

**MEETING**

**ADULTS AND SAFEGUARDING COMMITTEE**

**DATE AND TIME**

**WEDNESDAY 2ND JULY, 2014**

**AT 7.00 PM**

**VENUE**

**HENDON TOWN HALL, THE BURROUGHS, NW4 4BG**

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

Chairman: Councillor Sachin Rajput  
Vice Chairman: Councillor Tom Davey

**Councillors**

Tom Davey	Pauline Coakley Webb	David Longstaff
Barry Rawlings	Helena Hart	Reema Patel
Philip Cohen	Anne Hutton	Reuben Thompstone

**Substitute Members**

Councillor Anthony Finn (Econ FCA)	Councillor Ammar Naqvi	Councillor Jim Tierny
Councillor Brian Gordon LLB	Councillor Daniel Thomas	

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

**Andrew Nathan – Head of Governance**

Governance Services contact: Anita Vukomanovic 020 8359 7034  
anita.vukomanovic@barnet.gov.uk

Media Relations contact: Sue Cocker 020 8359 7039

**ASSURANCE GROUP**

## ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	ABSENCE OF MEMBERS	
2.	DECLARATIONS OF MEMBERS DISCLOSABLE PECUNIARY INTERESTS AND NON-PECUNIARY INTERESTS	
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9.	ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT	

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	<p>AGENDA ITEM 4</p> <p style="text-align: center;"><b>Adults &amp; Safeguarding Committee</b></p> <p style="text-align: center;"><b>2 July 2014</b></p>
<p style="text-align: center;"><b>Title</b></p>	<p>- <b>Member's Item</b> – Unison's Ethical Care Charter, and The Alzheimer's Society's 'Dementia Manifesto for London'</p>
<p style="text-align: center;"><b>Report of</b></p>	<p>Head of Governance</p>
<p style="text-align: center;"><b>Wards</b></p>	<p>All</p>
<p style="text-align: center;"><b>Status</b></p>	<p>Public</p>
<p style="text-align: center;"><b>Enclosures</b></p>	<p>Appendix A - Unison's Ethical Care Charter Appendix B - The Alzheimer's Society's Dementia Manifesto for London</p>
<p style="text-align: center;"><b>Officer Contact Details</b></p>	<p>Anita Vukomanovic, Governance Service Officer Email: <a href="mailto:anita.vukomanovic@barnet.gov.uk">anita.vukomanovic@barnet.gov.uk</a> Tel: 020 8359 7034</p>

<b>Summary</b>
The report informs the Adults & Safeguarding Committee of a Member's Item and requests instructions from the Committee.

<b>Recommendations</b>
1. That the Adults and Safeguarding Committee's instructions in relation to this Member's item are requested.

## **1. WHY THIS REPORT IS NEEDED**

1.1 Councillor Reema Patel has requested that a Member's Item be considered on the following matter:

1.2 To ask that LB Barnet sign, support and implement the following:

- Unison's Ethical Care Charter
- The Alzheimer's Society's Dementia Manifesto for London

## **2. REASONS FOR RECOMMENDATIONS**

2.1 No recommendations have been made. The Adults & Safeguarding Committee are therefore requested to give consideration and provide instruction.

## **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

3.1 Not applicable.

## **4. POST DECISION IMPLEMENTATION**

4.1 Post decision implementation will depend on the decision taken by the Committee.

## **5. IMPLICATIONS OF DECISION**

### **5.1 Corporate Priorities and Performance**

5.1.1 As and when issues raised through a Member's Item are progressed, they will need to be evaluated against the Corporate Plan and other relevant policies.

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

5.2.1 None in the context of this report.

### **5.3 Legal and Constitutional References**

5.3.1 The Council's Constitution Meeting Procedure Rules (section 6) illustrates that a Member, including appointed substitute Members of a Committee may have one item only on an agenda that he/she serves. Members items must be within the term of reference of the decision making body which will consider the item.

5.3.2 There are no legal references in the context of this report.

#### **5.4 Risk Management**

5.4.1 None in the context of this report.

#### **5.5 Equalities and Diversity**

5.5.1 Member's Items allow Members of a Committee to bring a wide range of issues to the attention of a Committee in accordance with the Council's Constitution. All of these issues must be considered for their equalities and diversity implications.

