.gov.uk

Summary

This report sets out the proposed approach to bring forward the new Labour Administration's priorities in the areas of adult social care, mental health and healthy lives which fall within the remit of the Adults and Safeguarding Committee. The report outlines some initial proposals for agreement and also tasks officers to develop proposals and plans to be brought forward to future meetings for consideration.

Officers Recommendations

1. The **Adults and Safeguarding Committee** is asked to agree the approach set out in this report to bringing forward proposals to meet the manifesto commitments this report to bringing forward proposals to meet the manifesto commitments

2. The **Adults and Safeguarding Committee** is asked to agree the high-level plan for the development of the new engagement strategy and the charter, subsequent to the Executive Director of Adults & Health will implement the plan in consultation with the committee chair

3. The **Adults and Safeguarding Committee** is asked to note that the Executive Director of Adults & Health will develop proposals for the delivery of the administration's other adult social care commitments which will be presented to future Committee meetings.

1. Why this report is needed

1.1 The **Adults and Safeguarding Committee** is responsible for all matters relating to adult social care and leisure and for working in partnership with the health and wellbeing board and NHS partners. This report sets out a proposed approach to delivering the administration's manifesto relevant to the remit of the committee.

1.2 The administration's manifesto sets out the following aims relevant to this committee:

- Developing a new engagement strategy with people who draw on care and support
- Introducing a charter for social care
- Prioritising independent living, putting people at the centre of their care
- Maximising the use of technology and implementing innovative technology to support independence
- Supporting local social care providers and the social care workforce, working with education providers & addressing recruitment & retention
- Being a dementia friendly borough
- Introducing a Barnet Charter for Mental Health
- Health inequalities – healthy living through physical activity

1.3 Developing a new engagement strategy and a charter for social care

1.3.1 Key to the delivery of the manifesto aspirations is developing engagement with people who draw on care & support and delivering the other elements with them, using co-production and engagement approaches. From this, there will be three key deliverables: a new engagement strategy, a local charter for social care, and thirdly, agreed approaches to co-production & engagement to deliver the other manifesto commitments. Subject to agreement at committee, the first piece of work to deliver the manifesto will be to initiate a new engagement strategy, and work with people to develop the social care charter.

1.3.2 There is a strong basis of engagement and co-production with people who draw on care and support in Barnet. We currently have an Involvement Board made up of resident representatives from across adult social care, who meet quarterly to oversee the engagement programme and shape key issues.

1.3.3 We also have a programme of engagement projects throughout the year, focusing on areas of change and improvement. The project areas are typically selected by the engagement board and the service. In these projects we use a variety of methods (working groups, surveys, 1:1 interviews, involving residents on commissioning panels etc.) to make sure that services are shaped and co-produced with residents.

1.3.4 We are in regular contact with our 'People's Voice' group of 200+ residents for these projects, as well as recruiting directly through care providers and voluntary sector groups. The People's Voice group is list of people who have contacted us to express an interest in being part of the engagement programme and who choose to be involved as much or as little as suits them.

1.3.5 We will build on this to refresh our approach and establish a new engagement strategy and a charter for those who draw on care and support. We will ensure it is shaped by a diverse range of people including the local voluntary, community, and faith sector. It will also be informed by best practice and learning from elsewhere. The intended approach will include:

- Establishing a steering group to develop and lead the work programme. The steering group will include people with lived experience, local voluntary groups, and people/organisations with expertise in co-production and engagement, including national experts
- Appointing a dedicated project manager for the work
- Commissioning experts in co-production to work on the project
- Holding a series of events and activities with people who draw on care & support
- Establishing a range of communication channels
- Putting in place access & support arrangements so that people with a range of needs can participate
- Research on best practice

1.3.6 The final strategy and charter will be presented to the Adults & Safeguarding Committee. We will ensure the final products are accessible, practical, and set us on a sustainable path to ensuring people's voices are heard throughout adult social care.

1.4 *Independent living*

1.4.1 Adult social care in Barnet has promoted independent living and a strengths-based approach, in line with national legislation and policy. At the 11 January 2022 committee meeting, a report was presented which described services and approaches which support independent living, which can be found in background papers. The committee has previously agreed the expansion of the Prevention and Wellbeing team to increase opportunities for people to stay independent, a link has been provided to this report in the background papers section.

1.4.2 Further opportunities to enhance independent living will be developed and presented at future committee meetings. These will consider areas such as the range of housing options available; community access & inclusion; enablement and the role of therapy; progression focused practice from the council and providers of care; addressing social isolation; and travel options.

1.5 *Technology*

1.5.1 Care technology enables residents to maintain their independence and stay safe and connected in their homes and out in the community. The Barnet care technology service offers a variety of services, e.g., telecare, telehealth, assistive technology equipment, and a call monitoring platform, and is used by circa 5,000 people as part of their care and support plan.

1.5.2 The national social care reform programme has an aim to increase use of technology and digitisation across social care, including among the social care sector as well as supporting independence.

1.5.3 Barnet adult social care has been recognised for its use of technology and was an early adopter of tech innovations in care. Officers will work with the council's technology partner, Argenti, to identify innovations in the field from the UK and overseas and present proposals to a future committee. Areas could include universal technology, health monitoring, wearable technology, data analytics, location devices, virtual support and communications, and smart house technology.

1.6 *Supporting local care providers*

1.6.1 Adult social care represents approximately 14% of the Barnet economy with over 10,000 people employed in the sector. There are eighty registered care homes and approximately seventy registered home care agencies, along with supported living schemes, day services and other services, such as personal assistants.

1.6.2 Adult social care contributes circa £300m per year to the local economy, with funding coming from individual residents who pay for their own care, the council, NHS CCGs, and other councils which commission services in the borough.

1.6.3 As well as commissioning placements with a wide range of care homes, the council has sixty providers on its home care framework list, with over thirty of those agencies being local businesses.

1.6.4 The council has supported providers through its Care Quality team and through its work in the north central London adult social care programme, which developed the free to use recruitment portal 'Proud to Care' and levered in over £2m of workforce development funding for the frontline care workforce. We have also supported the sector with recruitment campaigns and fairs, training and running communities of practice for registered managers.

1.6.5 Officers will continue to work with the NCL ICS to secure workforce funding and training opportunities for care staff and to promote parity of esteem between health and care staff and will continue to provide support through the Care Quality team.

1.6.6 Officers will explore the opportunities for new initiatives to support recruitment and retention into the sector, such as sector-based skills academies with both education and care providers.

1.6.7 Adult social care supports care providers to come together to share information and learning through dedicated forums and meetings. Through these forums, officers will work with care provider representatives to develop innovative ideas to promote the sector as a driver of the local economy, as an attractive career opportunity and to support the sustainability of the sector.

1.7 Dementia friendly borough

1.7.1 Being a dementia friendly borough is an ambition whereby people affected by dementia are empowered, understood, included in community life, and supported to live well. Barnet's multi-agency Dementia Friendly Partnership is working towards accreditation for Barnet as a "dementia friendly borough" by Spring 2023. The Partnership has chosen three priority areas for action:

- Dementia Friendly Venues (arts, culture & leisure)
- Dementia Friendly Faith Communities
- Dementia Friendly High Streets

1.7.2 In addition, we will continue the programme of training for dementia friends. There are already 12,295 trained Dementia Friends in Barnet, which the Partnership will work to increase in 2022/23. This work reflects Barnet's ongoing commitment to the objectives of the Dementia Manifesto for London, published by the Alzheimer's Society in 2014.

1.7.3 Further improving our holistic care and support offer for adults with dementia and their carers remains a priority area and a new borough-wide dementia strategy will be coproduced in 2022/23. The strategy will be based on a full dementia needs assessment carried out by Public Health and co-produced with people with dementia and their carers. The strategy will set out the vision for a dementia friendly Barnet, addressing service development, community inclusion and the role of partner agencies and communities. The strategy will be developed in partnership with the Barnet Borough Partnership and will be brought to committee for approval in the future. In developing the strategy, access arrangements will be put in place so a wide range of people can participate.

1.8 Charter for mental health

1.8.1 The council is committed to working in partnership with key stakeholders, including health, housing, the voluntary and community sector and other organisations, to ensure we have a multi-agency approach to mental health support which addresses needs holistically and supports achievement of the best outcomes possible.

