

MEETING

ADULTS AND SAFEGUARDING COMMITTEE

DATE AND TIME

MONDAY 14TH NOVEMBER, 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

Humayune Khalick
Laithe Jajeh
Michael Mire

Liron Velleman
Lucy Wakeley
Sarah Wardle

Substitute Members

Alison Cornelius
Linda Lusingu

Dean Cohen
Gill Sargeant

Edith David
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 Wednesday 9 November 2022 at 10AM. Requests must be submitted to Salar Rida - Salar.Rida@Barnet.gov.uk - 02083597113

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

Andrew Charlwood – Head of Governance

Governance Service contact: Salar Rida - Salar.Rida@Barnet.gov.uk - 02083597113

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

ASSURANCE GROUP

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ORDER OF BUSINESS

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1.	Minutes	5 - 8
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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)	
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9.	Business Planning 2023-2027	To Follow
10.	Quarter 2 (Q2) 2022/23 Performance Report	55 - 74
11.	Committee Forward Work Programme	75 - 76
12.	Any other items that the Chairman decides are urgent	

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Decisions of the Adults and Safeguarding Committee

13 October 2022

Members Present:-

AGENDA ITEM 1

Councillor Paul Edwards (Chair)
Councillor Marianne Haylett (Vice-Chair)

Councillor Ernest Ambe
Councillor Andrea Bilbow OBE
Councillor Anne Clarke
Councillor Dean Cohen

Councillor Liron Velleman
Councillor Lucy Wakeley
Councillor Sarah Wardle
Councillor Humayune Khalick (substituting for
Councillor Edith David.)

1. MINUTES

Prior to the consideration of the minutes the Chair welcomed everyone in attendance to the meeting.

RESOLVED that the minutes of the meeting held on 06 June 2022 be agreed as a correct record.

2. ABSENCE OF MEMBERS

Apologies were received from Councillor Mire.

Apologies were received from Councillor David who was substituted by Councillor Khalick.

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. ENGAGEMENT AND CO-PRODUCTION STRATEGY AND CHARTER PROGRESS REPORT

The Chair introduced the report and welcomed the Strategic Transformation Manager and a resident, Nila Patel who spoke in support of the item.

Members were provided with an update on the progress towards producing a new engagement and coproduction strategy and charter for adult social care. Members were informed of the work that had been carried out as contained in the report.

Members had the opportunity to ask questions and make Comments. In response to a question, Ms Patel noted that some residents were unsure of what services were available and therefore she believed it was helpful that Members were able to signpost residents to services.

During the consideration of the item, it was requested that all Members of the Committee be invited to attend Steering group meetings. This was encouraged by the Chair. The Executive Director for Communities, Adults and Health also noted that if Members wanted site visits to be arranged then this could be accommodated.

Having considered the report the Committee:

Resolved:

1. The Adults and Safeguarding Committee note the report.

8. BARNET MULTI-AGENCY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2021- 22

The Chair introduced the report and welcomed Fiona Bateman, Independent Chair of the Safeguarding Adults Board.

Members received the report and noted that Barnet Safeguarding Adults Board is a partnership of voluntary, statutory and community organisations. The Committee received an overview of the report and in doing so noted the safeguarding activity in 2020/21.

Members had the opportunity to ask questions and make Comments.

The Chair gave thanks to Fiona Bateman.

Having considered the report the Committee:

Resolved:

1. That the Adults and Safeguarding Committee noted the Safeguarding Adults Board Annual Report 2021-22.
2. That the Committee noted that the Annual Report be published on the Council website and BSAB webpages.

9. UPDATE ON THE BARNET ALL AGE AUTISM STRATEGY AND IMPLEMENTATION OF THE ACTION PLAN

The Chair introduced the reported and welcomed the Head of Joint Commissioning. She provided an overview of the Barnet Autism Strategy Action Plan (ASAP) and the work of the steering group to support the local priorities and activity and delivery of the National Strategy for autistic children, young people and adults (2021 to 2026) and the council's and NHS obligations arising from the Autism Act

Members had the opportunity to ask questions and make Comments.

Having considered the report the Committee:

Resolved:

That the Committee noted the update on the Barnet All Ages Autism strategy and implementation of the action plan

10. QUARTER 1 (Q1) 2022/23 PERFORMANCE REPORT

The Executive Director for Communities, Adults and Health introduced the report. Members noted that the report provided an overview of performance for Q1 2022/23 as contained in the report.

Members had the opportunity to ask questions and make Comments.

Having considered the report the Committee:

Resolved:

1. The Adults and Safeguarding Committee noted the report.

11. FEES AND CHARGES

The Executive Director for Communities, Adults and Health introduced the report.

Having considered the report the Committee:

Resolved:

1. That the Adults and Safeguarding Committee noted the changes to Fees and Charges for 2022-23 and 2023-24 as set out in Appendices A and B
2. That the Adults and Safeguarding Committee noted that the budget proposals were submitted to the Policy and Resources Committee on 29 September 2022.

12. COMMITTEE FORWARD WORK PROGRAMME

Councillor Dean Cohen reposted a point of order. He stated that the meeting and the last one had taken place during a Jewish holiday and he requested that this be considered by the Chair. The Chair apologised for the oversight and requested that the Governance Service review all future meeting dates to ensure that this does not happen again.

Resolved:

1. That the Adults and Safeguarding Committee noted the work programme

13. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT

None.

The meeting finished at 19:46

	<h2>Adults and Safeguarding Committee</h2> <h3>14 November 2022</h3>
Title	<h3>Engagement and Co-Production Strategy and Charter for adult social care</h3>
Report of	Cllr Paul Edwards, Chair, Adults and Safeguarding Committee
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix: Engagement and Co-Production Strategy and Charter for adult social care
Officer Contact Details	Ella Goschalk, Strategic Transformation and Engagement Manager (Communities, Adults and Health) ella.goschalk@barnet.gov.uk

Summary

This report presents the Engagement and Co-production Strategy and Charter for adult social care for the Committee's approval.

The strategy and charter have been co-designed, working with a wide range of people with lived experience and expertise.

The strategy sets out how we will step up our ambitions and aspirations to engage and co-produce adult social care services more extensively, with a wider range of voices and views. It sets out how we will build on our existing involvement, engagement and co-production work to achieve this.

The charter sets out some key commitments about how the council works with people to make sure that engagement and co-production is high quality, meaningful and inclusive.

If approved, the next steps will be to share widely, develop a more detailed action plan and begin implementation.

Officers Recommendations

1. The **Adults and Safeguarding Committee** is asked to approve the draft Engagement and Co-Production Strategy and Charter for adult social care

2. The **Adults and Safeguarding Committee** is asked to note that an annual report on engagement and co-production will be presented to Committee each year

1. Why this report is needed

- 1.1 This report follows an update report to Adults and Safeguarding Committee in June 2022 outlining the proposals to meeting the Administration's commitments, and a progress report in September 2022.
- 1.2 Key to the delivery of the Administration's commitments was to develop engagement and co-production with people who draw on care & support, including through the codesign with residents and the voluntary and community sector of a new strategy and charter.
- 1.3 This strategy and charter also align with the Administration's approach to working more closely with residents and the community, and is closely linked to the new Community Participation strategy.
- 1.4 The strategy and charter build on the council's foundation of involving people in quality assuring, shaping and improving adult social care services. The strategy and charter will enable us to step up our ambition and further embed this way of working.

In this paper we are presenting the Engagement and Co-Production Strategy and Charter for approval by the Adults and Safeguarding Committee.

Co-designing the strategy and charter

- 1.5 The strategy and charter were co-designed, working with a wide variety of people with lived experience and expertise. More information is in the strategy; in summary, we did this by:
 - Setting up a **steering group** which included residents with lived experience, voluntary and community organisations, and professionals from across the council, health and social care. The steering group worked on the strategy at every stage, from deciding the scope and structure to detailed reviews of the documents.
 - Speaking to **experts** and organisations, in Barnet and nationally, about engagement and co-production, including Inclusion Barnet, Think Local Act Personal, local authorities across London and others.
 - Working with those already involved in adult social care as part of **People's Voice** and **Involvement Board**, including a survey and standalone event for People's Voice members, and updates and a dedicated session for the Involvement Board.
 - **Engaging directly** with a diverse range of people who have experience of using adult social care, through attending groups and events in the community. We spoke to communities including people with learning disabilities, older people from a range of cultural backgrounds, autistic people, people with experience of mental health challenges and people with physical impairments. The process has been a powerful way to build new connections and a starting point for future engagement

and co-production

- Awarding **small grants** to voluntary and community sector groups to undertake engagement, valuing their expertise and relationships with residents and ability to reach communities the Council may not otherwise reach, including the Deaf community.

Key elements of the strategy

1.6 The strategy explores what engagement and co-production is already happening, its impact, and people's views and experiences on how this is going. We talk about how:

- *We work with individuals and families on their care and support*
- *We work with people to understand and improve adult social care services*
- *We involve people in shaping new services and making changes to adult social care*

1.7 The strategy summarises where we want to get to, using the feedback and input from residents about how they would like to get involved, as well as from staff and professionals about where they would like to see more impact:

- *We will hear from more people about their experiences, and use this information to make positive change*
- *We will build our People's Voice community and provide more opportunities to be part of adult social care*
- *We will move beyond feedback to participation in adult social care and ensure that people have a voice across a wider range of services*

1.8 The strategy sets out ways of working, and how we will make engagement and co-production a success. This section is strongly shaped by people's views and input, especially in identifying the barriers to getting involved and how we can tackle these.

- **Impact** – *being clearer from the start of any engagement or co-production about what changes will be made, and letting people know when it's happened*
- **Representation and diversity** – *hearing from a wider range of voices and how we will make this happen*
- **Reciprocity** – *everyone taking part in engagement and co-production should feel that they are getting something out of it as well as putting something in.*
- **Accessibility**: *everyone is different – how we make sure that there are a wide range of ways for people to have their say, and that our meetings, events, and conversations are inclusive*
- **Sharing power and empowering** – *how we will make sure people have the right information, skills and support to have their say and make tangible change*

- 1.9 The rest of the strategy gives some more information about how we will work together with other organisations, and our measures of success
- 1.10 The charter sets out the commitments from the council to residents in how we will work together

2. Reasons for recommendations

- 2.1 The report provides the background and summary of the new engagement and co-production strategy and charter for adult social care.
- 2.2 The new strategy and charter aim to build on the work we do with residents and move towards greater co-production in understanding, shaping and improving how we work in adult social care.

3. Alternative options considered and not recommended

- 3.1 None

4. Post decision implementation

- 4.1 If approved, we will produce a final version of the strategy and charter as well as a simpler, more accessible version.
- 4.2 We will develop the strategy into a detailed action plan with timescales.
- 4.3 We will present an annual report to Adults and Safeguarding Committee.
- 4.4 This will be living document open to continued engagement, as the Council will continuously seek to improve co-production and engagement with people who draw on care and support.

5. Implications of decision

Corporate Priorities and Performance

- 5.1.1 The new corporate plan will set out the council's corporate priorities, this will include a new outcomes framework that will be developed to monitor performance and ensure we continue to keep residents and the work we do together at the centre of everything we do.
- 5.1.2 The new Community Participation Strategy is a key interdependency to this work, and we continue to work closely to ensure that it is aligned.

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

- 5.2.1 This programme of work has been supported by dedicated staff time, as well as continuing our approach of covering expenses, Reward and Recognition payments and

costs for engagement. We have also offered grants to voluntary and community sector groups to reach lesser-heard communities.

5.3 Legal and Constitutional References

5.3.1 The Council's Constitution (Article 7, Article 7 – Committees, Forums, Working Groups and Partnerships) sets out the responsibilities of all council Committees. The responsibilities of the Adults and Safeguarding Committee can be found at <https://barnet.moderngov.co.uk/documents/s68757/08Article7CommitteesForumsWorkingGroupsandPartnerships.doc.pdf>

5.3.2 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.

5.4 Insight

5.4.1 This programme of work is led by people with lived experience, using feedback and insight from residents, alongside best practice and 'next practice' research to shape the Engagement and Co-Production Strategy.

5.5 Social Value

5.5.1 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.

5.6 Risk Management

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

5.7 Equalities and Diversity

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

5.7.2 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:

5.7.3 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.

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

Tackle prejudice and

Promote understanding.

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

- Age
- Disability

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

5.7.5 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.

5.7.6 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-anddiversity>

5.8 Corporate Parenting

5.8.1 In line with Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in decision-making across the council. The engagement strategy and charter are relevant to care experienced adult who may be drawing on support from adult social care. Engagement with younger adults has taken place as part of the programme of work.

5.9 Consultation and Engagement

5.9.1 Co-production and engagement are central to the work on this new strategy and charter. We have involved people with lived experience from the start and are engaging widely with people who have experience of adult social care, carers, and people who may draw on services in the future.