#### **5.6 Consultation and Engagement**

5.6.1 None in the context of this report.

### **6. BACKGROUND PAPERS**

6.1 Email to Governance Officer, dated 20 June 2014.

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# UNISON's ethical care charter





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## Introduction

A number of reports from client organisations, consumer groups, and homecare providers have recently been produced which have been highly critical of the state of homecare services in the UK. Little consideration however has been given to the views of homecare workers themselves as to why there are so many problems in this sector.

UNISON, the largest public service union, conducted a survey of homecare workers entitled “Time to Care” to help address this imbalance and to illustrate the reality of homecare work. The online survey which was open to homecare workers who were either UNISON members or non-members attracted 431 responses between June and July of 2012.

The responses showed a committed but poorly paid and treated workforce which is doing its best to maintain good levels of quality care in a system that is in crisis. The report highlights how poor terms and conditions for workers can help contribute towards lower standards of care for people in receipt of homecare services.

## Key findings

- 79.1% of respondents reported that their work schedule is arranged in such a way that they either have to rush their work or leave a client early to get to their next visit on time. This practice of 'call cramming', where homecare workers are routinely given too many visits too close together, means clients can find themselves not getting the service they are entitled to. Homecare workers are often forced to rush their work or leave early. Those workers who refuse to leave early and stay to provide the level of care they believe is necessary, also lose out as it means they end up working for free in their own time.
  - 56% of respondents received between the national minimum wage of £6.08 an hour at the time of the survey and £8 an hour. The majority of respondents did not receive set wages making it hard to plan and budget. Very low pay means a high level of staff turnover as workers cannot afford to stay in the sector. Clients therefore have to suffer a succession of new care staff.
  - 57.8% of respondents were not paid for their travelling time between visits. As well as being potentially a breach of the minimum wage law, this practice eats away at homecare workers' already low pay.
  - Over half the respondents reported that their terms and conditions had worsened over the last year, providing further evidence of the race to the bottom mentality in the provision of homecare services.
- 56.1% – had their pay made worse
  - 59.7% – had their hours adversely changed
  - 52.1% – had been given more duties
  - 36.7% of respondents reported that they were often allocated different clients affecting care continuity and the ability of clients to form relationships with their care workers. This is crucial, especially for people with such conditions as dementia.
  - Whilst the vast majority of respondents had a clearly defined way of reporting concerns about their clients' wellbeing, 52.3% reported that these concerns were only sometimes acted on, highlighting a major potential safeguarding problem.
  - Only 43.7% of respondents see fellow homecare workers on a daily basis at work. This isolation is not good for morale and impacts on the ability to learn and develop in the role.
  - 41.1% are not given specialist training to deal with their clients specific medical needs, such as dementia and stroke related conditions.

The written responses to our survey paint a disturbing picture of a system in which the ability to provide some companionship and conversation to often lonely and isolated clients is being stripped away. Some recounted the shame of providing rushed and insufficient levels of care because of the terms and conditions of their job, whilst many detailed insufficient levels of training that they had been given to carry out the role. Others made the point that rushed visits are a false economy leading to a greater likelihood of falls, medication errors and deterioration through loneliness.

However the survey also showed the selflessness and bravery of homecare workers who, to their own personal cost, refused to accept the imposition of outrageously short visits and worked in their own time to ensure that their clients received good levels of care. Some homecare workers were doing tasks and errands for their clients in their spare time, despite the seemingly best efforts of the current care model to strip away any sense of personal warmth or humanity.

Homecare workers are personally propping up a deteriorating system of adult social care, but they are being pushed to breaking point. That they are still willing to deliver good levels of care in spite of the system is nothing short of heroic. For the system to work it needs to be underpinned by adequate funding and a workforce whose terms and conditions reflect the respect and value they deserve. Crucially they must be given the time to care.

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**“ I never seem to have enough time for the human contact and care that these people deserve. ”**

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**“ A lot of the people I care for, are old and lonely, they are not only in need of physical support, but they are also in need of company and someone to talk to. The times given to these people are the bare minimum to get the job done, no time for a chat, just in and out. ”**

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**“ People are being failed by a system which does not recognise importance of person centred care. ”**

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**“ We are poorly paid and undervalued except by the people we care for! ”**

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**“ I have worked as homecare worker for 15 years. Things have to change but not at the expensive of clients. It’s appalling the care they receive now. ”**

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# Ethical care councils

In light of UNISON's findings, we are calling for councils to commit to becoming Ethical Care Councils by commissioning homecare services which adhere our Ethical Care Charter.