1.8.2 This ethos of partnership working and the important role that wide-ranging partners play in supporting Barnet residents with their mental health will be cemented into a Barnet Borough Partnership Mental Health Charter in 2022/23. This work will be led by Barnet's multi-agency Mental Health Strategic Partnership, facilitated by Inclusion Barnet. The charter will set out the standards people can expect and how partner agencies will work together to provide better, more integrated services. It will develop on the work already undertaken to apply a 'making every contact count' approach to mental health services. In developing the charter, access arrangements will be put in place so a wide range of people can participate.

1.9 Addressing health inequalities through sport and physical activity

1.9.1 Supporting people to live healthier lives is an important part of tackling health inequalities. The Committee's remit includes sport and physical activity, and work will carry on to support more people to become physically active, and through this, address inequalities. The Councils 'Fit & Active Barnet' (FAB) Framework (2022-26) was adopted by Committee unanimously in March 2022. It sets out a vision to 'create a more active and healthy' borough, based on the following principles.

- ***Make physical activity everyone's business:***

Ensure physical activity is not just the business of typical 'sports' agencies but is considered by all.

- ***Promote equality and reduce inequality:***

Make Barnet a place where everyone can lead more active and healthier lifestyles

- ***Embed a whole systems approach:***

Implement a whole systems approach, by working collaboratively with partners and the community to co-produce and support delivery

- ***Be driven by insight:***

Invest time to understand and challenge barriers to participation by engaging with communities and using a robust evidence base to inform and guide decisions

1.9.2 Over the coming year, the Adults and Safeguarding Committee will work closely with the Environment and Climate Change Committee to develop shared approaches to physical activity in Barnet's parks and open spaces, with facilitating access to walking and promoting open spaces as a source of wellbeing being a key priority. The council will also work with the Fit & Active Barnet Partnership Board, sport and leisure providers, National Governing Bodies of Sport, the health sector, education sector and the voluntary, community and faith sector to develop more opportunities to encourage physical activity, especially for those people and groups who may find it harder to engage.

1.9.3 The Council owns five leisure facilities which are located across the Borough. The facilities are managed by Greenwich Leisure Limited (GLL / Better) as part of a 10-year leisure management contract agreement expires March 2028). The facilities are:

- Barnet Copthall Leisure Centre (opened Sept 2019)
- Hendon Leisure Centre (circa 1995/96)
- Burnt Oak Leisure Centre (circa 2003)
- Finchley Lido Leisure Centre (circa 1995/96)
- New Barnet Leisure Centre (opened September 2019)

1.9.4 The leisure centres will continue to offer initiatives that promote healthier lives such as weight management and diabetes programmes, plus more specialist programmes for people living with cancer.

2. Reasons for recommendations

2.1 The report sets out in high level terms the approach that will be taken to deliver the aspirations outlined in the administration's manifesto.

3. Alternative options considered and not recommended

3.1.1. None in the context of this report.

4. POST DECISION IMPLEMENTATION

4.1 Subject to agreement to the recommendations, work will commence to finalise the engagement strategy and charter project plan, with the project then being initiated as soon as possible. Officers will develop proposals to deliver other elements of the manifesto commitments, to be presented to committee in the future.

5. IMPLICATIONS OF DECISION

5.1. Corporate Priorities and Performance

5.1.1. This programme of work will support the achievement of the Healthy priority in the Barnet plan.

- **Healthy:** a place with fantastic facilities for all ages, enabling people to live happy and healthy lives.

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

6.1 Some of the programme of work will be delivered within existing resources. Any requirement for additional investment to deliver the programme will be considered as detailed proposals are developed and then considered through the council's budget setting process.

7. Social Value

7.1. None applicable to this report, however the council must take into account the requirements of the Public Services (Social Value) Act 2012 to try to maximise the social and local economic value it derives from its procurement spend.

7.2. Legal and Constitutional References

7.3. 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 can be found at <https://barnet.moderngov.co.uk/documents/s68757/08Article7CommitteesFor>

[umsWorkingGroupsandPartnerships.doc.pdf](#)

Responsibilities include:

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

8. Risk Management

- 8.1. The programme of work will be managed in accordance with the council's risk management framework.

9. Equalities and Diversity

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

- 9.2. Decision makers should have due regard to the public sector equality duty in making their decisions. 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 equalities duties are continuing duties they are not duties to secure a particular outcome. The statutory grounds of the public sector equality duty are found at section 149 of the Equality Act 2010 and are as follows:

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

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:
- Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic.
- Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it.
- Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
- The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.
- Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:
 - Tackle prejudice, and Promote understanding.
 - Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act. The relevant protected characteristics are:
 - Age
 - Disability
 - Gender reassignment
 - Pregnancy and maternity
 - Race
 - Religion or belief
 - Sex
 - Sexual orientation
 - Marriage and Civil partnership

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

9.5 Progress against the performance measures we use is published on our website at: <https://www.barnet.gov.uk/your-council/policies-plans-and-performance/equality-and-diversity>

10. Corporate Parenting

- 10.1. Adult social care services are provided to people who meet Care Act eligibility criteria and who may have been looked after by the council or are care experienced. The council's leisure provider offers discounted and free access to people who are care experienced or looked after.

11. Environmental impact

- 11.1. None in the context of this report

12. Consultation and Engagement

- 12.1. The council's adult social care team conduct regular engagement and involvement activities with people who draw on care and support and their carers. This report also sets out the proposal for a new programme of work to engage with residents and people who draw on care.

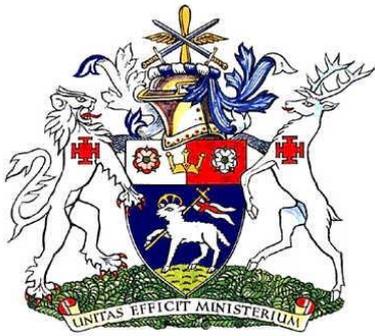
13. Insight

- 13.1. N/A

14. BACKGROUND PAPERS

- 14.1. Adults and Safeguarding Committee - Monday 11 January 2021 - Prevention Report: <https://barnet.moderngov.co.uk/documents/s69415/Prevention%20report.pdf>

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Adults and Safeguarding Committee 8

6 June 2022

Title	Adult Social Care Reform
Report of	Chair of the Adults and Safeguarding Committee
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

All councils with adult social care responsibilities have new responsibilities to implement over the next 12 to 18 months, as a result of the new Health and Care Act and the government's national plan for adult social care reform. This report provides an overview of the changes and new requirements for social care arising from these changes. It sets out the key areas that the committee will consider over the next year, along with next steps and planned implementation activity. This report will be supplemented by a presentation at the committee meeting.

Officers Recommendations

1. That the Adults and Safeguarding Committee note the changes to social care and the requirements for the council arising from the Health and Care Act and national plan for social care reform.

1. Why this report is needed

1.1 The 'People at the Heart of Care' adult social care White Paper was published in December 2021 and set out a ten-year vision for care and support in England. The White Paper was co-developed with both adults with lived experience of social care and the sector, and sets out the following objectives:

- **People have choice, control & support to live independent lives** - including greater involvement of adults and their unpaid carers in the making of care decisions, greater utilisation of technology, information and increased focus on helping people with disabilities into employment
- **People can access outstanding quality & tailored care & support** – including making high-quality and timely data available, strengthening assurance, further integrating social care with housing, support to the workforce to ensure future sustainability, increasing recognition and support for unpaid carers
- **People find adult social care fair & accessible** - including a price cap for those funding their own care, ensuring fees are transparent, ensuring people who self-fund their care do not have to pay more than local authorities for the same service and ensuring local authorities pay a fair rate to care providers.

1.2 The Health and Care Act, which became law at the end of April 2022 sets out a series of changes for both the NHS and social care, including the creation of integrated care systems (ICSs) as statutory bodies. The key requirements and changes for councils with social care responsibilities arising from this legislation and the national plan for adult social care reform (Build Back Better – our plan for health and adult social care, published in September 2021) are summarised below.