5.10 Environmental Impact

5.10.1 None in the context of this report

6. Background papers

6.1 Adults and Safeguarding Committee – 6 June 2022 – Delivering the administration's manifesto priorities:
<https://barnet.moderngov.co.uk/documents/s72702/Delivering%20the%20Administrations%20manifesto%20priorities.pdf>

6.2 Adults and Safeguarding Committee – 13 October 2022 – Engagement and Co-production strategy and charter progress report:

<https://barnet.moderngov.co.uk/documents/s74548/Committee%20Report%20-%20engagement%20and%20co-production%20strategy%20and%20charter.pdf>

London Borough of Barnet

Engagement and Co- Production Strategy and Charter for Adult Social Care (Draft)

November 2022

YOUR | LIFE,
YOUR | CARE,
YOUR | CHOICE.

Engagement and Co-production Strategy for Adult Social Care

What we do at the moment

- We work with **individuals** and **families** on their care and support.
- We work with people to **understand** and **improve** Adult Social Care services.
- We involve people in **shaping new services** and **making change** to Adult Social Care.

How will we work?

- **Reciprocity**
- **Impact**
- **Representation and diversity**
- **Accessibility:** everyone is different
- **Share power to empower**

Where we want to get to

- We will hear from more people about their experiences and use this to make **positive change**.
- We will build our **People's Voice** community to provide more opportunities to be part of Adult Social Care.
- We will move beyond feedback to participation in adult social care, and ensure that people have a voice across a **wider range of services**.

How we developed the strategy...

We worked with people across Barnet, created a **steering group**, ran **surveys**, talked to **individuals** and **groups**, and heard from **experts** inside and outside of the borough!

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1. Introduction

“I enjoy feeling that my views matter” People’s Voice member

Why a strategy?

In Barnet, we know that individuals and communities are the experts in their own experience. Only by working together can we make sure that adult social care services are excellent for everyone.

The aim of this strategy is step up our ambitions when it comes to engagement and co-production in adult social care. We have a long history of involving people in this area and would like to build on this to make engagement and co-production a key part of what we do across the whole of adult social care.

It is part of our wider strengths based approach in Barnet, valuing everyone’s unique perspectives and qualities. There is also a charter which sets out our commitments on engagement and co-production.

How did we put it together?

This strategy has been put together through speaking to and engaging with many people in Barnet, including people with experience of adult social care, carers, voluntary and community groups, council staff, Councillors, and many others. More information is in the appendix.

The work has been led by a steering group, which has brought together residents, professionals, voluntary sector, and others to try out a new way of working. We worked with the steering group to put co-production into practice, building trust and getting to know each other alongside developing the work.

What do engagement and co-production mean?

We use the terms **engagement** and **co-production** in this strategy.

We use **engagement** to mean any time that we hear from and include people with lived experience in understanding, shaping, and improving adult social care. Some people also call this **involvement**.

[Think Local Act Personal co-production advisory group](#) (a national group of people who access services, carers, and family members) describe **co-production** in this way:

“co-production involves people who use services being consulted, included and working together from the start to the end of any project that affects them”

We worked with the steering group to decide what engagement and co-production mean for us. For us this means: **making sure that people with lived experience of adult social care are part of changes and improvements to services, that many different people’s voices are heard, and that power is shared more equally.**

This will be an ongoing process and we look forward to continuing the work together.

2. What do we do at the moment? How is it going?

In Barnet Council we have had a long-standing commitment to involving people in adult social care.

This section sets out **what we do already**, and how it is working. We know that there is plenty of information, feedback, and opportunities to get involved, but also **lots to build on** to make sure we understand the whole range of experiences, as well as looking at how we use the feedback.

2A. We work with individuals and families on their care and support

- In Barnet we work in a strength-based, person-centred way ensuring people's views are incorporated into assessments, care and support plans, safeguarding, mental capacity assessments and all other involvement with us.
- We have a quality assurance process to make sure that this is happening, where different people check the quality of work. This includes a quality assurance panel (where senior managers check for good quality), internal and external audits (where staff and other experts, inside and outside of Barnet Council, check for good quality), and observations.
- As part of the assessment and care and support planning process, people can give feedback directly to their social worker, other council staff, the team manager or through our formal compliments and complaints process. There is also the opportunity for people to give direct feedback as part of external audits.

2B. We work with people to understand and improve adult social care services

We already collect information and feedback from people who use services and carers which gives us an idea of people's experiences, what is working well and what could be improved. We always keep this information safe, and people can ask to see their own information.

This includes:

- A **People's Voice** group of over 200 people who are interested in giving their views and taking part, and a **Reward and Recognition policy** to make sure that we properly thank and recognise people for their time
- The Department of Health and Social Care's annual adult social care survey, and the carers survey (for family and informal carers) every 2 years (completed by every local authority)
- Compliments and complaints – we collect these to understand people's experiences, to learn and improve. A full report is published every year on the council's website.
- The Care Quality team speak to people who use different care services (like homecare or care homes) to understand their experiences and hold providers to account
- Engagement and co-production projects and working groups which specifically look at different parts of adult social care, find out about people's experiences and help us improve
- We also get a lot of other, less formal, feedback, for example residents talking to their social worker, community engagement, or working with voluntary and community groups

2C. We involve people in shaping new services and making changes to adult social care

We already have some ways of involving people in shaping new services or making changes to adult social care.

- We have an Involvement Board made up of 12 resident representatives who help us oversee bigger changes to social care and give their views. The board is elected every two years and is open to anyone with experiences of health and social care.
- Engagement and co-production projects often focus on larger changes, for example commissioning new services or helping to shape new strategies
- For larger scale changes we often have Boards made up of professionals to oversee those changes. Some of these Boards include a resident to give an important real-life perspective.
- We sometimes involve people with lived experience in recruiting new staff, for example being part of interview panels
- We work closely with user-led organisations such as Inclusion Barnet to ensure that we hear a wide range of views and to get expert input into changes

What are people's experiences of getting involved?

As part of developing this strategy, we spoke to members of the Involvement Board, and the wider People's Voice group of residents with lived experience who get involved. We found that:

- We have a range of people who get involved – who have been involved for different lengths of time, some who get involved only occasionally and others who get involved much more regularly
- People appreciated “regular meetings and opportunity to ask questions of concern” and said “it’s a great concept. I enjoy feeling that my views matter”
- When asked what would help them get involved more, they said:
 - Seeing a greater impact
 - Having a wider range of topics to engage on
 - Having different ways to have your say
- When asked what areas they are most interested in they said:
 - Helping to check the quality of adult social care
 - Recruiting new social care staff
 - Choosing new providers of care
- People said that the areas of improvement are:
 - More information about engagement opportunities, promoted more widely and with more notice given
 - More information and feedback about what happened next; the follow up and communication is important
 - More opportunities to meet with different staff members and professionals

Where are the gaps?

We know that we don't hear from everyone – especially those who don't currently access adult social care services but may do in the future.

We can do more to ensure that we hear from a wider range of people from across the borough and from different groups.

3. Where we want to get to

What can we learn from research and other places?

We did a lot of research and spoke to organisations who are doing exciting and innovative work around engagement and co-production. This is important because it will help to us keep learning and improving. A few examples are below, and we will keep on exploring this area and using the ideas to improve.

We liked the Young Grantmakers scheme (Islington) where residents were trained to and agree grant funding. We also liked Camden's Community Researchers, where local residents are trained as expert researchers and hired for different projects.

Another interesting area was Art based projects: Creative Conversations (Shropshire) and Change Arts (Islington) which partnered with the Art sector to use and exhibit art as a form of engagement with communities.

We noted a joint engagement strategy across Health and Social Care in Lanarkshire. Other boroughs used a written commitment with shared principles to unify engagement work across local authorities and health services.

Where do we want to get to?

We spoke to many residents, staff, and partners to help understand where we want to get to.

We want to build on our current work and get to a place where power is shared more equally between professionals and a wide range of people with lived experience to help shape adult social care services.

This will be developed further in a detailed action plan.

These are the three main outcomes and the objectives to achieve them:

1 We will hear from more people about their experiences, and use this information to make positive change

- Give people more opportunities to feed back, including informally, when they interact with adult social care, for example as part of the assessment and care and support planning process.
- Make better use of the data and information we have, such as the annual service user survey and carers survey, and look at comments, compliments, and complaints.
- Work closely with care providers (like care homes, supported living and homecare agencies) to hear people's views
- Support care providers to be innovative and share best practice when it comes to engagement and making changes based on people's views

2 We will build our People's Voice community and provide more opportunities to be part of adult social care

Ensure there are opportunities for people with lived experience to be involved across adult social care, and that engagement and co-production is fully embedded.

We will work with a wide range of people to get involved through providing training, support, and adaptations. We will ensure there is greater involvement in different areas such as:

- Recruiting new social care staff
- Training social care staff
- Checking the quality of adult social care services, including as part of audits
- Commissioning new services, including:
 - Understanding the needs and requirements for new or recommissioned services
 - Writing the specification (what we need from) new or recommissioned services
 - Being part of choosing new providers that will meet the needs of people in Barnet
- We will also work with people with lived experience for those who want to take a greater role in:
 - Reaching out to people in the community to hear their views (for example, as community researchers), and establishing local initiatives
 - Researching and visiting other boroughs to look at what is working well and share learning

3 We will move beyond feedback to participation in adult social care, and ensure that people have a voice across a wider range of services

- Working with colleagues across the council and in health services to make sure that the voice of older people, disabled people, people with mental health challenges, learning disabilities, autistic people, people living with dementia and carers help to shape wider services and priorities.
- Linking in with the Council's new Community Participation Strategy to make sure we reach a wide range of people and groups

4. How can we make engagement and co-production a success?

This section is about **how we will work**, in adult social care and with our partners, to make sure engagement and co-production is meaningful and successful. This section links closely to the **charter** and our commitments to how we work with people.

As part of putting together this strategy and for this section in particular, we spoke to many people with experience of adult social care.

This section sets out what people said about how we can make engagement and co-production a success, and how we will put it into practice.

This is what we found out and the five key themes:

What people said...	Our ways of working
<p>1. Impact</p>	
<ul style="list-style-type: none"> • People said they would like to see more about the impact of engagement and co-production – what happened next 	<ul style="list-style-type: none"> • From the start of any engagement or co-production, we will be clear about what we are trying to achieve and how we will give feedback throughout the process This communication will be ongoing.
<p>2. Representation and diversity</p>	
<ul style="list-style-type: none"> • When we visited community groups and care providers, we met with many more people and a wider range of people compared to meetings and events run by the council. • People said they appreciated us coming to them and would like to see us more. 	<ul style="list-style-type: none"> • Continue to build relationships with community groups and care providers, so we can meet people where they feel most comfortable and where it is easier for them. • Work with care providers (like care homes, supported living, or homecare agencies) to reach people. Visit people in their own homes where appropriate for those who can't access the community.
<ul style="list-style-type: none"> • People said they would like engagement to be representative and include a wide range of people 	<ul style="list-style-type: none"> • We will get a better understanding of our adult social care community and look at the gaps in who is not getting involved. • Make sure we are proactively engaging with residents so that engagement is more representative, diverse, and inclusive. • Proactively work with people with more complex needs or who access multiple services.
<p>3. Reciprocity: giving and receiving</p>	
<ul style="list-style-type: none"> • When we met with people, they were often interested in hearing about adult social care and finding out more, as well as having their say 	<ul style="list-style-type: none"> • Make sure that we share useful information at least a week in advance, give people the information they need afterwards, and have the right professionals come along, as well as asking people for their views.
<p>4. Accessibility: Everyone is different</p>	
<ul style="list-style-type: none"> • People said we should continue to make our events and engagement accessible, and this will mean different things for different people. 	<ul style="list-style-type: none"> • Continue to be proactive in offering adaptations, interpreters, cover expenses using our Reward and Recognition policy and provide additional support so people can get involved. • Ensure that communication methods are accessible, for example by using more visual images, keeping meetings short • Continue to give people the option of online and in person meetings, 1:1 conversations, surveys, online, and other ways of getting involved. • Ensure that there are culturally and needs appropriate opportunities to give feedback, for example women-only groups

5. Sharing power and empowering	
<ul style="list-style-type: none"> Some people said they feel worried about giving their views or don't feel confident to speak up 	<ul style="list-style-type: none"> We will work with people's existing support networks and in places that are familiar. We will give people different ways of having their say, and plenty of time. We will provide training and support for people to get involved We will take time to build trust and reassure that there will be no negative consequences
<ul style="list-style-type: none"> People haven't always heard of 'adult social care' but may be familiar with the kinds of support and services offered 	<ul style="list-style-type: none"> Make sure to use Plain English, familiar words and avoid acronyms and jargon.
<ul style="list-style-type: none"> People said they would like more information in advance and more opportunities to give feedback 	<ul style="list-style-type: none"> We will be clearer in communicating our plans for the year and different ways people can get involved Send out any information and documents in advance Have a clear way for people to find out about opportunities and check for updates

Other ideas which came from the engagement team and from speaking to staff:

- More training and support for staff across adult social care to build their skills in co-production, and to be clear about what level of involvement is possible from the start
- Making better use of our online platform (Engage Barnet), and other online tools to reach more people
- Exploring whether we can open up our Reward and Recognition policy to give the option of investment into community initiatives

5. How do we work together with other organisations?

In Barnet there has been increased interest and momentum around engagement and co-production, and we want to make sure we are working together to learn from each other and give the best experience we can to residents.