1.3 A new CQC led assurance framework of Local Authorities

The Health and Care Act introduces a new national assurance regime of council adult social care responsibilities. Full details have yet to be published by the Care Quality Commission, but the assurance regime is expected to include enhanced data collection, monitoring, self-assessment and formal inspection of councils' social care functions, with intervention powers where serious concerns are identified. The inspection will focus on council delivery of Care Act duties and is expected to cover a wide range of areas including people's experience of care & support, safeguarding and commissioning. At this point the CQC assessment framework is expected to go live from April 2023, with inspections from October 2023. It is anticipated that all councils will need to invest time and resources in preparation for the new assurance regime once the final process is published, and that this will be a significant focus for the work of council officers and the committee in the future.

To date, key timeframes outlined nationally include:

- i. Establishment of a new data framework by Spring 2023 including project, client level and dashboard data
- ii. The CQC assessment framework goes live from April 2023/24
- iii. The Legal framework for intervention will be in place and the guidance will be published by 2023/24

1.4 Cap on care costs

Unlike NHS services, adult social care support through councils is not universally free at the point of delivery. Individuals are means-tested and those with assets/capital above a threshold set nationally are expected to pay some or all of their care costs. The Care Act 2014 included provisions to introduce a cap on the costs any individual would pay toward their care, however, this was not implemented. The cap is now being introduced through the reform plan and the Act. From October 2023, a new £86,000 cap on the amount anyone in England will need to spend on their personal care over their lifetime will be introduced, for people whose care needs meet the national eligibility criteria set in the Care Act and associated guidance. At the same time, the upper and lower thresholds of the means test threshold will be increased from their current levels of £14,250 - £23,250, to £20,000 - £100,000. The changes are:

- i. Anyone with assets of less than £20,000 will not have to make any contribution for their care from their savings or the value of their home.
- ii. Anyone with assets of between £20,000 and £100,000 will be eligible for some means-tested support.
- iii. The new upper capital limit of £100,000 is more than four times the current limit of £23,250, meaning that many more people will become eligible for some means-tested Local Authority support.
- iv. To allow people receiving means-tested support to keep more of their own income, the Minimum Income Guarantee (MIG) will no longer be frozen for those receiving care in their own homes nor will the Personal Expenses Allowance (PEA) for care home residents. From April 2022 both will rise in line with inflation.
- v. The cap covers care for those whose needs meet Care Act eligibility criteria. It will not for example cover daily living costs (DLCs) for people in care homes, and people will remain responsible for their daily living costs throughout their care journey, including after they reach the cap.

Draft guidance on the Cap was issued in March 2022, seeking views on how the cap on care costs would operate in practice, as well as to inform how government can support local authorities in their preparations for its implementation from October 2023.

The guidance document 'supporting local preparations' sets out key areas for consideration and action, including:

- i. Resources - the new cap and extended means test will mean increased costs for councils and the need for sufficient workforce to carry out additional assessments, reviews, case management and monitoring progress towards the cap. There will also be upfront implementation costs, such as the recruitment and training of additional staff and system upgrades. Typically, additional duties for councils from legislation attract specific 'new burdens' funding from central government and therefore the council should receive funding towards the cost of these additional resource requirements.
- ii. Understanding the demand (cost modelling) – it is anticipated that a significant number of people who would previously not have had any contact with the local authority may now approach it to access the cap. Additional demand will also be generated by changes in the means test capital limits. It will also be important to

understand the impact on the council's budget from the changes to the means test threshold, as at present c. £13m of income is received each year from individual contributions to care costs.

- iii. Awareness raising – there will be a national government campaign on 'Transforming social care' to help people understand the reforms. This will include the provision of a new website with Q&A, case studies, and downloadable resources on charging reform. Local authorities will also be required to take steps to raise awareness of the reforms, in line with the duty to establish and maintain information and advice services relating to care and support for all people in its area.
- iv. Conducting early assessments - to help manage demand for assessments and ensure people can start measuring their progress towards the cap from October 2023, local authorities are expected to conduct care & support needs and financial assessments of self-funders where appropriate 6 months in advance, from April 2023 onwards.
- v. Systems requirements - Councils will be required to monitor each individual's progress towards the cap (described as metering in the national documents) and provide people with 6-monthly care account statements digitally. As a result, IT systems for ongoing case management will need to be revised to incorporate the additional requirements for care accounts (including statements) and changes to charging and metering. All councils were asked by the Department of Health and Social Care (DHSC) to complete a technology readiness assessment in May 2022 and the Department is also working with care system providers to develop the IT systems needed.

There will be a considerable amount of work to implement this project including reviewing current processes, ensuring sufficient capacity to respond to increased demand for care needs and financial assessments from residents, updating and consulting on policies, developing systems to deliver the technical requirements, working with providers to ensure their information and invoicing are compatible with the cap, providing statements to residents, and communications. The financial implications of both the means test threshold change and the cap will also need to be assessed. At this point, only high level draft guidance has been issued and it is anticipated that the full extent of the preparatory work required will become clearer when detailed guidance is available.

The key dates:

- April 2023: Commence early assessments
- October 2023: the new charging cap goes live set at £86,000, along with changes to the means test threshold (Upper Capital Limit £100,000/Lower Capital Limit £20,000)

1.5 Fair Cost of Care

These changes encompass a number of things. The first is for councils to review the fees they pay care providers and move towards paying a 'fair cost.' This arises from concerns expressed nationally that the rates paid by some councils do not cover the full cost for care providers of providing the service. Councils are therefore required to conduct two pieces of analysis: one on the cost of residential care for the over 65s, and one on the cost of homecare for the over 18s. Councils are required to publish this analysis and also submit it to DHSC by October 2022. In addition, councils are required to develop and publish a market sustainability strategy which sets out how they will move toward paying providers a fair cost of care, a draft of which must also be submitted to DHSC in October. In September 2021, the Government announced £1.4bn nationally to 'ensure that local authorities are able to move towards paying a fair cost of care' as part of the overall funding allocated to support charging reform. Of this, Barnet council has received £1m of additional funding for 2022/23. Additional funding in future years is contingent on completing the work described in this paragraph.

1.6 From October 2023 the Government will also bring section 18(3) of the Care Act 2014 into operation. This section of the Act enables people who fund their own residential care to ask their local authority to arrange care on their behalf at the rate the council would pay (those accessing home care can already do so). This is in order to reduce the differential between what self-funders and local authorities may be charged for the same services. To support this change, local authorities are asked to consider what impact this may have on providers in their area (and whether some rely on additional income from self-funders within their business models), with a view to ensuring that when they do take on additional responsibilities to arrange care for self-funders, that the domiciliary care and care home markets in their area are sustainable.

1.7 The key activities for 20202/23 required of councils by government are summarised below.

- i. Engage with local providers to improve data on operational costs and number of self-funders to better understand the impact of reform on the local market
- ii. Conduct cost of care exercises – produced by surveying local providers for 65+ residential and nursing care and 18+ homecare to understand what the median costs of care are locally within these markets and to help determine what sustainable rates are for the services they provide.
- iii. Produce a provisional market sustainability plan setting out local strategy for the next 3 years (2022 to 2025) – using the cost of care exercise as a key input, this provisional plan will demonstrate the pace at which local authorities intend to move towards a sustainable fee rate and to shape local markets to respond to need. The council will involve people who draw on care and support in the development of this plan.
- iv. Strengthen capacity to plan for, and execute, greater market oversight (as a result of increased section 18(3) commissioning) and improved market management. This will require consideration of the staffing requirements within the council's team.

- v. Each council has been given some additional funding to use towards a fair cost of care, with Barnet's allocation for 2022/23 being £1m. Councils have to use the additional central government funding to increase fee rates, as appropriate to local circumstances and produce a spend report – this will detail how money has been allocated to care markets to support sustainable commissioning. This will need to be evidenced to central government in order to receive funding in future years.

1.8 The council has used evidence-based approaches to define the fees it pays for care and support for a number of years. For residential and nursing care for the over 65s, the council commissions an annual independent cost analysis from a specialist consultancy, to determine a minimum weekly sustainable price for residential and nursing care. This sets the minimum rate that the council will not go below. The council will also pay in excess of this fee rate where this is needed to secure the right care for the person. The minimum sustainable price is modelled on the assumption that all the residents in the home are placed by the council, i.e., without any self-funders. In recent years, the council has undertaken this exercise with the four other councils in north London, to determine a shared sustainable rate for care homes.

1.9 For homecare, the council uses a framework approach, with circa 60 providers on the framework. Home care agencies applying to join the framework set their own fee rates, and inflationary uplifts are built into the contracts.

1.10 The adult social care team has developed a project to deliver the Fair Cost of Care requirements and are working to complete the activities listed above within the timescales set by Government. The cost of care exercises and the market sustainability strategy will be presented to the Adults and Safeguarding Committee in September 2022.

2. Reasons for recommendations

- 2.1 It is important for the Committee to be briefed and for local preparations to be made in Barnet for the timely implementation of the reforms, in line with national timelines for the introduction of new requirements on adult social care.

3. Alternative options considered and not recommended

- 3.1 None in the context of this report.

4. Post decision implementation

- 4.1 Barnet is developing its programme plans and will continue to develop plans as more guidance is issued. An officer led programme board to oversee the delivery of the plans is in place, chaired by the Executive Director – Adults and Health. More detailed guidance, including implementation guidance from DHSC, is expected on both the assurance regime and the cap on care. Progress updates and decisions will be brought back to the Committee as required by the scope of the reforms.

5. Implications of decision

5.1 Corporate Priorities and Performance

5.1.0 Social Care Reform implementation, focussing on choice, control, quality, and accessibility is a legal requirement for councils with adult social care responsibilities.

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

5.2.0 When understanding the resource implications of the charging reform there are four separate elements:

- a) Increased assessments, reviews, and care management responsibilities.
- b) The increase in both the lower and higher thresholds which affect when the local authority starts to pay for care and how much it contributes.
- c) The introduction of the cap which limits the amount that individuals might contribute towards the cap.
- d) The implementation of Section 18 (3) of the Care Act for those in care homes. This means that self-funders can ask the local authority to commission care at local authority fee levels.

5.2.2 Work will be undertaken to assess the financial and resource impact of the above elements and the broader impact on the council's medium term financial strategy. Legal and Constitutional References

5.2.1 The Health and Care Act 2022 introduces provisions relating to the integration of health and care and new Care Quality Commission review duties. The Act will place Integrated Care Systems (ICS) onto a statutory footing from 1 July 2022, when Integrated Care Boards will replace CCGs. This will sit alongside the creation of Integrated Care Partnerships, and increased partnership arrangements between the NHS and Local Authority social care provision. The Act removes existing competition rules and formalises ICSs (integrated care systems) as commissioners of local NHS services. Specifically, the two component parts of an ICS – the ICB (integrated care board) and the ICP (Integrated Care Partnership) will now have statutory status and will collectively hold the ICSs legal powers and responsibilities. ICBs will be responsible for the NHS functions of an ICS, while ICPs will oversee their wider public and population health efforts.

- i. There will be a new duty for the secretary of state to publish a report at least once every five years on workforce planning. This would describe the system in place to for assessing and meeting workforce needs.
- ii. The new Act adds to existing regulations the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to impose a duty on the Care Quality Commission (CQC) to review and make an assessment of the performance of English LAs in their delivery of their functions under Part 1 of the Care Act 2014. The CQC will also be required to publish a report of its assessment
- iii. The new duty for the CQC will sit alongside their existing powers and duties to undertake special reviews or investigations under section 48 of the Health and Social Care Act 2008.
- iv. As set out in the report, s18 (3) of The Care Act 2014 will be implemented to allow for self funders to ask the LA to commission care at the better value cost from 2023

- v. The Government will introduce a cap on care costs (by amending the Care Act 2014) to apply from 2023 which will place an £86,000 cap on the amount to be spent on personal care in a lifetime, and has raised the upper capital limit to £100 000, and the lower limit to £20,000. The cap will not cover daily living costs. Statutory Guidance is awaited. The Minimum Income Guarantee will be unfrozen to rise in line with inflation

5.2.2 The council's Constitution (Article 7, Article 7 – Committees, Forums, Working Groups and Partnerships) sets out the responsibilities of all Committees.

Responsibilities for the Adults & Safeguarding committee include:

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

5.3 Insight

5.3.0 Insight data into the care market, including demand, utilisation, estimation of numbers of self-funders, has been used to inform sustainable pricing and sustainability work with the care market to date and this data is also being used to plan for the Fair Cost of Care and Care Cap implementation. In addition to local analysis, the council is part of a programme of work taking place across North Central London (NCL), as well as the ADASS region to model the impact of and prepare for the changes.

5.3.1 The council will continue to use data and insight to understand changes to needs and demand in social care; to improve and target prevention approaches; to improve access to information and advice for residents; and to understand the quality and impact of the commissioned services. This includes using an equalities and inclusion 'lens' to understand who accesses services, how these are experienced and to identify and tackle any disproportionality in this access and service experience.

5.4 Social Value

5.4.0 The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. As part of any commissioning work related to Social Care Reform implementation, the council must consider the requirements of this act and the council's Social Value Policy and ensuring the most benefit for Barnet residents.

5.5 Risk Management

5.5.0 If the council did not take timely action to implement the reform agenda, then there is a risk that implementation could be delayed, or the quality of change delivered may be negatively impacted. The work undertaken to date and the programme of delivery planned mitigates this risk and is supported by clear governance arrangements. Risks relating to the implementation of Social Care reform will be formally managed through the Adults and Health risk register in line with the corporate approach to risk management, with a dedicated risk and issues log in place for each aspect of the reforms. Financial, resourcing, service, operational and reputational risks and issues will be detailed for each aspect of the reforms as part of the council's preparations.

5.6 Equalities and Diversity

5.6.0 Decision makers should have due regard to the public sector equality duty in making decisions. The statutory grounds of the public sector equality duty are found at section 149 of the Equality Act 2010 and are as follows:

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;
- c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.6.1 This report sets out a number of reforms and new legislation that impose new statutory duties on the council that must be complied with. The council must meet those duties in full and therefore Equality Impact Assessments do not feature in accepting these duties during this phase. However, how the council discharges those duties might involve different options and the development of new or updated policies; as such, the council will assess and give due regard to equality impacts, as part of meeting its duties under s149 Equality Act.

5.7 Corporate Parenting

5.7.0 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 Barnet Plan 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. Services that are within the remit of Social Care Reform implementation are relevant to care experienced adults with care and support needs including eligible needs under the Care Act 2014. This includes those with special educational needs and disabilities, those with caring responsibilities and those requiring access to mental health services.

5.8 Consultation and Engagement

5.8.0 This report sets out a number of reforms and new legislation that impose new statutory

duties on the council. The council must meet those duties in full and therefore consultation does not feature in accepting these duties, and there is no statutory duty to consult in this phase. However, how the council decides to discharge those duties might involve different options and the development of new or updated policies; as such, the council may have either a duty to consult or choose to consult as work progresses. To date, Barnet has actively encouraged consultation and engagement in relation to reform. The council has participated in national consultations on reform and has participated in regional activity related to this agenda. The council is involving residents with lived experience of care and support inputting into our planning.

5.9 Environmental Impact

5.9.0 There are no direct environmental implications from noting the recommendations.

6. Background papers

6.1 None

	<p style="text-align: right;">AGENDA ITEM 9</p> <p style="text-align: center;">Adults and Safeguarding Committee</p> <p style="text-align: center;">6th June 2022</p>
<p style="text-align: center;">Title</p>	<p style="text-align: center;">Quarter 4 (Q4) 2021/22 Delivery Plan Performance Report</p>
<p style="text-align: center;">Report of</p>	<p>Chair of the Adults and Safeguarding Committee</p>
<p style="text-align: center;">Wards</p>	<p>All</p>
<p style="text-align: center;">Status</p>	<p>Public</p>
<p style="text-align: center;">Urgent</p>	<p>No</p>
<p style="text-align: center;">Key</p>	<p>No</p>
<p style="text-align: center;">Enclosures</p>	<p>None</p>
<p style="text-align: center;">Officer Contact Details</p>	<p>Courtney Davis, Assistant Director Communities and Performance courtney.davis@barnet.gov.uk</p>
Summary	
<p>The committee receives a performance report each quarter updating on progress, performance and risk against its priorities. This report provides an overview of performance for Q4 2021/22, focusing on the activities to deliver both the corporate and committee priorities in the Adults and Safeguarding Committee Delivery Plan.</p>	

Officers Recommendations

The Committee is asked to review the performance, budget and risk information for Q4 2021/22 and make any referrals to Policy and Resources Committee in accordance with the terms of reference of this Committee, as it decides appropriate.