This is an area the steering group were particularly passionate about. We know that people's experiences are not limited to one organisation or service, so we aim to work more closely to make sure that people's voices are heard and have a wide positive impact.

We will do this by:

Working locally with partners:

- Mapping what is already happening – which providers and organisations are doing engagement and co-production, and how people can get involved.
- Working closely with health services as part of the Barnet Borough Partnership and Integrated Care Board
- Working closely with voluntary and community organisations to understand people’s views, through the Barnet Together partnership, and especially Healthwatch and others who work with people who may access adult social care.
- Making use of different networks and partnerships to raise awareness of our engagement and co-production work and recruit people to get involved – this might be care providers, voluntary and community groups, social media, local media, businesses or others.

Looking outwards

- Empowering our residents to be an active part of London-wide and national involvement networks
- Keeping up to date with other councils to find out best practice and share learning
- Keep up to date with research and best practice from around the country and worldwide

6. How do we know it’s working?

We will co-produce an annual report which looks at what we’ve achieved over the year in engagement and co-production. The report will have a focus on the impact of people’s involvement.

At a minimum, our measures will include:

Numbers of people	<ul style="list-style-type: none"> • Number of people getting involved (for example): <ul style="list-style-type: none"> ○ Number of people giving feedback as part of their assessment and care planning process ○ Number of people attending People’s Voice events and meetings ○ Number of people we speak to through visiting and engaging with other groups • People’s use of our online platform (Engage Barnet) to have their say (and our own use of the platform in giving people the opportunities to have their say)
Impact and reach	<ul style="list-style-type: none"> • Diversity of people getting involved and how representative this is • People’s feedback about their experiences of getting involved, including <ul style="list-style-type: none"> ○ Understanding of what is happening and how to get involved ○ Satisfaction with access to the engagement team and people’s representatives • Key findings from annual surveys, complaints and compliments, and other ongoing feedback • Analysis of how much of an impact people’s input is having on services

7. Conclusion and next steps

This strategy and the charter will be a ‘living document’ which we will keep coming back to and improving over time. Our next steps:

- We will develop a more detailed action plan with timescales, and start delivering this
- We will test out different ideas and improve them as we go
- We will work towards our first annual report (which will cover April 22 – March 23).
- We will promote the strategy and action plan, including in more accessible formats. We will encourage more people to get involved and hold us to account.

Finally, a big thank you to everyone who has been involved in creating this strategy, especially people with lived experience of adult social care, who have given up their time and generously shared their experiences. We look forward to continuing that work together

Appendix: how did we develop the strategy and charter?

We spoke to and involved many different people in developing this strategy and charter. This is how we did it:

Steering group:

- A mixture of residents with lived experience, voluntary and community organisations and professionals from across the council, health, and social care
- This group met monthly to oversee the whole process, and we worked together throughout including:
 - Shaping the questions to use for engagement
 - Agreeing the structure of the strategy
 - Agreeing the scope of the charter
 - Reviewing early drafts of the strategy with less detail

- Individual conversations with residents to review the final draft strategy in detail and incorporate their comments

Expertise from across Barnet and beyond: We had early conversations with local and national experts in this area, and shared the plans and the draft strategy with key stakeholders such as Inclusion Barnet, Healthwatch Barnet, Barnet Mencap and colleagues across health and social care. They were positive about the work and added lots of important and helpful comments.

Engagement with People’s Voice and Involvement Board

- For those already involved, we asked for their views on what works well and what could be improved. We did this through:
 - An online survey to all of People’s Voice
 - A standalone event with workshops and discussions
 - A dedicated session for Involvement Board members (where we also reviewed the charter in more detail)
 - Opportunities for the Involvement Board to give feedback on the final draft strategy
- The findings from these surveys and conversations are mostly in sections 2, 3 and 4

Direct engagement with people who use adult social care and the wider community

We developed some questions to ask people about how they would like to get involved in adult social care, any barriers to having their say and how we might overcome these.

We visited and attended a variety of community events and groups, having in-depth conversations to find out more. The findings from this engagement can mostly be found in sections 2,3, and 4 of this strategy.

- Mencap ‘Have your say’ group
- Centre of excellence (Somali community)
- Hub connections event - Meridian wellbeing
- Barnet Asian Women’s Association
- Ansell Court – Assisted living facility
- Barnet Mencap autism service
- Silver Sunday – older people’s charity

We will continue reaching out to different groups and communities as we develop the action plan and build these relationships.

Grants to voluntary and community sector organisations

We promoted the opportunity to apply for up to £5000 to undertake engagement on this topic, to reach a wider range of people in the community.

We had four successful applications:

- Barnet Asian Women’s Association
- JDA (Jewish Deaf Association)
- Community Focus
- Barnet Mencap

This engagement has given us important insights and have also been a chance to try out a different way of working where organisations use their existing expertise, relationships and understanding of individuals to lead on engagement.

Charter for engagement and co-production in adult social care

Commitments from Barnet Council, adult social care (we) to people getting involved in engagement and co-production in adult social care (you):

- We will be **clear in our language** and what we are asking
- We will engage with you **in the places** you feel most comfortable, and in **the ways that work for you**
- We will be **open and transparent** in our approach including what can be changed or influenced, and what can't
- We will give feedback and **show the impact** of engagement and co-production
- We will involve you regularly, and **as early as possible** when looking at changes

- We will use the feedback and information **we already have**, while making sure that people's information stays confidential
- We will work closely with **community groups** to include a wide range of people
- We will focus on getting a **wide range of meaningful views** through a range of methods
- We will provide appropriate **support and information** for those sharing their experiences
- We will give people sufficient **time** to plan and prepare for any meetings or engagement
- We will **pay expenses** and reward you for your time, as set out in the Reward and Recognition policy
- We will make sure that there are **inclusive and accessible** ways to get involved, and adapt these to your needs
- We will give you **relevant information and training** to enable you to get involved
- We will work towards a **more equal relationship** between professionals and residents
- We will be open and acknowledge where there are **power imbalances**, and work to manage and mitigate these wherever possible
- We will engage with residents to find **lesser heard and under-represented** voices
- We will make sure **everyone** gets a chance to feed back on their experiences

What do we have in place to make this a reality?

It was important for the steering group to have a section in the charter about resources, and how can make it happen.

- We have a dedicated engagement and co-production team in Communities, Adults and Health, with a focus on:
 - Leading, co-ordinating and managing engagement and co-production across the whole service
 - Working closely with other staff including front line social care staff, commissioners, and others to build skills and knowledge of what makes good engagement and co-production
 - Holding colleagues to account to make sure that engagement and co-production sticks to the commitments of this charter
- We have an annual budget to cover Reward and Recognition payments, expenses, and adaptations to make sure engagement and co-production is accessible and inclusive.
- Social care staff (social workers, occupational therapists, assessment and enablement officers) are all trained in strength-based practice, which means that they will work with individuals to make sure their voices are heard as part of assessment and care and support planning

- There is a joint commissioning team who involve people as part of understanding needs, designing new services, and choosing providers
- We have a performance and systems team, who are specialists in analysing data, including surveys, feedback, compliments, and complaints, and who can also support with monitoring how we are doing
- There is also a Council-wide Consultation and Engagement Team, who offer us expertise and support

DRAFT

	<p>AGENDA ITEM 8</p> <p>Adults and Safeguarding Committee</p> <p>14 November 2022</p>
<p style="text-align: right;">Title</p>	<p>Adult Social Care Annual Complaints Report – 2021/22</p>
<p style="text-align: right;">Report of</p>	<p>Clr Paul Edwards, Chair – Adults & Safeguarding Committee</p>
<p style="text-align: right;">Wards</p>	<p>All</p>
<p style="text-align: right;">Status</p>	<p>Public</p>
<p style="text-align: right;">Urgent</p>	<p>No</p>
<p style="text-align: right;">Key</p>	<p>No</p>
<p style="text-align: right;">Enclosures</p>	<p>Appendix: Adult Social Care Annual Complaints Report 2021-2022</p>
<p style="text-align: right;">Officer Contact Details</p>	<p>Paul Kennedy, Head of Business Intelligence, Performance & Systems paul.kennedy@barnet.gov.uk</p>

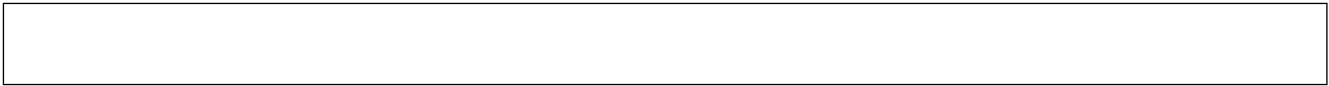
Summary

The production of an annual complaints report is a statutory requirement for councils with adult social care responsibilities. The report provides an overview of the management of and performance in responding to adult social care complaints.

Effective complaints management is an important element in maintaining the Council's reputation. Complaints are a valuable tool in helping to understand resident expectations of the services they receive. As well as providing a meaningful response to all complainants, the outcomes of investigations are used by the Council to improve services and resident experience.

Officers Recommendations

That the Adults and Safeguarding Committee approves the Annual Complaints Report 2021-2022 for publication.



1. WHY THIS REPORT IS NEEDED

1.1 This report is produced in accordance with the requirements of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (hereby referred to as 'the Regulations'). Under those regulations, Barnet Council is required to report annually to the relevant council committee on adult social care complaints.

1.2 The Council is required to operate a separate statutory complaints and representations procedure for adult social care under these regulations. Any complaint which does not fall under these requirements is considered under the Council's corporate complaints procedure.

1.3 Learning from complaints is a valuable tool in helping to understand residents' and customers' expectations of service delivery and plays a key part in identifying service improvements in adult social care.

1.4 The report provides information on complaints and compliments for Barnet Council's adult social care services for the period 1 April 2021 to 31 March 2022. The report considers complaints dealt with through both the Statutory Adult Social Care and corporate Complaints procedures.

1.5 Between 1 April 2021 and 31 March 2022, the following were received from Individuals, carers and/or their representatives:

- 128 compliments
- 72 statutory complaints
- 1 corporate complaint
- 17 Local Government Ombudsman enquiries

1.6 The main themes from the complaints were:

- Decision
- Conduct/ behaviour
- Quality

1.7 Of the 72 statutory complaints, 62 resulted in an outcome. 10 were withdrawn.

- 43 were not upheld
- 8 were upheld
- 11 were partially upheld

1.8 One complaint was managed under the council's corporate complaints procedure, as it related to a back-office function of the service.

2. REASONS FOR RECOMMENDATIONS

2.1 The publication of this report is a statutory duty.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 None. It is a statutory requirement to publish a Complaints Report for Adult Social Care.

4. POST DECISION IMPLEMENTATION

4.1 The Annual Complaints Report 2021-2022 is a public document and will be made available through the Council website and the staff intranet.

4.2 The Annual Complaints Report includes examples of 'lessons learnt.' These are actions for improvement identified as the result of complaints investigations. Implementation of these actions will continue during 2022/23.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 Efficiently managing and learning from complaints is an essential part of providing high quality services and support to residents. Learning from complaints enables this as it supports our service improvement and achieving the best outcomes we can for residents.

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

5.2.1 The work carried out in responding to comments, compliments and complaints is contained within the current staffing establishment and budget.

5.3 Social Value

5.3.1 This paper does not relate to a procurement exercise.

5.4 Legal and Constitutional References

5.4.1 The Annual Complaints Report 2021-2022 complies with the statutory requirement to produce an annual report of Adult Social Care complaints in accordance with the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009, and the Local Authority Social Services and National Health Service Complaints (England) (Amendment) Regulations 2009 (the Regulations).

5.4.2 The Regulations identified in 5.4.1 above also require the Council to operate a statutory complaints procedure which complies with the provisions.

5.4.3 The Council Constitution, Article 7 states that the Adults and Safeguarding Committee is responsible for those powers, duties and functions of the Council in relation to adult social care including the following specific functions:

- Responsibility for all matters relating to vulnerable adults, adult social care and leisure services
- To receive reports on relevant performance information and risk on the services under the remit of the Committee.

5.5 Risk Management

5.5.1 The publication of the report is a statutory requirement, the impact of not publishing it would be a breach of the regulations.