1. INTRODUCTION

- 1.1 The Barnet Plan sets out four priorities for the borough, these are: thriving, family friendly, healthy and clean, safe & well-run. The Adults and Safeguarding (A&S) Committee is the lead committee for the corporate plan's healthy theme, covering adult social care, integrated care, sports, physical activity & leisure and works with partners on the Health and Wellbeing Board (HWB) to ensure that social care interventions are effectively joined

up with healthcare. However, healthy is a cross-cutting theme and elements of it report to other committees, including activity on homelessness, domestic abuse and gender-based violence, and tackling the longer-term impacts of Covid-19.

- 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 the 2021/22 financial year reflects 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 on-going response to the Covid-19 pandemic for the services within the committee's remit.
- 1.3 This report provides an overview of performance for Q4 2021/22 focussing on the budget forecast and activities to deliver the priorities in the A&S Committee Delivery Plan 2021/22.

2. DELIVERY PLAN PRIORITIES 2021/22

2.1 Pandemic response and easing of restrictions

- 2.1.1 The past year has been extremely busy for adult social care services and in particular for support upon discharge from hospital. The integrated discharge process has been further developed along with continued shared leadership of local activity with NHS partners to address the pressures in the health and care system.
- 2.1.2 During quarter 4 Covid 19 infections in care homes steadily decreased with 14 homes reporting cases by the end of the quarter (compared to 66 in Q3). The Integrated Care Quality Team continue to support care providers as changes in guidance were announced at the end of March 2022. The Department of Health and Social Care published the 'Covid -19 Response – Living with Covid-19, key changes included:
 - An update to infection prevention and control guidance, outlining the measures that will continue to be in place to help manage the threat of COVID-19 in care settings. Webinars were run to support care homes and other settings to implement the new guidance and to address questions and concerns about the policy changes.
 - Vaccination as a condition of deployment is no longer a legal requirement for health and social care settings, although vaccination is still encouraged, and the new guidance set out ways to support providers with this.
 - Recommendations for the use of PPE remain broadly unchanged for the care sector and it was announced that PPE will continue to be free until the end of March 2023 or until guidance is substantially amended.
 - Testing also remains available for staff in care settings and residents on admission and to manage outbreaks.

2.2 Bringing health and care together

- 2.2.1 The health and social care system felt the impact of the Omicron variant alongside the usual winter pressures and the council's social care teams worked hard to keep the system safe and deliver high quality services to residents. This included supporting an increased number of residents to leave hospital with care and support. In this quarter the social work teams facilitated **1,552** discharges with care and support – either returning home or to a care home. In total, this year 5,591 residents were discharged home with care and support

(via pathway 1) and 720 were discharged to residential and nursing placements (pathway 3), 6,311 in total.

2.2.2 The pilot of a new model of community based multi-disciplinary team support for people with dementia and their carers in primary care network 5 (covering Golders Green, Hendon, Brent Cross, Childs Hill and West Hendon) has now come to an end. Moving into 22/23, this model of dementia support will be absorbed into the multi-disciplinary team (MDT) approach to frailty, to include input from a specialist dementia nurse, a voluntary sector dementia advisor and the council’s specialist dementia support team. The frailty MDT continued in this quarter and in the first quarter of 2022/23, will be rolled out across the whole of the borough.

2.2.3 We have been developing a health improvement and prevention approach to address health inequalities in BAME communities, building on work initiated through the Covid 19 vaccination programme. Cardiovascular disease prevention has been identified as a key area of short-term focus, with an emphasis on building trust in the community & reaching targeted high-risk populations to reduce the equality gaps.

2.2.4 Key performance indicators for this priority monitor demand coming from hospital pathways into social care and the cumulative number of clients with joint funding (excluding s117 mental health cases) arrangements with health. These are local measures based on the national discharge to assess health and care pathways established in 2020-21.

Indicator	Polarity	20/21 EOY	21/22 Target	Q4 21/22		Q4 20-21	Benchmarking
				Result	DOT	Result	
Total number of Hospital discharges in the quarter enabled by the integrated discharge team	-	3,876 (partial year recording)	No Target	2,607		1,368	No benchmark available
Adults discharged with support from adult social care (pathway 1 or 3)	-	2,086 (partial year recording)	No Target	1,552 (6,311 P1 and P3 full year)		-	No benchmark available
Number of clients with Joint Funding (excluding s117 mental health cases) arrangements with health	-	351	No Target	367	↑	-	No benchmark available

2.3 Supporting residents to maintain their strengths and independence

2.3.1 The council’s adult social care service has focused on supporting independent living using a strengths-based practice model for many years. The new corporate plan re-affirms this commitment.

2.3.2 Development of the two new extra care schemes continued during quarter four. Atholl House in Burnt Oak is due for completion in January 2023, and Cheshire House in Hendon is due for completion in March 2024.

- 2.3.3 Mobilisation of the new accommodation and support providers took place during this quarter, for go live from 1st April 2022. The procurement activity has increased provider capacity in the borough and further diversified our accommodation and support offer. We expect to see enhanced outcomes for residents as we monitor delivery against the new service specifications.
- 2.3.4 We have been working with family services to make improvements in the transition pathways for young adults with learning and complex disabilities. These are making the experience for residents and their families smoother and more coherent. This has included workshops with staff to generate improvement ideas and the introduction of new practice forums. Engagement activities with young adults and their families are being planned to coproduce improvements to the process.
- 2.3.5 Work with Barnet Mencap through the Bright Futures contract continued throughout quarter four, providing telephone well-being checks with people with learning disabilities who live alone or with older parents or carers, ensuring access to their employment and community activities.
- 2.3.6 Work recommenced with partners to prepare for the introduction of the Liberty Protection Safeguards that were planned to come into force in April 2022, but these have now been delayed. The national consultation on the new code of practice has commenced and the council is working with partners to submit a response for the Barnet system. Implementation is not expected until April 2023 at the earliest.
- 2.3.7 As in 2020/21, there have been a significant number of adults leaving hospital with complex health and care needs that require the support of a care home. This has led to a small increase in the rate of admissions to residential and nursing care for older adults (though a reduction was achieved for younger adults). Work is ongoing to ensure that people are able to return to their own home wherever possible, even after a short stay in a care home.
- 2.3.8 This year the council has further developed the reablement offer and now all clients discharged from hospital requesting social care support are offered a reablement service (a short-term service to maximise independence) for up to six weeks giving them support in the recovery period. This has resulted in positive outcomes for service. In total 1,859 reablement episodes were provided (an increase of 85% compared to previous years 1,002 episodes) of which 62% of clients did not need any further support and a further 20% required decreased support of care provision.
- 2.3.9 In support of our prevention agenda and maximising independence, the council works hard to promote the use of assistive technology and equipment. At the end of Q4, the following numbers of residents were supported:

Assistive technology	Q4 (Jan - Mar 2022)	Full year 21/22
Installations	441	1,798
Total number of live connections	n/a	3,722
Total number of cumulative installations from the start of the contract		6785

Community Equipment	Q4 (Jan - Mar 2022)	Full year 21/22
Items of equipment delivered	8,293	33,255
Number of residents receiving support	2,064	6,316

2.3.10 There are 9 Key performance indicators for this priority, which are a combination of 5 local measures and 4 national measures from the Adult Social Care Outcomes Framework (ASCOF).