5.5.2 Complaints are an essential means by which the Council assures the quality of Adult Social Care provision, and compliance with statutory duties. By listening to complaints and taking improvement action, the Council minimises the risk of non-compliance and ensures improvements to customer satisfaction.

5.5.3 Where complaints are received and highlight any safeguarding issues, these are dealt with under the agreed Pan-London Multi-Agency Adult Safeguarding Policy and Procedures.

5.6 Equalities and Diversity

5.6.1 The Complaints Report supports the Council's duty under the Equality Act 2010, under which the Council and all other organisations exercising public functions on its behalf must have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act; advance equality of opportunity between those with a protected characteristic and those without; promote good relations between those with a protected characteristic and those without. The relevant protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. It also covers marriage and civil partnership with regards to eliminating discrimination.

5.6.2 Adult social care helps people who are not able to make representations and complaints in their own right to do so through the use of advocacy services such as POHWER, Barnet Community Advice Service (CAS), and Mind in Barnet.

5.6.3 Learning from complaints also assists the Council in fulfilling its statutory duty under s149 of the Equality Act.

5.7 **Corporate Parenting**

5.7.1 In line with the Children and Social Work Act 2017, the Council has a duty to consider Corporate Parenting Principles in all decision making. Young people who have received care and support as children may go on to receive support from Adult Social Care Services. Efficient management of complaints, and service improvements identified as a result will benefit this group of residents.

5.8 **Consultation and Engagement**

5.8.1 Learning from complaints can assist the Council in identifying changes to services, local policy and procedure. Any changes will be subject to appropriate consultation with relevant groups.

5.9 **Insight**

5.9.1 Learning from complaints provides insight into service improvement opportunities, complementing quantitative and statistical data on service performance.

6. BACKGROUND PAPERS

6.1 None.

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Barnet Council

Adult Social Care

Annual Complaints Report

2021-2022

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1. Introduction

Barnet Council's adult social care service, part of the Communities, Adults and Health directorate, provides statutory social care services including individual care and support; safeguarding; information and advice; preventative services; assessments under the Mental Health Act (MHA 1983, amended 2007) and the Mental Capacity Act (MCA 2005). Social Care Direct acts as the front door for adult social care enquiries.

Comments, complaints and compliments are welcomed by the Service and are seen as a tool to help improve and develop services and practice. They provide the opportunity to learn from mistakes and to put things right for an individual when they have gone wrong.

Barnet Council is required, under statutory regulations, to report annually to the relevant Council Committee on adult social care complaints.

This report provides information about complaints for Barnet's Adult Social Care Service for the period 1 April 2021 to 31 March 2022. The report considers complaints dealt with through both the Statutory Adult Social Care and Corporate Complaints Procedures where these relate to Adult Social Care.

2. Adult Social Care Statutory Complaints Procedure

The Council is required to operate a separate Statutory Complaints and Representations procedure for adult social care, in accordance with the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009 and the Local Authority Social Services and National Health Service Complaints (England) (Amendment) Regulations 2009. Any complaint which does not fall under these requirements is considered under the Council's Corporate Complaints Procedure.

All complainants who have exhausted the Council's statutory and local complaints procedure retain the right to approach the Local Government and Social Care Ombudsman (LGSCO). The LGSCO is impartial and independent and acts as the final stage for complaints about the Council, Social Care Providers, Care Homes and Home Care Agencies.

3. Accessing the complaints procedure

The service continually seeks to encourage people who use social care and their carers to provide feedback (positive or negative) on the services and customer care that they have received.

The process is publicised through the following means:

- Comments, Compliments and Complaints booklets are widely distributed to public offices in the Borough.
- The Easy Read version of the booklet 'Comments, Compliments and Complaints' is also widely distributed. This is aimed at people with Learning Disabilities and others who would find a simplified version easier to understand.
- Information about making a comment, compliment or complaint in relation to Adult Social Care is published on the council website www.barnet.gov.uk/comments-and-complaints-adult-social-care.
- Individual staff and managers make residents, people who draw on social care support, their family, carers and relevant organisations aware of the procedures during their interactions with them, as appropriate.
- Managers are asked to feature compliments, comments and complaints as a standing item in their team meetings and briefing sessions.
- Historic complaints reports are published on Open Barnet the council's data portal, a

valuable tool in pushing forward Barnet's transparency agenda.

- Compliments are shared with staff and promoted internally through the staff newsletter, senior manager briefings and staff awards.
- Information about complaints and the learning from them is shared with the management team and with staff, to improve practice.

The council has commissioned Barnet Citizens' Advice Bureau as the local lead provider for specialist information, advice and advocacy support. This ensures that the Council has a dedicated support service in place for people who require access to independent information, advice and advocacy. Staff are trained in accordance with the Care Act 2014 and staff understand their statutory duties in relation to advocacy.

4. Overview

The following complaints and compliments were received by Adult Social Care from individuals, carers and/or their representatives:

- 128 compliments
- 72 statutory complaints
- 1 corporate complaint
- 17 Local Government Ombudsman enquiries

Of the 72 statutory complaints, 62 resulted in an outcome, 10 were withdrawn. Of the 62:

- 43 were not upheld
- 8 were upheld
- 11 were partially upheld

The main themes of the complaints were:

- Quality - relates to the quality of service from care homes, home care agencies or care assessments.
- Decision – disagreement with the outcome of a care needs assessment; or with the outcome of a financial assessment under the charging policy; or a decision made as a result of a statutory duty or national policy.
- Conduct – behaviour, communication or conduct of staff employed by care providers or by the council.

Common improvement themes were:

- Staff – formal reflection and training.
- Systems - Updates /amendments to systems, staff training on systems or applications.
- Procedures – updates and amendments to procedures, or reiteration of procedures to staff.

5. Compliments

Compliments are just as useful as complaints in helping to improve service. By having people tell the Council when things are done well, the Council can make sure that it continues to recognise and build on its strengths. It is also important to recognise the excellent work that is being delivered.

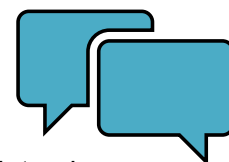
128 compliments were received in 2021/22. The table below provides an overview of compliments by service area:

Service Area	2019-20	2020-21	2021-22
Localities (Older People & Physical Disabilities)	42	43	29
Integrated Care Learning Disabilities	7	6	12
Integrated Care Quality	7	19	5
Assessment & Prevention	37	66	40
Hospitals & Health	14	9	19
Mental Health	82	68	23
Other Teams	10	13	0
	199	224	128

Many individuals who compliment staff and teams provide verbal feedback directly to individuals via face to face conversations or by phone; we do not reflect these in our annual figures.

The compliments received in the period were varied and ranged from individual messages of gratitude to specific members of staff and thank you cards to whole teams for their work.

The mental health service has in previous years included compliments received by the Network, the council's mental health enablement service. This service provides therapeutic group programmes and individual direct work for people experiencing mental health issues. The service has been unable to include all compliments for 2021/22 that were received from these group and individual meetings but will endeavour to recapture them throughout 2022/23.



Examples of compliments received in 2021-2022

“ I cannot praise xxx enough she is a wonderful OT and a wonderful human being. Not only did she help my son, but also me when I felt lost. She arrived on the scene like an angel, she is not only professional but she cares about her clients.” Compliment regarding a member of Assessment and Prevention Team.

“Thank you so very, very much for putting your heart and soul into my care and case. You really showed me how you cared not only about me but also about my daughter, which means so much to me.” Compliment regarding a member of the Localities Team.

“ I just want to say how grateful I am for your help and advice in supporting myself and my Mum whilst her ability to care for herself declines. You are so professional, thank you for listening to me. Thank you, Thank you” Compliment regarding a member of the Urgent Response Team.

“ I cannot express our thanks and appreciation to you enough. Your understanding of our situation has been incredibly compassionate and our gratitude to you is immense.” Compliment regarding a member of the Care Quality Team.

“xxx got involved and gave him hope, now he is a changed person. To feel like I wasn’t fighting the battle alone anymore when xxx intervened, it was the best feeling for me too. Without being dramatic she saved his life; I can’t praise her enough.” Compliment regarding a member of the Mental Health Team.

“xxx has a remarkable skill at explaining things to yyy and ensuring that yyy understands. xxx never talks over yyy, this is refreshing & commendable. She listens, has compassion and kindness. The strength of xxx’s commitment is evident.” Compliment regarding a member of the Learning Disabilities Team.

“xxx was most helpful, informative and supportive. We are very impressed with the range of aftercare, it’s quality and the promptness. The professional courtesy, promptness, intelligent kindness and friendliness of your staff and their ‘know how’ has been exemplary.” Compliment regarding a member of the Hospitals & Health Team.

“You gave me more than one thing, options, what was best for me, you listened, I felt listened to.” Compliment for a member of the Network Team.

Benchmarking data

The following benchmarking data compares the number of compliments received in 2021-22 against a selection of our nearest statistical neighbours:

Borough ¹	Compliments received	Per 100k population: ²
Barnet	128	42.1
Brent	16	6.4
Bromley	27	10.5

¹ Based on members of the group of nearest statistical neighbours identified by CIPFA (where data was available at the time of report)

² Population data based on the 18+ population according to ONS mid-year estimates for 2020

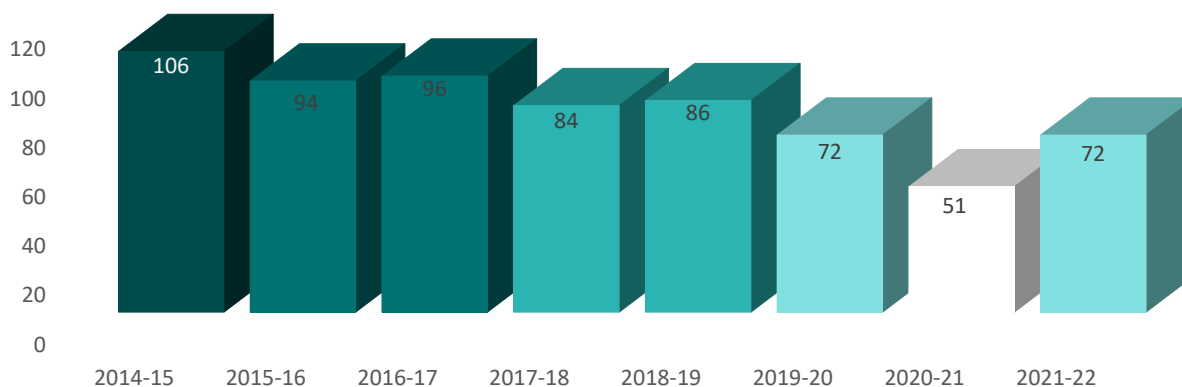
6. Complaints

6.1 Overview of performance

The number of statutory complaints for ASC returned to pre pandemic levels in 2021-22, whilst the number of corporate complaints has remained consistent. This is illustrated in the below chart (Chart 1), which provides an overview of statutory complaint figures from April 2014 to the end of March 2022.

From 1 April 2021 to 31 March 2022, Adult Social Care received a total of 73 complaints, of which 72 were statutory and one was managed through the corporate complaints procedure.

Chart 1



To give our complaint figures context, there were 5,835 new requests for services in 2021/22 – 2,154 resulting from a Hospital discharge. 5,335 people received a long- term service (4,050 receiving a community service & 1,285 receiving residential/nursing services).

The complaint numbers equate to less than 1% of ASC service users, or someone acting on their behalf, raising a complaint in 2021-22. This percentage reduces further if we take into consideration all contacts into the service.

It should also be noted that the service received nine complaints which were resolved within 24 hours to the resident/person's satisfaction. In line with the statutory procedure guidelines, these are not formally recorded.

6.2 Complaints received by category

72 statutory complaints were managed in line with the Statutory Social Care Complaints Procedure. One complaint was dealt with under the council's corporate complaints procedure. This was a financial complaint received from a company.