Indicator	Polarity	19/20 EOY	20/21 EOY	Q4 21/22		Q4 20-21 Result	Benchmarking 2019-20
				Result	DOT		
Numbers of shared lives carers recruited	Bigger is Better	-	4	9	↑	-	No benchmark available
Number of permanent shared lives placements	-	-	3	3	→	-	No benchmark available
People provided with information, advice and guidance	Bigger is Better	3,087	3,639	3,373	↓	3,639	No benchmark available
Total Number of clients who received reablement services in the year from both hospital and community routes	Bigger is Better	568	1,002	1,859	↑	1,002	No benchmark available
Percentage of safeguarding contacts leading to S42 safeguarding referrals	-	23.4%	24.3%	29.6%	↑	24.3%	No benchmark available
Adults with learning disabilities who live in their own home or with their family	Bigger is Better	80.0%	82.2%	82.5%	→	82.2%	CIPFA Neighbours 75.7% London 77.7% England 78.3%
Adults with learning disabilities who are in paid employment	Bigger is Better	8.4%	8.4%	8.9%	↑	8.4%	CIPFA Neighbours 6.9% London 6.1% England 5.1%
Permanent admissions to residential and nursing care homes, per 100,000 population age 65+ (c)	Smaller is Better	502.6	502	514	↑	502	CIPFA Neighbours 332 London 371 England 498.2
Permanent admissions to residential and nursing care homes, per 100,000 population age 18-64 (c)	Smaller is Better	16.7	14.6	10.6	↓	14.6	CIPFA Neighbours 8.9 London 9.9 England 13.3

2.4 Focusing on Mental Health and wellbeing

2.4.1 During Q4 the Council's mental health social work teams have worked closely with Barnet, Enfield and Haringey Mental Health Trust (BEH) to ensure models are in place for effective working in the community and to support hospital discharge. The clearer roles for social

workers and health practitioners established earlier in the year have been embedded with a clear focus on working in an integrated way, but for each professional to fulfil their unique role. This approach supports a person-centred service, clearer and quicker pathways for adults and younger people and strengthens the prevention and recovery model.

- 2.4.2 We remain committed to continuing the partnership work we have established with our key stakeholders in health, housing, the voluntary and community sector and with other partners - ensuring that the residents we work with benefit from a multi-disciplinary approach that addresses their needs holistically and supports achievement of the best outcomes possible. This ethos of partnership working and the important role that wide-ranging partners play in supporting Barnet residents with their mental health will be cemented into a Barnet Borough Partnership Mental Health Charter in 2022/23.
- 2.4.3 The Network continue to provide a strength based, recovery model service for people and have developed carers and men's groups. During the pandemic the number of carers supporting a relative with a mental health issue who were struggling became evident thus the need to provide the support. The mental health service in adult social care and relevant teams in family services have been actively working together to improve the transition pathway for young people. This work has included regular joint meeting, an agreement to engage at an earlier stage with young people, and continual involvement in the early help and transition panels.
- 2.4.4 There has been an increase in demand for Mental Health Act assessments which has put additional pressure on the Approved Mental Health Professional (AMHP) service. There are plans to review the workforce model for the team to ensure we can continue to meet our statutory needs. A comprehensive workforce development plan has been put in place to support the mental health professionals. This includes putting further social workers through AMHP training in 2022.
- 2.4.5 Improving our holistic care and support offer for adults with dementia and their carers remains a priority area and a new borough-wide dementia strategy will be coproduced in 2022/23. The Council's new contract for community dementia services being delivered by Age UK started in April 2021 and is performing extremely well. In Q4 final arrangements were made for the service to expand into a second location – a Council-owned property in Hendon. This will increase the capacity and geographic footprint of the service.
- 2.4.6 The multi-agency Barnet Dementia Friendly Partnership continues to meet regularly to drive forward work towards accreditation as a dementia friendly borough by Spring 2023. Key priorities include increasing the number of trained 'dementia friends' and working with arts and leisure venues to be more dementia confident. This work reflects Barnet's ongoing commitment to the objectives of the Dementia Manifesto for London, published by the Alzheimer's Society in 2014.
- 2.4.7 The council currently has two cohorts of student social workers on the Think Ahead programme – a nationally co-ordinated graduate scheme specifically for mental health social workers. This has again brought several very high calibre practitioners into Barnet who will move onto social work contracts in the summer of 2022.

2.5 Greater facilities and opportunities to be physically active

- 2.5.1 The service has worked extensively with partners, stakeholders and community groups to coproduce a new Fit and Active Barnet Framework (FAB) (2022-2026), which was approved by the Adults and Safeguarding Committee on 7th March 2022.
- 2.5.2 The Framework is supplemented by a FAB Action Plan (2022/23) which has been developed in collaboration with members of the FAB partnership. It identifies a series of actions to achieve the vision of 'a more active and healthier borough'. This high-level plan will be further developed over the course of the year and will be refreshed annually
- 2.5.3 In respect of the Councils leisure management contract, the service continued to monitor the recovery and progress the service delivery plan for 2022/23. Consequently, the partnership has recovered to 10,135 live pre-paid members, representing 3394 positive movement year on year and a return to 91% of the previous highest membership level.
- 2.5.4 All centres contributed to the positive recovery. However, Finchley Lido and New Barnet experienced the highest positive movement. Swimming lessons also had a strong return over the contract year reaching 99% of the level reached in March 2020.
- 2.5.5 From April 2021 to March 2022, Barnet generated £6,443,604 in social value through the leisure centre services, averaging £103 per person, measured using the new Sheffield Hallam University Model.
- 2.5.6 The council worked in partnership with the charity Activity Alliance, Swim England and the London Marathon Charitable Trust to develop the 'Delivering an Excellent Service for Disabled Customers' for frontline staff in the centres, to further support them to support people with disabilities.
- 2.5.7 In February 2022 Finchley Lido and New Barnet Leisure Centre completed their QUEST assessments (the leisure industry accreditation system), where scores of "very good" and "excellent" were respectively achieved. In March 2022, Hendon and Burnt Oak Leisure Centres completed their QUEST assessments, each achieving a score of "very good". All centres presented a significant impact to the community through projects, outreach events, and opportunities. The QUEST assessors provided positive feedback, noting the availability of a variety of opportunities for the local community to engage and participate in physical activity.
- 2.5.8 At the end of Q4 the Council also completed a legal and contract review with GLL, assessing the financial and non-financial performance of the contract. This has resulted in an updated Annual Payment Profile and future delivery plan which considers the impact of the pandemic.

2.6 Your Choice Barnet (YCB) performance indicators

There are 11 indicators, 10 of which are rated Red, Amber or Green. Of the 10, eight (80%) are rated Green with one (10%) Amber and one (10%) Red.

	Measures	Q4 2020/21	Q4 2021/22	Target (qtr.)
1.1	No. of additional service users in employment for 2 hours or more	2	0	8
1.2	Number of service users supported to retain employment	5	5	7
1.3	% of supported living tenancies that breakdown during reporting period	0%	0%	0%
1.4	% of service users in respite with a return to home plan and service end date.	100%	100%	99%
1.5	Service Users moved on from a service level to a lower service level	1	21	5
1.6	% Staff that are in date with YCB's staff training programme	100%	95%	95%
1.7	% Staff that are in date with their specialist accredited training programme	100%	96%	95%
		Q1-4 2020/21	Q1-4 2021/22	Target (yearly)
1.8	Number of Safeguarding Concerns reported	25	24	Tracking
1.9	% of services rated good or outstanding by the Care Quality Commission at the most recent inspection	71%	100%	100%
1.10	Number of unresolved complaints	0	0	0
1.11	Customer satisfaction	83.2%	92.4%	80%

The service has been unable to support any additional people into employment due to the impact of Covid. This is now being reviewed, with discussions around partnership working with BOOST underway to increase opportunities for people.

2.6.1 There are 5 people supported by YCB who have retained their employment during Q4, which is below the target of 7, however this has been consistent over the past 12 months.

2.6.2 No supported living tenancies have broken down during the period.

2.6.3 All service users at the respite service have plans in place.

2.6.4 21 people have decided during the past year that they no longer need their day centre service.

2.6.5 95% of YCB staff have completed mandatory training and their refresher training is in date.

2.6.6 96% of YCB staff have completed specialist training.