Of the 72 statutory Complaints received:

- 57 were considered as straightforward complaints
- 15 were considered as serious and/or complex complaints
- 10 were withdrawn after being received

A comparison to historic years data is provided for comparison in chart 2

Chart 2

Category	2019 - 2020	%	2020-2021	%	2021-2022	%
Statutory Straightforward (Low/Moderate risk)	50	69%	36	67%	47	65%
Statutory Serious and/or Complex (High risk)	12	17%	3	6%	15	21%
Withdrawn	9	13%	12	22%	10	13%
Corporate	1	1%	3	6%	1	1%
Total complaints	72	100%	54	100%	73	100%

6.3 Statutory Complaint outcomes

Of the 62 complaints with an outcome:

- 43 were not upheld
- 11 were partially upheld
- 8 were upheld

6.4 Statutory Complaints by Service Area

The table below provides a breakdown of statutory complaints figures for complaints with an outcome:

Service Area	2020-21	2021-22	No of complaints DOT	No. of cases upheld (2020-21)	No. of cases upheld (2021-22)	No. of cases partially upheld (2020-21)	No. of cases partially upheld (2021-22)
Localities (Older People & Physical Disabilities)	5	16	▲	1 (20%)	0 (0%)	0 (0%)	4 (25%)
Assessment & Prevention	5	5	-	0 (0%)	2 (40%)	0 (0%)	0 (0%)
Integrated Learning Disabilities	4	11	▲	0 (0%)	0 (0%)	1 (25%)	1 (9%)
Mental Health	4	10	▲	0 (0%)	0 (0%)	1 (25%)	1 (10%)
Customer Financial Affairs	4	8	▲	0 (0%)	2 (25%)	0 (0%)	1 (13%)
Integrated Care Quality	12	4	▼	0 (0%)	2 (50%)	2 (15%)	0 (0%)
Hospitals & Health Partnerships	5	7	▲	0 (0%)	1 (14%)	2 (40%)	4 (57%)
Performance and Systems	0	1	▲	na	0 (0%)	na	0 (0%)

Complaints by Service Area

Although the number of complaints received in 2021-22 increased for the majority of services, they are broadly in line with pre-pandemic averages. There are two exceptions to this, a reduction in the number of complaints into the Integrated Care Quality Service and the increase in complaints to Mental Health teams.

The Integrated Care Quality Service witnessed a significant reduction in complaints and the lowest it has been for over five years. The two Care Quality upheld complaints concerned the quality of service received from domiciliary care providers. As these relate to the service provided by an external organisation, these were passed to providers for initial investigation. If the outcome of their investigation is not satisfactory to the complainant or to the Care Quality Service, the Council may take further action.

Complaints requiring an investigation by the Mental Health service continue to rise, however, the majority of complaints were unsubstantiated and the service has one of the lowest upheld rates.

Complaints into the Learning Disabilities service remain lower than pre pandemic levels, and the outcomes of investigations mirror what is happening in Mental health. The service received the second highest number of complaints but had the lowest upheld rate (one out of the eleven investigations).

The Coronavirus pandemic has necessitated a significant change in how the Council operates its hospital discharge service. In mid-2020, a new national hospital discharge policy came into effect. Under this policy, most frequently referred to as 'Discharge to Assess,' patients who no longer require an acute hospital bed but may still require care services, are provided with an interim assessment and short term support to be discharged to their own home where appropriate, or to the first available community setting. This national policy change and the changes to national funding for post-hospital care were the predominant cause of complaints to the Hospitals and Health Team, with individuals expressing dissatisfaction with the discharge process.

The Localities Team has seen an increase in the number of complex complaints, many of which involved complex family situations and or multi-agency input. The service sought legal advice in all cases to aid a resolution and in a small number of cases employed an independent investigator to ensure that appropriate and proportionate action was taken in response to concerns raised.

The number of complaints into the Assessment and Prevention Team continue to remain low. Of the five complaints received, two cases were upheld, both relating to staff conduct.

Complaint figures for Customer Financial Affairs returned to pre pandemic levels. Of the eight complaints received, three cases were substantiated. Two of these cases related to funding/invoicing issues and the third to a deferred payment agreement.

6.5 Complaints by category

The table below identifies complaints by subject and the investigation outcome

	Category	Upheld	Partially upheld	Not upheld
Decision (8)	Care Assessment - Assessment disagreement (including unhappy with decision)	1	1	3
	Care Home - Assessment disagreement (including unhappy with decision)	0	0	1
	Care Agency- Assessment disagreement (including unhappy with decision)	0	0	0
	Finance - Assessment disagreement (including unhappy with decision)	1	0	1
	Total	2	1	5
Conduct (10)	Staff Conduct - Conduct of council employed staff (attitude/behaviour)	2	2	5
	Care Agency - Conduct of staff (attitude/behaviour)	0	0	0
	Care Home - Conduct of staff (attitude/behaviour)	0	0	1
	Total	2	2	6
Quality (19)	Care Agency - Quality of service	1	0	3
	Care Assessment - Quality of service	0	1	2
	Care Home - Quality of service	0	0	2
	Care Assessment (process)	0	0	3
	Finance - Quality of service	1	1	1
	Hospitals – Discharge Process	1	3	1
	Total	3	5	12
Timeliness & Delays (5)	Care Assessment - Assessment delay (including delay in making a decision)	0	1	2
	Financial assessment/charging – Timeliness	1	0	1
	Total	1	1	3
Communication (4)	Care Assessment - Lack of communication	0	0	3
	Finance - Lack of communication	0	0	1
	Care Home - Lack of communication	0	0	0
	Care Agency – Lack of Communication	0	0	0
	Total	0	0	4
Other (15)	Total	0	2	13

Decision

Eight complaints were received due to dissatisfaction with a decision reached by the Council or a care provider. Three were either upheld or partially upheld.

Two related to the outcome of a care assessment and one in relation to a financial/charging decision.

The five complaints that were not upheld, related to a statutory duty concerning either; financial charging, national care legislation, regulations or policy, where the council cannot influence the outcome. Where complainants are unhappy with the outcome of an assessment, the council can offer a reassessment or take into consideration changes of circumstance where relevant.

Conduct

Training, formal reflection and staff reminders are used to address complaints concerning the behaviour or conduct of staff.

Quality

The largest number of complaints received were due to dissatisfaction in regard to the quality of services provided directly from Barnet or its providers. Two complaints regarding Barnet's services were upheld and five were partially upheld. These were addressed through further training and a series of learning events, the implementation of additional auditing and procedural amendments. The upheld case concerning care agency services was addressed through contract management procedures, with lessons learned fed into the work of the Integrated Care Quality team to shape the work it does with providers, thus improving the quality of provision across the social care market.

Delays & Timeliness

This category relates to the time taken to conduct an assessment or provide a service. Waiting times for care assessments and financial reviews are the main cause of complaints relating to timeliness. Adult Social Care always seeks to avoid delays in assessing or reviewing clients and targets resources to ensure the most urgent cases and people with the highest levels of need are prioritised. However, any delay may understandably still be dissatisfying for members of the public whose assessments have not been prioritised.

Communication

Four complaints relating to communication were received in 2021-22.

6.6 Timeliness of responses to statutory complaints within the internal 20 working day target

It is important to note that the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 Statutory Complaints guidance allows six months (commencing on the day on which the complaint was received) for the resolution of Social Care statutory complaints.

Adult Social Care are committed to help resolve as many complaints as speedily and efficiently as possible.

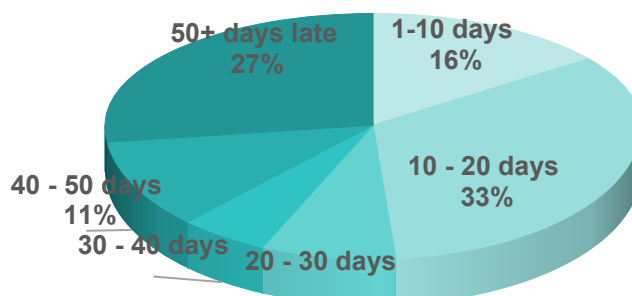
Our internal procedure is to maintain an internal target of 20 working days for straightforward complaints and 25 working days for more complex or serious complaints (or within an extended period of up to 65 working days) throughout the pandemic period. However, all complainants were advised in their acknowledgement that due to the pandemic (COVID-19) the council's response to their complaint may be delayed due to urgent operational matters taking priority.

It is also important to note that statutory complaints are managed through a single stage process. If the complainant is not satisfied with the initial response to their complaint, they can request further information or a further investigation which may prolong the overall outcome of a complaint.

In 2021/22, all cases were closed within the statutory six month period. 40 percent of cases

were closed within the internal deadline. There has been an overall deterioration in performance when compared to 2020/21, when 54 percent were responded to within the internal deadline..

The following chart provides a breakdown of the 37 cases that were responded to beyond the internal deadline and the number of additional days the service required to fully resolve the concerns raised.



The complaints process is intended to be resolution focused and offer complainants the option of discussing their concerns in face-to-face meetings, family meetings and mediation where appropriate.

When a complaint was likely to exceed our initial target response date, we endeavoured to keep complainants informed of the case progress.

The cases in the 50+ days range involved multifaceted investigations where the depth of the investigation and the time needed to investigate were proportionate to the seriousness of the complaint; examples include where legal advice on a case was required, changes in circumstances/ongoing developments, waiting for the outcome of CAFT, safeguarding & CQC investigations.

Another factor which contributes to delays is the need to co-ordinate responses with the NHS, which means that the Council may be obliged to work to the statutory Social Care and National Health Service six-month timeframe.

Complaints about providers being received through the complaints process, must be either signposted to the provider's internal complaints process or managed through our internal procedures on behalf of the complainant. We do ask partner organisations to work within our timeframes, however this is a request and is not enforceable.

Adult Social Care Statutory Complaints – Benchmarking

The following benchmarking data has been collected to compare the number of statutory complaints received against figures for a selection of our nearest statistical neighbours identified by CIPFA.

Borough ³	Statutory complaints received in 2021-22	Per 100k population ⁴
Barnet	72	23.7

³ Based on members of the group of nearest statistical neighbours identified by CIPFA (where data was available at the time of report)

⁴ Population data based on the 18+ population according to ONS mid-year estimates for 2020.

Brent	74	29.6
Bromley	54	21.0

7. Learning from Complaints

Learning from our complaints provides an opportunity to gain a deeper understanding of what is not working so well and ensures opportunities for improvement are realised and that future instances can be prevented, where possible.

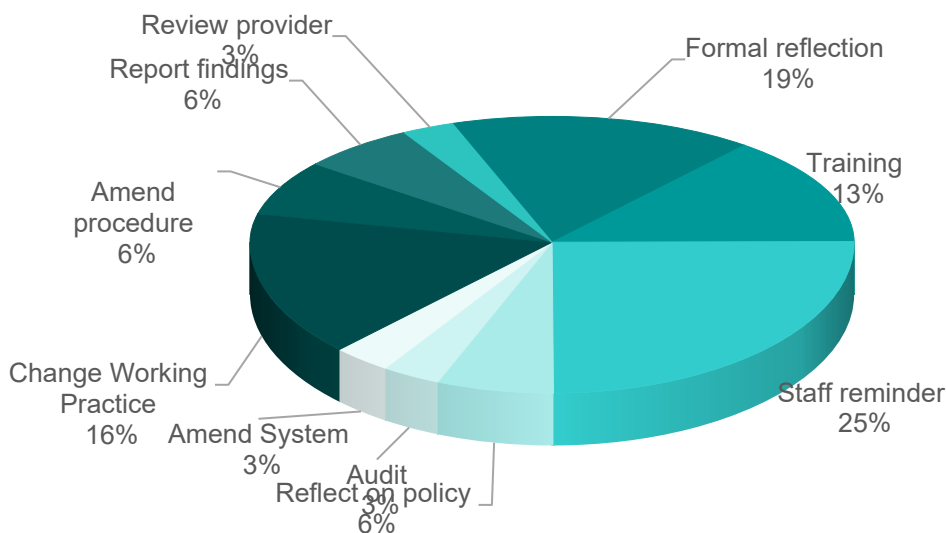
In some cases, outcomes to complaints are case specific and there are no general learning points that would influence policy or procedure. Individual issues and staff/team specific learning is addressed through training, reflection, supervision and team meetings.

The table below categorises the learning themes and the number of lessons learnt that fell into each category. The table identifies the types of actions the Council and our providers and partners have taken to try and mitigate any further complaints of a similar nature.

Theme	No of lessons identified	Action
People Issues relating to the behaviour or conduct of a member of staff	18	<ul style="list-style-type: none"> Formal reflection Training Staff reminder
Policy Review or amendment of a formal policy to reflect the need for change	3	<ul style="list-style-type: none"> Reflect Audit Amend policy
Systems Preventative updates /amendments to system/s, staff training on systems or applications	4	<ul style="list-style-type: none"> Amend system Change working practice
Procedure Changes to current procedures and working practice as a preventative measure	4	<ul style="list-style-type: none"> Change working practice Amend procedure Cultural change
Provider Work with a provider to review working practices, procedures, policies and contract compliance	3	<ul style="list-style-type: none"> Report findings to provider Review contract Suspend provider

The chart below (chart 3) provides an overview of the actions taken as a result of learning from our complaints. In a number of cases there were several actions identified that were addressed to mitigate further complaints of a similar nature.

Chart 3



Examples of some of the learning from our complaint investigations:

Lesson Identified	Outcome
The importance of social care staff working on hospital discharges to have an accurate understanding of recently changed care funding arrangements and how to communicate this effectively.	A series of learning workshops delivered to all staff, learning points raised with relevant managers, audit process implemented to check on progress regularly.
Importance of listening and taking into consideration service resident preferences.	Brokerage officers were reminded of the importance of giving our residents as much choice and control over how their care needs are met by homecare providers.
Ensuring that historic information is checked and revalidated.	A formal process has been developed on the council’s adult social care database to prevent a reoccurrence of this nature.