2.6.7 YCB reported 24 safeguarding concerns during 2021/22, none of which were escalated to a section 42 enquiry.

2.6.8 There are six YCB Care Quality Commission regulated services and the current ratings are as follows:

Supported Living	Outstanding
Valley Way	Good
Enablement	Good

The following services were all inspected during 2021/22

Meadowside	Good (Inspected Nov 2021)
Dell Field Court	Good (Inspected Dec 2021)
Ansell Court	Good (Inspected Mar 2022)

2.6.9 There were no unresolved complaints at the end of Q4 and Overall customer satisfaction has increased from 83.2% up to 92.4%

3 BUDGET FORECASTS

3.1 The final outturn position for the Adults and Safeguarding Committee's service areas of adult social care and leisure is £113.682m. Of this, £6.571m is the impact of Covid 19, leaving an overspend of £4.245m at Q4.

Final outturn (Q4 2021/22)

Service Area	21/22 Budget	Final Outturn	Variance (under)/over		Reserves (applied)/contributed	Covid Impact	Revised Variance (under)/over	
	£'000	£'000	£'000	%	£'000	£'000	£'000	%
ASC Prevention Services	2,709	2,541	(168)	-6.2%		0	(168)	-6.2%
ASC Workforce	18,080	17,844	(236)	-1.3%			(236)	-1.3%
<i>Non-placements Covid Commitments</i>	0	1,886	1,886	0.0%		1,886	0	0.0%
Sub-total	20,789	22,271	1,482	7.1%	0	1,886	(404)	-1.9%
Placements Budget								
Integrated Care - LD	29,398	29,250	(148)	-0.5%		0	(148)	-0.5%
Integrated care - MH	9,422	8,248	(1,174)	-12.5%	783	0	(391)	-4.1%
Integrated Care - OA	35,513	39,830	4,317	12.2%			4,317	12.2%
Integrated Care - PD	10,037	10,924	887	8.8%		0	887	8.8%
<i>Placements Covid Commitments</i>	0	2,842	2,842	0.0%	0	2,842	0	0.0%
Sub-total	84,370	91,094	6,724	8.0%	783	2,842	4,665	5.5%
Adults Social Care Total	105,159	113,365	8,206	7.8%	783	4,728	4,261	4.1%
Leisure	-1510	317	1,827	-121%	0	1843	(16)	1%
Tota; Adults & Leisure	103,649	113,682	10,033	9.7%	783	6,571	4,245	4.1%

Final costs relating to the financial impact of Covid are as per below, as set out in the March 2022 return to the Department for Levelling Up, Housing and Communities (DLUHC). The table below details the main spend areas in response to Covid and reconciles to the 'Covid impact' column in the revenue forecast table above.

Service Area	Covid-19 Impact £'000	Category
Adult Social Care	1,886	Workforce
	1,418	Placement - voids
	781	Support to the Care Market
	643	Placement - unachievable savings
Sub-total	4,728	
Leisure	1,843	Leisure SPA Income Pressure
Sub-total	1,843	
Total	6,571	

3.1 Factoring in the additional government funding given to Councils, ASC is now showing an overspend equivalent to 4.1% of the budget. Overspends in placements are primarily due to continued demand increases in community settings. Costs associated with scheme 2 and scheme 3 of the national hospital discharge process are confirmed at £1.9m which is being recouped from the CCG.

3.2 The service has seen an increase in demand, largely from people being discharged from hospital in larger numbers and with more complex needs. This is in excess of the volumes used in the model to set the 21/22 budget. There has been an increase of approximately 21% in homecare commissioned hours from the period used to set this year's budget with demand for residential and nursing placements returning to pre-pandemic levels.

3.3 The Leisure, Sports and Physical Activity budget overspent by £1.827m, of which £1.843m was due to the continued loss of planned surplus income caused by the mandated closure of centres during the initial stages of the pandemic. This cost has been covered by the application of central government funding, leading to a balanced position for leisure.

3.4 The **Capital outturn position** for areas within the committee's remit is **£3.439m**, this reflects a £1.107m underspend variance reported position at Q4.

Capital Outturn (Q4 2021/22)

Capital Programme Description	2021-22 M12 Budget	2021-22 M12	Variance
	£'000	£'000	£'000
Sports and Physical Activities	93	57	-36
Community Equipment and Assistive Technology	1,000	526	-474
Investing in IT	379	174	-205
Disabled Facilities Grant Programme	3,074	2,682	-392
Adults Total	4,546	3,439	-1,107

- The Sports and Physical Activities final outturn of £0.039m underspend. This allocation has incurred £0.408m of slippage during the year due to anticipated works on Playing Fields, which is to take place next year.
- Mosaic 'Investing in IT' budget funds the continuation of phase 2 and was underspent at P12 by £0.205m. This figure is flagged for deletion as no longer required to meet any future commitments.
- Community Equipment spend is incurred in revenue initially, a review of the final year's activity indicated costs that were available for capitalisation. The overall outturn position resulted in an underspend of £0.474m. This amount is to be profiled over future years' budgets.
- Disabled Facilities Grant - final year end underspend of £0.391m. Delayed spend from 2020/21 has been re-profiled over the next two financial years.

3.7 Debt Recovery

Debt which relates to adult social care residential placements and community care packages arises when individuals are financially assessed as being able to contribute to the costs of their care and support, but the contributions have not been paid. Most individuals do pay their contributions and the council typically receives around £12-14 million each year in financial contributions. The council has initiated a dedicated project to reduce the current level of debt, improve the active management of debt and prevent future debt.

We have identified a range of reasons for the build-up of debt, which include not routinely using direct debit to support regular payments, the need to improve information flows between Mosaic (case management system) and Integra (finance system) and the fact that cases can be very complex, especially when there are no formal arrangements for the management of an individual's financial affairs.

At the end of Q4, care contribution debt was £9.635m. This represents an increase of 13% from Q3 £8.359m.

The table below shows the aged debt profile.

	Sum of overdue balance	Sum of 0-90 days	Sum of 90-180 days	Sum of 180-365 days	Sum 1-2 years	Sum of 2 years+
Total Debt	£9,635,487	£1,944,034	£1,255,612	£1,517,965	£1,915,694	£3,032,182

The project has been working to improve the interface between Mosaic (Adult's case management system) and Integra (Finance system), so we are able to more confidently reconcile and report on financial data. The reports help us understand the aged debt categories, so we can focus and monitor the actionable debt.

Of the £9.635m:

- £581k is statute barred, or older than 6 years, and is in the process for being written off.

- £919k is deceased client debt over three years old which can be very difficult to collect, therefore the debt team is exploring options with legal and accounts receivable team, considering cost/benefit and appropriateness for recovery.
- £2.424m of the debt is secured via a deferred payment agreement (DPA). A DPA is an arrangement with the council that enables people to use the value of their homes to help pay care home costs after their deaths. This process is referred to HBPL to secure the debt via a charge with land registry and issue the DPA. The team is working to confirm debts are secured and improve the timely processing and tracking of these arrangements.

This leaves an actionable debt balance of c. £5.7m which can be broken down into the following categories.

Debt Category	Total Amount
Deceased Client (last 2 years)	£948k
Appointeeship*	£91k
Appointeeship Deceased	£49k
Deputyship*	£105k
Deputyship Deceased	£48k
Unsecured Debt	£4.474m

*Appointeeship: The DWP will appoint LA to act as someone's appointee if the person's primary income is from benefits with low level financial assets and no other sources of income.

*Deputyship: The Court of Protection can appoint the LA to act as Deputy for someone who lacks mental capacity to manage a person's property and financial affairs.

Payment plans via direct debit are a key intervention to prevent debt. Over the next quarter, the project team will be focussing its resource and working closely with Accounts Receivable Team to set up direct debits and explore, for all new financial assessments, how to secure direct debits from the start of the person's care.

Although we have a duty to collect all social care charges, we also recognise that some customers will have financial and other difficulties that are not limited to paying social care charges. The debt recovery team are versed in this conversation and offer information, advice and support as appropriate, with decisions on action to be taken being made after careful consideration of individual circumstances.

The table below shows the financial benefit of the debt project to date.

Financial Benefit	Amount
Individual Debt Repaid	£645,598
Debt Recharged to Health	£66,464
Credits (Invoices Adjusted)	£292,009
Write Off	£124,323
Debt Avoidance	£257,361
Total Financial Benefit	£1,385,755

4. SAVINGS

4.1 The total amount of savings identified for A&S Committee for 2021/22 is £1.716m. Savings had previously been reviewed and risk assessed, with the final position at year end being reported as per below:

Line Ref	Description of Savings	2021/22	Comment
		£'000	
A&S8	Leisure VAT efficiency	-124	Impacted by Covid
A&S9	Leisure - over delivery against projected income.	-747	Impacted by Covid
A&S 21	OAPD - strength based approach to care reviews.	-160	Impacted by Covid. Some progress has been made.
A&S22	LD - support for working age adults.	-325	
A&S25	Charging - increase in hourly homecare rate	-60	
A&S27	Reablement - maximising impact of offer.	-200	
A&S31	Prevention - front door offer	-100	
		-1,716	

5. REASONS FOR RECOMMENDATIONS

5.1 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 Delivery Plan.

6. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

6.1 None.

7. POST DECISION IMPLEMENTATION

7.1 None.

8. IMPLICATIONS OF DECISION

8.1 Corporate Priorities and Performance

8.1.1 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 Barnet Plan and Annual Delivery Plans.

8.1.2 Relevant Council strategies and policies include the following:

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

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

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

10. SOCIAL VALUE

10.1 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.

11. LEGAL AND CONSTITUTIONAL REFERENCES

11.1 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.

11.2 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.

11.3 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.

11.4 The Council's Financial Regulations can be found at:
<http://barnet.moderngov.co.uk/documents/s46515/17FinancialRegulations.doc.pdf>

12. RISK MANAGEMENT

12.1 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 Q3 Update
<p>AC001 Finances: Uncertainty about future demand for services, increasing complexity and cost of care packages, legislative changes and, specifically related to COVID, the availability of funding streams, reimbursements, on-going support, and future waves could lead to a worsening budget overspend for the service resulting in insufficient resources to meet statutory obligations and a deterioration in the council's overall financial position. Risk Rating: 16</p>	<p>The Council's budget management process forecasts demographic growth and pressures over a multi-year period. Budget and performance monitoring and management controls are used throughout the year including monthly analysis and budget monitoring.</p> <p>The MTFS to 2024 is set and adult social care will continue to undertake initiatives focused on reducing and managing future demand.</p>
<p>AC016: Funding and sustainability challenges facing the voluntary sector could lead to a reduction in the capacity of the Borough's preventative services resulting in adults being without the appropriate services and an increase in demand for more intense,</p>	<p>To mitigate risk and ensure a coordinated and joined approach with the VCS in response to Covid 19, a community infrastructure programme was established in conjunction with Barnet Together in the early stages of the pandemic alongside a grant funding and sustainability programme lead through</p>

<p>longer and more expensive care and support services over time. Covid 19 has presented further risks to the VCS in regards to financial sustainability and increased demand for support.</p> <p>Risk Rating: 12</p>	<p>strategic sector partners. This has now been placed on an even more stable foundation through a 5 year commitment to the alliance model with a substantial annual investment agreed at Policy and Resources committee in July 2021.</p> <p>The Barnet Together Alliance is a long-term, cross sector partnership with the council, which increases development and capacity building support for the sector, enabling the borough to strengthen, innovate and thrive. The partnership will help to create and deliver more borough-wide services and opportunities, based on real partnership and active collaboration meetings with key providers to promote joint working and manage risks.</p> <p>Alongside this, there is continued investment though the Barnet Borough Partnership into the council administered Community Innovation Fund to support VCS organisations to innovate and try new approaches, coupled with a longer term offer to support securing ongoing funding through shared insight and expertise from partners.</p> <p>The prevention and wellbeing team is also increasing its reach and capacity to continue to ensure regular communication is occurring with the wider VCS and look at opportunities to work jointly together.</p>
<p>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.</p> <p>Risk Rating: 12</p>	<p>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 financial health and sustainability risks are also monitored. 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 assess risk to individuals and support improvement. There is also a clear provider failure / closure approach to manage closure of homes and the safe transition of individuals if required.</p> <p>However, the risk remains that a provider could fail either on financial or capability grounds.</p> <p>There are currently no care homes rated 'inadequate' in Barnet, so the risk of the latter does not currently</p>

	<p>feel marked. The Care Quality team continue to visit providers routinely to quality assure services.</p> <p>We will shortly be conducting a 'fair cost of care' exercise for care home and home care services which will help us appraise whether there are any providers at immediate risk of financial failure.</p>
<p>AC008 Safeguarding demand: Insufficient staff in post who are effectively trained/managed or if demand/complexity rises significantly could lead to non-adherence with policies and procedures (specifically safeguarding within the Care Act and London-wide safeguarding policies and procedures) resulting in harm to vulnerable persons.</p> <p>Risk Rating: 12</p>	<p>Quality assurance framework in place to manage staff training, practice forums, case file audits etc. Safeguarding cases are reviewed on a daily and weekly basis by the heads of service. Senior management review weekly. The Safeguarding Adults Board (multi-agency) meets regularly and monitors performance through its PQA framework. Tools are available to support practitioners (e.g., recording templates, assessment tools etc.), as well as learning processes such as safeguarding adult reviews (SARs) and the domestic homicide review process.</p>
<p>AC0044 Leisure: The performance of the leisure operator to deliver against contractual obligations and commitments could lead to the health and wellbeing priorities not being fulfilled resulting in possible consequences to service delivery, operations and finances. Risk Rating 12</p>	<p>The leisure contract continues to be monitored in alignment with the Performance Management Framework to ensure delivery against obligations / commitments and targets are met.</p>

13. EQUALITIES AND DIVERSITY

- 13.1 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.

13.2 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.

13.3 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.

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>

14. BACKGROUND PAPERS

**London Borough of Barnet
Adults and Safeguarding
Committee Forward Work
Programme
2022 / 2023**

Contact: governanceservice@barnet.gov.uk

Subject	Decision requested	Report Of
6 June 2022		
New administration's priorities	To agree approach to engagement strategy and bringing forward manifesto priorities	Executive Director, Adults and Health
Quarter 4 (Q4) 2022/23 Delivery Plan Performance Report	Regular performance report.	Assistant Director, Communities and Performance,
Social Care Reform Report	Agreement to approach to fair cost of care requirements, and for noting preparation for the cap on care, overview of reforms	Executive Director, Adults and Health
13 September 2022		
Quarter 1 (Q1) 2022/23 Delivery Plan Performance Report	Regular performance report.	Assistant Director, Communities and Performance, Head of Programmes, Performance, Risk Growth and Corporate Services
Barnet Multi-Agency Safeguarding Adults Board Annual Report 2021-22	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.	Independent Chair, Barnet Safeguarding Adults Board
Market Sustainability Strategy and Fair Cost of Care analysis; social care reform update	For agreement	Executive Director, Adults and Health
Engagement strategy and charter progress report	For noting	Executive Director, Adults and Health
Update on the autism strategy and implementation of the action plan	For noting	Director of Integrated Commissioning
14 November 2022		
Quarter 2 (Q2) 2022/23 Delivery Plan Performance Report	Regular performance report.	Assistant Director, Communities and Performance, Head of Programmes, Performance, Risk Growth and Corporate Services
Adult Social Care Annual Complaints Report - 2021/22	To note information contained within the statutory Annual Complaints Report 2020/21	Assistant Director Communities and Performance
Business Planning 2023-27	To agree the medium-term financial strategy proposals for recommendation to Policy and Resources Committee	Executive Director, Adults and Health

Subject	Decision requested	Report Of
Dementia Strategy	For agreement	Director of Integrated Commissioning
Engagement strategy and charter for adult social care	For agreement	Executive Director, Adults and Health
Social care reform update	For noting	Executive Director, Adults and Health
Physical & Sensory Impairment Strategy	For agreement	Director of Integrated Commissioning
13 March 2023		
Quarter 3 (Q3) 2022/23 Delivery Plan Performance Report	Regular performance report.	Assistant Director, Communities and Performance, Head of Programmes, Performance, Risk Growth and Corporate Services
Prevent Annual Progress Report	For noting – annual update.	Prevent Coordinator
Fit & Active Barnet Annual Report	The committee to note the Fit & Active Barnet (FAB) annual report.	Assistant Director Greenspaces & Leisure
Carers Strategy	For agreement	Director of Integrated Commissioning
Engagement and co-production strategy	For agreement	Director of Integrated Commissioning

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