8. Local Government & Social Care Ombudsman

The Local Government and Social Care Ombudsman (LGSCO) is an external body that looks at complaints relating to councils and Adult Social Care providers. The LGSCO investigates matters where there is an alleged or apparent maladministration or service failure.

8.1 Complaints and enquiries dealt with by the LGSCO 2021-2022

A complainant has the right to raise a complaint with the Local Government Ombudsman at any time. However, the Ombudsman will usually refer back a complaint to the council if it has not previously been considered under the council’s procedures. Such complaints are described as premature.

The table below (Table 1) presents the total number of new LGSCO enquiries received by Adult Social Care, for the period 1 April 2021 to 31 March 2022.

To allow authorities to respond to the Covid-19 pandemic, the LGSCO did not accept new complaints and stopped investigating existing cases between March and June 2020. This reduced the number of complaints received and decided in that year. This needs to be considered when comparing data across the years..

	2018-2019	2019-2020	2020-2021	2021-2022
Enquiries	20	19	12	17

Of the 17 enquiries sent to the LGSCO in 2021/22:

- 7 cases were premature and referred back for a local resolution
- 4 cases were upheld - evidence of fault was found or we accepted fault early on
- 3 cases were invalid or incomplete
- 2 cases were closed by the ombudsman after initial enquiries
- 1 case was withdrawn by the complainant

In 100% of cases the Ombudsman were satisfied that Adult Social Care had successfully implemented their recommendations about what we needed to do to put things right.

8.2 LGSCO Benchmarking

Borough	Upheld social care complaints 2021-22	Per 100k population:
Barnet	4	1.31
Brent	4	1.60
Bexley	2	1.04
Bromley	7	2.72
Hillingdon	9	3.84

9. Responding to complaints and concerns about quality relating to external service providers

The Council is responsible for ensuring its contracted providers meet the exacting standards they have been set.

Adult Social Care requires all external providers of care and support services to operate a complaints procedure. For services regulated by the Care Quality Commission under the Care Standards Act 2000 (Homecare, Residential Care and Supported Living and Extra Care), this is a statutory requirement. For services that are not regulated, there is no statutory requirement but all new contracts for services commissioned by the Council include

a requirement to have a complaints procedure. This is also examined during the procurement process.

Where a person who used social care services or their representatives raises a concern about the quality of an external provider with the council, the Care Quality Service logs the matter and passes it to the provider to investigate in line with their complaints procedure. If the outcome of their investigation is not satisfactory to the complainant or to the Care Quality Service, the Council may take further action, through the complaints process if this is the most appropriate route.

The Council takes complaints about providers very seriously, both to ensure individuals and their carers receive high quality services and to learn lessons and make improvements more widely where necessary.

If it is found that a provider regulated by the Care Quality Commission (CQC) does not meet the CQC's fundamental standards, the Council will inform the CQC, acting primarily to ensure the safety of individuals and, once this is established, working with the provider to improve their standards.

Monitoring Care Quality – quality alerts

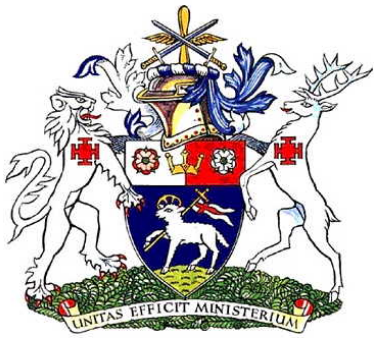
The quality of care and support services is monitored by the Care Quality Service through a range of contract compliance mechanisms. These include:

- Quality Assurance visits, which include a review of complaints management by the provider.
- Working with the Care Quality Commission as appropriate when services do not meet the fundamental standards below which the provision of regulated activities and the care people receive must never fall.
- Quality alerts, which are written / telephone / electronic communications alerting us to an issue or shortcoming in the delivery of a service by a care provider.

The table below provides a breakdown of quality alerts that were passed to providers to investigate:

	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Quality alerts	94	85	73	117	92

The increase in the number of quality alerts in 20/21 and 21/22 relate to the impact of the pandemic. For example, the Council has seen a significant increase in the number of people receiving homecare services, so proportionately the increases in quality alerts are not as large as would appear. However, the care market continued to experience an incredibly challenging period during the pandemic, which is likely to have led to an increase in quality alerts received.



Adults and Safeguarding Committee AGENDA ITEM 10

14th November 2022

Title	Quarter 2 (Q2) 2022/23 Performance Report
Report of	Cllr Paul Edwards, Chair – Adults & Safeguarding Committee
Wards	All
Status	Public
Urgent	No
Key	Non-key
Enclosures	None
Officer Contact Details	Paul Kennedy, Head of Business Intelligence, Performance & Systems paul.kennedy@barnet.gov.uk Dean Langsdon, Head of Finance, dean.langsdon@barnet.gov.uk

Summary

This report provides an overview of performance for Q2 2022/23, focussing on activities to deliver the council'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.

Officers Recommendations

- The Adults and Safeguarding Committee is asked to review the progress, performance, finance and risk information for Q2 2022/23 and make any referrals to Policy and Resources Committee in accordance with the terms of reference of this Committee, as it decides appropriate.**

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 provides an overview of performance for Q2 2022/23 focussing on activities to deliver the priorities which fall within the remit of the Adults and Safeguarding Committee.

1.2 This report sets out progress against the following priorities relevant to this committee:

- To work with our NHS, the community and voluntary sectors
- Introduce a charter for social care and develop a new engagement strategy with people who draw on care and support
- Prioritise independent living, putting people at the centre of their care
- Maximise the use of technology and implement innovative technology to support independence
- Support local social care providers and the social care workforce, working with education providers & addressing recruitment & retention
- Being a dementia friendly borough
- Introduce a Barnet Charter for Mental Health
- Health inequalities – healthy living through physical activity

1.3 **To work with our NHS, the community and voluntary sectors**

1.3.1 The council is playing a leading role in the Barnet Borough Partnership (BBP) which brings together all NHS organisations working in the borough, the council, Healthwatch and Voluntary and Community Sector (VCS) representatives. The goal of the partnership is to provide better health and care services to Barnet residents, so that they live healthier lives. The BBP is part of the North Central London Integrated Care System (NCL ICS), along with borough partnerships in the four other north central London boroughs. The development of the borough partnership will continue to be a priority for the A&S committee.

1.4 **Introduce a charter for social care and develop a new engagement strategy with people who draw on care and support**

The Engagement Strategy and Charter

1.4.1 The council has strong aspirations to develop and strengthen its engagement with people who draw on care & support, using co-production and engagement approaches. Work continued throughout Q2 on the new adult social care engagement and co-production strategy and charter, which is being presented for approval at the November committee meeting. During the quarter, we undertook a wide variety of engagement activities to hear from people across the community, including people from different cultural backgrounds, older people, people with learning disabilities, autistic people, people living with dementia and people with

carer responsibilities. Five voluntary and community organisations were commissioned to engage with parts of community who the council might otherwise not reach so that they can also shape the charter.

The People's Voice

- 1.4.2 A valuable part of the council's approach to working with residents is through the People's Voice Group. This is a list of over 200 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 they choose. Through engagement on the new strategy, we have continued to promote the People's Voice and have signed up a number of new members. We are also in the process of reviewing and engaging with our current group to support people to be involved.

The Involvement Board

- 1.4.3 The Adult Social Care Involvement Board is a group of residents with lived experience of social care and caring. Meetings of the Board take place quarterly and give views on strategic issues. During Q2, the Board worked on the new strategy and charter. The Board also worked with Barnet Carers Centre to co-produce a new carers strategy as well as following up on previous projects including employment support and mental health inequalities.

1.5 Prioritise independent living, putting people at the centre of their care

- 1.5.1 The council continues to promote independent living and a strengths-based approach to service delivery, in line with national legislation and policy. The Adults and Safeguarding Committee has previously agreed the expansion of the Prevention and Wellbeing Team to increase opportunities for people to stay independent. The expanded team is now fully staffed, with 8 prevention and wellbeing coordinators and 2 senior coordinators now in post and working in every ward in the borough. Throughout Q2, the team worked with residents and partners in the community, including the promotion of the prevention approach within social work teams and holding a regular drop in sessions for professionals.
- 1.5.2 During Q2, the Council continued to develop its two new extra care schemes, which will provide 126 new flats for older people with care and support needs. The construction of Atholl House in Burnt Oak is on target for completion during Q4 of 2022/23, and the care and support service will be delivered by Your Choice Barnet. A mobilisation steering group will oversee the programme to fill the fifty-one flats at Atholl House throughout 2023. Construction of the final extra care service in the current capital programme, Cheshir House in Hendon, is on track to be completed in early 2024.
- 1.5.3 In Q2 the Care Quality Team continued to engage with existing and new providers of supported accommodation, including visits to each service location to monitor quality. A provider forum was held in July, and work continued to support providers and enable them to share best practice. In Q2, this focussed on work to develop greater understanding of the requirement to demonstrate progression for people and how they are achieving positive outcomes. It also prepared providers for the launch of the performance framework tool in Q3. Further work will take place in Q3

with providers to develop their progression models.

- 1.5.4 During Q2, development work took place to enable a new programme to further develop “working in a Strengths Based Way”, to be launched at an all-staff event in November 2022, intended to refresh and revitalise embedded practice. Regular quality assurance activities continued to ensure practice supports our approach
- 1.5.5 The development of an employment action plan for disabled people was progressed with funding for a specialist Disability Employment Advisor role within BOOST agreed. A key part of this role will be to receive referrals and work closely with colleagues within BOOST to champion the strengths and the benefits that many organisations have realised through positive employment practices.

As part of the work to prioritise the independence of young adults, the 0-25 Disability Service, Barnet Learning Disability Service, and Mental Health services began a review of the transitions pathway for young people.

- 1.5.6 There was continued implementation of the Council’s Autism Action Plan with activities in Q2 including:
- Working with North Central London learning disability and autism programme on service reviews and new requirements for individual Care and Treatment Reviews.
 - Continued working with learning disability and mental health teams to increase awareness of Care and Treatment Reviews and risk monitoring through the Dynamic Support Register and to progress patient discharges to community settings.
 - Proposals to deliver mentally healthy autistic community project underway with Resources for Autism, Mind and Mencap.
- 1.5.7 A single point of access service for all types of advocacy has been specified in order to strengthen and simplify the offer to residents. Barnet are leading the procurement process for a joint contract across Barnet, Enfield and Haringey. The tender was published and evaluated within Q1. Unfortunately, only one bid was received and was not compliant. The tender was re-published in Q2 with minor amendments to the specification to reflect feedback from providers and an increase in budget, to attract greater interest from the market.
- 1.5.8 The council’s bid to the Department for Levelling Up, Housing & Communities for Changing Places Toilets (CPTs) was successful and grant funding of £180,670 has been confirmed. This will provide four CPTs in the borough with the aim to complete two CPTs in 22/23 and 2 in 23/24. The location of the CPTs will be:
- Headroom Café Golders Green High Street NW11 – Childs Hill
 - Finchley Lido Leisure Centre N12 – Woodhouse
 - Barnet Mencap / Age UK Station Road Hendon NW4 - Hendon
 - Childs Hill Library NW2 – Childs Hill

Plans for the first two projects are progressing with the providers and the council is considering bidding for further funds in the second round of funding.

1.5.9 It will always be vitally important for adult social care to support the safety of vulnerable adults. We will continue to lead multi-agency safeguarding work through the MASH team and the Barnet Safeguarding Adults Board to ensure statutory agencies and VCS partners are working effectively together to improve outcomes and deliver in a personalised way. This work to promote excellent safeguarding practice has continued. The Adults Safeguarding Board has good representation from statutory and VCS partners, and many are involved in the work of the subgroups. At the end of quarter two, partners submitted their annual returns detailing their work on safeguarding. These will now be analysed and discussed at the Board to support continuous improvement efforts.

1.6 **Maximise the use of technology and implement innovative technology to support independence**

1.6.1 Care technology enables residents to maintain their independence and stay safe and connected in their homes and out in the community. The contract with the council's current care technology provider is due to end in March 2023. A competitive procurement process is underway with the bidding process completed and bids currently being evaluated and moderated.

1.6.2 The new care technology service specification sets out the local ambitions around the increasing use of care technology equipment in the borough. The specification will enable services to further develop a technology-first culture in Barnet to enable residents to maintain and maximise their health, wellbeing and independence and prevent crises. Wider work with NCL Integrated Care Board has started and included in this is a programme of work to roll out digital care records to providers.

1.7 **Support local social care providers and the social care workforce, working with education providers & addressing recruitment & retention**

1.7.1 The council continues to work with the North Central London (NCL) Integrated Care System (ICS) to secure workforce funding and training opportunities for care staff and will continue to provide support through the Care Quality Team through a range of activities including:

- With the four other north central London councils, we have submitted a bid for funding to the Mayor of London for an Adult Social Care Academy, which is two-year initiative to support Londoners affected by Covid-19 into work within Adult Social Care (ASC).
- Working with a job broker from the Prince's Trust to support linking long-term unemployed young people into work with ASC providers.
- Care quality are arranging a recruitment fair for this winter to support care providers with seasonal recruitment.
- Recruiting to two fixed term posts within Care Quality in Q3 to support providers with on-going recruitment, retention and training & development (particularly SMEs).

The council's integrated care quality team have also held two large-scale provider

events to focus on the legacy of Covid-19 on the care market, as well as a further series of local peer-led forums for different groups of providers.

1.8 Being a dementia friendly borough

- 1.8.1 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. Work is progressing at pace, led by Barnet's Public Health team towards Barnet becoming a dementia friendly borough. An application to the Alzheimer's Society was submitted in Q2 which starts the process of assessment. If successful, accreditation will be awarded in Spring 2023.
- 1.8.2 At the end of Q2 it was confirmed that Dementia Club UK will soon start to deliver the "Understanding Dementia" training programme for Barnet, which is an essential element of delivering Dementia Friendly Barnet Action Plan and will enable us to further improve our Dementia Champions Network. Having a local provider will improve access and flexibility of the training offer to ensure we continue to meet ambitious targets in this area.
- 1.8.3 A first draft of a borough-wide dementia strategy is in progress, drawing on the feedback provided by over 100 people living with dementia and their carers, and information from a range of stakeholders across the system. Drafting will be finalised in Q3, ready for engagement and publication in Q4.

1.9 Introduce a Barnet Charter for Mental Health

- 1.9.1 Further work on the ways of delivering mental health services will be completed in 22/23. Working with health partners, we will continue to embed system wide approaches to mental health support, with clear pathways. This will include role clarity and embedding person-centred, strength-based practice across the system.
- 1.9.2 The council and the Mental Health Trust (MHT) have had the first of a series of workshops to improve working practices between the two organisations that will ultimately improve mental health outcomes for residents. This work includes improved referral pathways which will reduce delays for residents.
- 1.9.3 Improvements have been made to hospital discharge processes; transition arrangements and referral routes between the council and the MHT.

The Mental Health Strategic Partnership and the Mental Health Wellbeing Steering Group met during Q2. Both groups are attended by stakeholders from across the system including the Council, Community Barnet, Inclusion Barnet, Young Barnet Foundation, Meridian Wellbeing, Mind, and New Citizens Gateway. Invites are also extended to all stakeholders involved in supporting mental wellbeing and are often attended by the mental health trust, the council's commissioned substance misuse provider, Age UK, Mencap, Listening Places, Public Health, and other VCS partners. The meetings are used to discuss key themes and challenges and identify how partners can work together to improve mental health outcomes for residents. Topics during Q2 included domestic abuse and tackling inequalities.

- 1.9.4 Commissioning activity in Q2 included leading a piece of work to develop a multi-agency mental health support offer for the residents of the Grahame Park estate - working to a neighbourhood model.
- 1.9.5 Conversations regarding the development of a MH Charter have continued with VCS partners in order to develop scope, purpose and approach. Further progress is expected in Q3.

1.10 Health inequalities – healthy living through physical activity

1.10.1 During Q2 the FAB Partnership continued to work collaboratively and achieved:

- Delivery of the Fit & Active Barnet campaign; Get Active. Give it a Go! Throughout September residents were encouraged to try a new activity or an old favourite through a range of free and discounted activities on offer. The campaign was delivered via digital and printed platforms. The campaign was paused as a mark of respect during the mourning period for Her Majesty the Queen. Over the course of the campaign, more than 3500 residents enjoyed free activities across the five Better leisure centres and 1226 residents took up the FAB Card.
- Campaign and activity delivered to mark World Car Free Day on 22 September including a series of social media posts that encouraged residents to 'ditch their car' and the associated health, environmental and economic benefits. Dr Bike sessions held at Barnet Hospital: <https://engage.barnet.gov.uk/big-green-week> and Cycle Confidence training delivered to Sunnyfields Primary School, along with a visit from the Leader Cllr Barry Rawlings as part of Cycle to School Week: <https://www.barnet.gov.uk/news/barnet-council-encourages-residents-leave-car-home-cycle-school-week>
- Continue to work in partnership with GLL to launch an app that encourages active travel through behaviour change gamification and rewards
- Continue to work on the re-branding of active trails and currently mapping all walking opportunities in the borough with a view to produce a promotional pamphlet and comms activity/events for National Walking Month in May 2023.
- 34 young people represented Barnet at the TCS Mini London Marathon on Saturday 1st Oct with one young person finishing first in the U17 category. Athletes were supported and selected by working in partnership with the Parkrun events in Barnet and Shaftesbury Barnet Harriers Athletics Club
- Fit & Active Barnet has been incorporated within the Healthy Heart pilot delivered in Grahame Park (led by Inclusion Barnet) - delivering physical activity taster sessions and guidance to participants
- Installation of Swing Fitness boxes in Montrose Playing Fields, Victoria Park (Finchley) and Hendon Park. Installation and opening of a new outdoor gym at Victoria Recreation Ground.

1.10.2 At the end of Q2 GLL were reporting 9801 members. There were 356,714 attendances across leisure centres in Q2. Both these figures are a slight decrease on Q1. However, this is typical for the time of year due to a seasonal pause in memberships/activity, particularly swim school and gymnastics which break over the summer holidays.

1.10.3 Fit & Active Barnet (FAB) Card (pay and play) membership in Q2 reached 42,351

(865 of whom have a FAB Carers Card which offers enhanced benefits including free swimming at all times).

1.10.4 Working in collaboration GLL have achieved:

- Launch of Dementia Friendly Swimming in partnership with Dementia Club UK
- Supported Canada Villa Youth Centre to reactivate their onsite gym and provide sessions for females
- Worked in partnership with Street League to offer work experience placements to two young people aged 16-24 years who are NEET.
- 160 refugees have benefitted from a free 3-month membership. Barnet Copthall Swim Club have donated swimming costumes and goggles to support members to access swimming.
- 24 sessions have been established via the Hub Network Model including; Ramblers Wellbeing Walks, Multisport sessions, Dance for Fitness, Dementia Friendly Swimming and water aerobics, physical activity provided as part of the Healthy Heart project in Grahame Park and junior basketball
- 54 athletes supported via the GLL Sports Foundation valued at c£28k of in-kind and financial support

1.10.5 GLL continue to work collaboratively with the Council and partners across the borough to deliver health interventions including:

- Xplore child weight management, Activate Schools and Afterschool Clubs
- Adult Weight Management - now available for self-referral (in addition to GP referral)
- Physical Activity on Referral
- Cancer Rehabilitation
- Diabetes Referral
- Falls Prevention

1.11 **Your Choice Barnet (YCB)**

1.11.1 Your Choice Barnet performance data for Q2 is not yet available, however all services have been busy and an operational update can be found below.

1.11.2 During Q2, at the end of July, YCB held their 10th Anniversary party, which was very well attended, and the guest of honour was The Mayor of Barnet, Councillor Alison Moore.

1.11.3 Work has continued to ensure that the new Extra Care Scheme (Atholl House) is fully fitted out to meet the needs of the people who will be moving in there. To ensure that the fixtures and fittings are appropriate, we have held several sessions with the people who live at our other Extra Care Scheme Ansell Court to help us to make the right choices.

1.11.4 The Barnet Group Board members have all had the opportunity this quarter to visit the YCB services, this is the first time since the onset of Covid that this has been arranged and for some board members this was the first time they had visited. Board members were warmly welcomed, and it gave the people that we support a

great opportunity to meet the board.

1.12 Finance Summary

1.12.1 This report sets out the forecast outturn position for the 2022/23 financial year as of 30th September 2022 for the services which fall within the Adults and Safeguarding Committee.

1.12.2 At As at month 6, the forecast outturn is a £5.340mm overspend (an increase of £0.718m on quarter 1 (month 3)).

2 Table 1: Forecast Revenue Outturn at Month 6

Service Area	22/23 Budget	Projected Outturn	Variance (under)/over		Reserves (applied)/contributed	Revised Variance (under)/over		Movement from month 3
	£'000	£'000	£'000	%	£'000	£'000	%	£'000
Adults transformation programm	0	350	350	0.0%	(350)	0	0.0%	
ASC Prevention Services	2,709	2,738	30	1.1%	(90)	(60)	-2.2%	12
ASC Workforce	17,995	20,254	2,259	12.6%	(1,987)	272	1.5%	0
Sub-total	20,703	23,342	2,639	0	(2,427)	212	-0.7%	12
Placements Budget								
Integrated Care - LD	30,782	32,875	2,093	6.8%		2,093	6.8%	540
Integrated care - MH	10,399	11,326	927	8.9%	0	927	8.9%	(554)
Integrated Care - OA	39,382	42,410	1,628	4.1%	(2,000)	(372)	-0.9%	278
Integrated Care - PD	9,837	12,317	2,479	25.2%		2,479	25.2%	441
Sub-total	90,400	98,928	7,128	7.9%	(2,000)	5,128	5.7%	706
Adults Social Care Total	111,103	122,270	9,767	21.5%	(4,427)	5,340	5.0%	718
Leisure	(1,572)	(1,087)	485	-31%	(485)	0	0	
Grand Total	109,531	121,183	10,252	-9.5%	(4,912)	5,340	5.0%	718

3

1.12.3 Table 2 provides a breakdown of the variances as at Month 6 and underlying budget position.

Table 2: Month 3 variance detailed commentary

Service Areas	Month 3 variance after reserves	Commentary
	£'000	
ASC Prevention	(60)	Due to contract underspend
ASC Workforce	272	The service is utilising one-off funding streams and assessing the longer-term impact on service delivery. However, there is still a reported overspend of £0.270m mainly relating to the cost of the increase in employers NI (c.£0.200m) the impact of which is not included in budget allocations.

ASC Placements	5,128	<ul style="list-style-type: none"> - Current forecasts reflect a level of increase in annual activity and unit cost which exceeds estimates used for setting this year's budget. When reviewing activity at P6, activity has increased by 4% compared to 2021/22 total activity levels, of which 1% has been 'covered' by the application of growth funding. Unit costs have shown significant increases across all settings but mainly in both residential and nursing of c6%, reflecting packages becoming more complex and market conditions with constrained supply and high demand. - There are plans to part-mitigate these increases, which include utilising a number of 'one-off' funding streams and health funding. - Current estimates also include a level of upward churn for this financial year, which will be reviewed during monitoring periods . The number of residents requiring care and support upon discharge from hospital has been very high in the first half of the year. - P6 now reflects inflationary uplifts paid to the care market..
Leisure	0	There continues to be a financial impact on the Councils Leisure contract as the service are still recovering from the pandemic. Work has been undertaken with GLL to restructure management fee income however this will still lead to a shortfall in 22/23 which will be mitigated by reserve funding.
Total	5,340	

1.12.4 The council holds reserves to deal with future pressures where the value or the timing of the pressure is uncertain, or where the funding can only be spent on specific objectives (e.g. grant funding). Reserves are divided into 'earmarked' reserves, where the spending objective is known with some clarity, and 'general' reserves, intended to mitigate the impact of wholly unforeseeable costs. The levels of reserves are set out under Section 25 of the Local Government Act and prudent levels are determined by the CFO. Earmarked reserves are usually held by specific services, while general reserves are held corporately.

1.12.5 The use of reserves is not intended to replace savings or income generation opportunities as part of the MTFs. Reserves can only be used once and then they are gone. Any use of reserves to replace savings or income generation opportunities is a delaying action, storing up pressures into future years. This could be part of investing in transformational service delivery and is the ultimate last resort during budget setting when a gap cannot be bridged despite best efforts.

1.12.6 This report sets out anticipated use of or top up of earmarked service reserves within the financial year. The table below provides further detail.

Table 3 Use of or top-up of reserves at Month 6

Service Areas	Forecast (drawdown) / top up to reserves	Commentary
	£'000	
ASC Prevention Services	(90)	Age Uk contract
ASC Workforce	(1,987)	Covid recovery support workforce, Prevention Team, Reviewing Officers
Adults Transformation	(350)	Funding for the debt recovery team
ASC Placements	(2,000)	YCB Business Losses
Leisure	(485)	Shortfall in management fee income from councils leisure contract
Total	(4,912)	

1.12.7 The committee's budget for 2022/23 includes planned savings of £1.430m; all of which is currently on track for delivery.

Table 4 Savings Delivery 2022/23

Line Ref	Theme Committee	Title	2022/23 £'000	Forecast Achievable £'000
A&S13	Adults and Safeguarding	Extra-Care Housing 2 (Stagg house)	(30)	(30)
A&S21	Adults and Safeguarding	Strengths-based provision for older adults and people with physical disabilities	(200)	(200)
A&S22	Adults and Safeguarding	Progression for people with a learning disability	(225)	(225)
	Adults and Safeguarding	LD Progression Reviews	(275)	(275)
A&S27	Adults and Safeguarding	Increasing independence through reablement	(200)	(200)
A&S32	Adults and Safeguarding	Increasing independence in Mental Health	(250)	(250)
A&S33	Adults and Safeguarding	Homecare costs	(150)	(150)
A&S34	Adults and Safeguarding	Residential / nursing care costs	(100)	(100)
			(1,430)	(1,430)

1.12.8 In preparing the report for month 6, a number of overall (corporate) and service-specific risks have been identified. These are set out below.

Table 5 Risks 2022/23

Risk	Description of Risk	Mitigating actions
Placement Activity – demand in excess of current budget planning.	The number of residents requiring care and support upon discharge from hospital has been very high in quarter 1 and qtr. 2. Current estimates also include a level of upward churn for this financial year which will be reviewed during monitoring periods.	There are plans to mitigate these increases, which include utilising several 'one-off' funding streams and accessing additional income from health
Marker (provider inflation)	Qtr. 2 estimates reflects realised care provider rate inflationary uplifts which reflect the 'budgeted' offer to providers in Barnet and across NCL. Current cost of living pressures, including utility volatility, put pressure on	Periodic review

	providers to maintain uplifts on offer this is under constant review.	
YCB costs	A forecast for costs associated with the loss of income whilst the two care homes operated by Your Choice Barnet has been increased to £2.0m at quarter 2. There is a risk that losses could exceed this figure due to ongoing building works.	Service is working with YCB to mitigate the potential upward cost impact.
Health Income (c£1.9m)	There is currently a risk around the level of income that has been forecast for funding from the CCG for care and support for the first 4 weeks after discharge	This is being worked through with partners across NCL.
Workforce Pressure	The previous two financial years have seen a significant impact on demand which has led to pressures in the workforce. This situation has continued into 2022/23.	The service is utilising one-off funding streams and assessing the longer term impact on service delivery

1.12.9 The capital forecast outturn at month 6 for 2022/23 is £5.630m (nil budget variance)

Table 7 Current Financial Year Forecast Capital Outturn at Month 3

Adults & Safeguarding Committee	2022/23 Budget	2022/23 Forecast	2022/23 Variance
	£m	£m	£m
Community Equipment and Assistive Technology	1.474	1.474	0.000
Disabled Facilities Grant Programme	3.465	3.465	0.000
Investing in IT	0.205	0.205	0.000
Sport and Physical Activities	0.486	0.486	0.000
Total Adults and Safeguarding Committee	5.630	5.630	0.000

1.12.10 Community and Assistive Technology - Community Equipment spend is incurred in revenue initially, current levels indicate that relevant spend is line with previous years. Spend continues to be monitored.

1.12.11 Disabled Facilities Grant – forecast to budget spend being reviewed. Slippage from 2021/22 has been profiled over the next two financial years. Awaiting news on any potential DFG grant change later this year.

1.12.12 Investing in IT - Mosaic 'Investing in IT' budget will fund the continuation of phase 2 and is expected to be fully spent.

1.12.13 Sport & Physical Activities - The leisure centres project is almost complete; budget reflects sums held for retention and final payments. Budget expected to be fully utilised by year end.

1.13 Debt Recovery

1.13.1 Private Client Debt relating to Adult Social Care residential placements and community care packages arises when individuals who are financially assessed as being able to contribute to the costs of their care and support fail to pay their contributions. Most individuals or financial representatives do pay their contributions with approximately 70% of the invoices that are raised each month collected and, on average, the Council receives between £13-14 million each year in financial

contributions.

1.13.2 The dedicated project is working to reduce the level of historic debt and prevent future debt. We have identified a range of reasons for the build-up of debt, but a fundamental issue is that cases can be very complex, especially when there is no formal arrangement, such as lasting powers of attorney, in place for the management of an individual's financial affairs.

1.13.3 At the end of Q2 total private client debt was £11.9m, an increase of 2.5% from Q1. This can be further broken down into historical debt (all debt up to 31 Dec 2021 which is the focus of the adult social care project team) and new & on-going debt (all debt from Jan 2022 onward and is the responsibility of the corporate accounts receivable team).

1.13.4 Historical debt is £6.9m at Q2, a 3.7% reduction from Q1. Of the debt:

- £304k is statute barred, or older than 6 years, and is in the process of written off.
- £441k has been approved for write off. This is where all methods of debt recovery have been exhausted and any debts that remain is irrecoverable.
- £1.5m 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.

1.13.5 This leaves an actionable debt balance of just under £4.65m which is being actioned as follows:

Amount	Description/Action
£785k	Escalated to legal for advice/recovery action
£1.5m	£818k Deceased client debt over three years £698k Deceased client debt in the last two years Deceased client debt over a certain period can be difficult to collect. The project team are working through these cases and exploring, alongside accounts receivable and legal colleagues, recovery option with consideration of cost/benefit and appropriateness.
£2.4m	Unsecured debt, where unofficial representatives have been managing individuals' financial affairs and have failed to make regular payments. The Debt project is working through these cases to bring them to a satisfactory conclusion.

1.13.6 New and ongoing was £5m at the end of Q2, an increase of 13% from Q1. Just over £1.3m of this is secured via a DPA but the remaining is unsecured. The Council is in the process of recruiting to a dedicated post for the corporate Accounts Receivable team to focus on Adult Social Care debt only. It is envisaged that 90% of the debt can be collected as these are less complex and recent.

1.13.7 Although we have a duty to collect all social care charges, we also recognise that

some customers will have financial and other difficulties, particularly with the cost-of-living crisis. The debt recovery team are versed in this conversation and offer information, advice and support as appropriate.

1.13.8 The table below shows the financial benefit of the debt project to date. The team is currently funded through the end of the financial year and a proposal for the on-going capacity and reporting requirements to ensure debt is well managed going forward has been presented to management.

Financial Benefit	Amount
Individual Debt Repaid	£1,356,547
Debt Recharged to Health	£66,464
Credits (Invoices Adjusted)	£455,565
Write Off	£267,354
Deferred Payment Agreement Secured	£974,409
Total Financial Benefit	£3,120,339

2. Reasons for recommendations

2.3 These recommendations are to provide the Committee with relevant budget, performance and risk information in relation to the corporate and committee priorities.

3. Alternative options considered and not recommended

3.3 None

4. Post decision implementation

4.3 None

5. Implications of decision

5.3 Corporate Priorities and Performance

5.3.1 Robust budget, performance and risk monitoring are essential to ensure there are adequate and appropriately directed resources to support delivery and achievement of corporate and committee priorities.

5.3.2 Relevant Council strategies and policies include the following:

- a) Medium Term Financial Strategy
- b) Performance and Risk Management Frameworks

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

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

5.5 Legal and Constitutional References

- 5.5.1 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.

- 5.5.2 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.

- 5.5.3 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.

- 5.5.4 The Councils Financial regulations can be found at:

<http://barnet.moderngov.co.uk/documents/s46515/17FinancialRegulations.doc.pdf>

5.6 Insight

- 5.6.1 There are no insight implications in relation to the recommendations of this report.

5.7 Social Value

- 5.7.1 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. There are no social value implications in relation to the recommendations in this report
- 5.7.2 A report by the Sport Industry Research at Sheffield Hallam University concluded that every £1 spent on community sport and physical activity generates nearly £4 for the English economy. The report concluded that investment into physical activity creates a return across health and social care, improves wellbeing, builds stronger communities, and develops skills in the economy^[1]
- 5.7.3 GLL utilise a social value calculator (developed by 4Global, Experian & Sheffield Hallam University) to measure social value based on regular participation within leisure facilities. Between April 2021 – March 2022, Barnet’s leisure management contract indicated a social value of £6,443,604 (averaging £103 per participant). This is measured across a range of outcomes including improved health, improved subjective wellbeing, increased educational attainment, and reduced crime.

5.8 Risk Management

- 5.8.1 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 Q2 Update
<p>AD001 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: 20</p>	<p>The risk remains high at the end of Q2, although the service continues to do all it can to manage the budget whilst meeting statutory duties, there is an increasingly pressured health and social care system and social care market. Actions include senior sign-off of all high-cost packages, the negotiation of rates (including block contracts), quick reviews of people following discharge from hospital to ensure a proportionate level of care as people recover, the use of equipment and technology wherever suitable and maximising the benefits of enablement services. As part of 23/24 business planning a review of 22/23 savings has been carried out and remains on track to deliver. Inflation and pressures (since budget setting snapshot) are being reviewed alongside savings and demand management opportunities for the 23/24 business planning period.</p>

^[1] <https://www.sportengland.org/news/why-investing-physical-activity-great-our-health-and-our-nation>

<p>AD004 Failure of care provider: A care provider suddenly being unable to deliver services could lead to a Health and Safety Executive (HSE) breach or harm to individuals resulting in a violation of statutory duty and financial consequences. Risk Rating 16</p>	<p>The Council continues to have robust processes in place with partner agencies and care providers to monitor and mitigate this risk. Actions to reduce risk include checks to ensure all new contracted services have due diligence undertaken at the start of each contract to ensure quality and sustainability of providers. If issues are identified then there is a clear provider concerns process, to access risk to individuals and support improvement. There is also a clear provider failure/closure approach to manage closure of homes and safe transition of individuals if required. Monitoring of the sustainability of the sector and explore best use of council resources to support this (including the awarding of inflationary uplifts). The Integrated Care Quality team has recently established a 'markets, sustainability and contracts' function to review risks of provider failure across ASC markets</p>
<p>AD017 Shortage of community equipment - Nationwide delays in equipment supply caused by Covid-19 pressures and Brexit uncertainties could lead to shortages of frequently used items and delays in discharging people from hospital or people receiving prescribed equipment resulting in negative impacts to their health and wellbeing and financial implications to the council. Risk Rating 15</p>	<p>The Council continues to progress contingency plans and consider all options for ensuring service stability. These include working with partners e.g. NCL leads to share intelligence / knowledge and to explore opportunities for joint work to resolve Out of Stock (OOS) issues. Review and ensure that alternative options are considered to keep people safe/ to avoid delays in hospital discharges due to OOS equipment. Explore alternative ways to meet the needs of the residents as an interim/ temporary measure such as needs being met either through delaying hospital discharge, additional care or alternative equipment. Increased focus on collections where appropriate to recycle/reuse equipment which is unused. Reviewing and triangulating data on number of people, length of time waiting and assessing risk</p>
<p>AD018 Leisure management contract - annual payment - energy costs: Increasing cost of energy and failing to explore/implement mitigations could lead to financial pressures for the operator and the agreed contract commercial position not being achieved, resulting in negative impacts to the agreed Annual Payment Profile with the operator and Medium-Term Financial Strategy (MTFS) savings targets. Risk Rating 15</p>	<p>Increased utility costs continue to present a risk and financial pressure to the industry. Government has agreed to fix energy unit prices at current levels for 6 months - this is however a continued inflated cost for GLL to meet. It is unknown what Government support is available post 6 months and an announcement is anticipated. GLL continue to pursue energy saving opportunities. Pool covers have been installed at New Barnet and Barnet Cophall leisure centres to assist in reducing energy consumption.</p>

5.9 Equalities and Diversity

5.9.1 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.

5.9.2 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.

5.9.3 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.

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

5.10 Corporate Parenting

5.10.1 In line with Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in decision-making across the council. There are no implications for Corporate Parenting in relation to the recommendations in this report.

5.10.2 The Fit & Active Barnet Card offers carers (including foster carers), children and young people that are looked after, and those that are care experienced enhanced benefits, including free swimming at any time across the borough's pools operated by GLL.

5.11 Consultation and Engagement

5.11.1 There are no consultation and engagement implications in relation to the recommendations in this report.

5.12 **Environmental Impact**

5.12.1 There are no direct environmental implications from noting the recommendations

6. Background papers

6.3 None

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

Contact: salar.rida@barnet.gov.uk

Subject	Decision requested	Report Of
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
Engagement strategy and charter for adult social care	For agreement	Executive Director, Adults and Health
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
Financial Performance update report	As per report recommendations	Head of Finance Executive Director Finance
Fit & Active Barnet Annual Report	The committee to note the Fit & Active Barnet (FAB) annual report.	Assistant Director Greenspaces & Leisure
Dementia Strategy	For agreement	Director of Integrated Commissioning
Carers Strategy	For agreement	Director of Integrated Commissioning
Engagement and co-production strategy	For agreement	Director of Integrated Commissioning
Physical & Sensory Impairment Strategy	For agreement	Director of Integrated Commissioning
To be allocated		