The over-riding objective behind the Charter is to establish a minimum baseline for the safety, quality and dignity of care by ensuring employment conditions which a) do not routinely short-change clients and b) ensure the recruitment and retention of a more stable workforce through more sustainable pay, conditions and training levels. Rather than councils seeking to achieve savings by driving down the pay and conditions that have been the norm for council – employed staff, they should be using these as a benchmark against which to level up.

Councils will be asked to sign up to the Charter and UNISON will regularly publish the names of councils who do.



# Ethical care charter for the commissioning of homecare services

## Stage 1

- › The starting point for commissioning of visits will be client need and not minutes or tasks. Workers will have the freedom to provide appropriate care and will be given time to talk to their clients
- › The time allocated to visits will match the needs of the clients. In general, 15-minute visits will not be used as they undermine the dignity of the clients
- › Homecare workers will be paid for their travel time, their travel costs and other necessary expenses such as mobile phones
- › Visits will be scheduled so that homecare workers are not forced to rush their time with clients or leave their clients early to get to the next one on time
- › Those homecare workers who are eligible must be paid statutory sick pay

## Stage 2

- › Clients will be allocated the same homecare worker(s) wherever possible
- › Zero hour contracts will not be used in place of permanent contracts
- › Providers will have a clear and accountable procedure for following up staff concerns about their clients' wellbeing

- › All homecare workers will be regularly trained to the necessary standard to provide a good service (at no cost to themselves and in work time)
- › Homecare workers will be given the opportunity to regularly meet co-workers to share best practice and limit their isolation

## Stage 3

- › All homecare workers will be paid at least the Living Wage (As of September 2012 it is currently £7.20 an hour for the whole of the UK apart from London. For London it is £8.30 an hour. The Living Wage will be calculated again in November 2012 and in each subsequent November). If Council employed homecare workers paid above this rate are outsourced it should be on the basis that the provider is required, and is funded, to maintain these pay levels throughout the contract
- › All homecare workers will be covered by an occupational sick pay scheme to ensure that staff do not feel pressurised to work when they are ill in order to protect the welfare of their vulnerable clients.

## Guidance for councils and other providers on adopting the charter

### Seeking agreements with existing providers

1. Convene a review group with representation from providers, local NHS and UNISON reps to work on a plan for adopting the charter – with an immediate commitment to stage 1 and a plan for adopting stages 2 & 3
2. Start by securing agreement for a review of all visits which are under 30 minutes. The review will include getting views of the homecare workers and client (and/or their family) on how long the client actually needs for a visit and what their care package should be

### Looking for savings

3. Are providers' rostering efficiently – for example are there cases of workers travelling long distances to clients when there are more local workers who could take over these calls?
4. How much is staff turnover costing providers in recruitment and training costs?
5. How much are falls and hospital admissions amongst homecare clients costing the NHS and could some of these be prevented by longer calls and higher quality care?

6. Are there opportunities for economies of scale by providers collaborating around the delivery of training and networking/mentoring for workers?
7. Are there opportunities for collaboration between providers to achieve savings on procurement of mobile phones, uniforms and equipment for workers?

### The commissioning process

1. UNISON's evidence, along with that of other bodies such as the UKHCA, shows that working conditions are intrinsically bound up with the quality of care.
2. When councils are conducting service reviews and drawing up service improvement plans, the Charter will provide a helpful benchmark for ensuring service quality – whether for an improved in-house service or in relation to externally commissioned services.
3. Where a decision has been taken to commission homecare externally, identify how the elements of the charter will be included as service delivery processes, contract conditions or corporate objectives in the invitation to tender documents. It must explain how these are material to the quality of the service and achieving best value.

## **Service monitoring**

1. Work with providers and trade unions to agree how service quality will be monitored and compliance with the Charter assured
2. Build regular surveys of homecare workers into this process to gain their views and consider establishing a homecare workers panel from across local providers who can provide feedback and ideas on care delivery

**The provisions of this charter constitute minimum and not maximum standards. This charter should not be used to prevent providers of homecare services from exceeding these standards.**

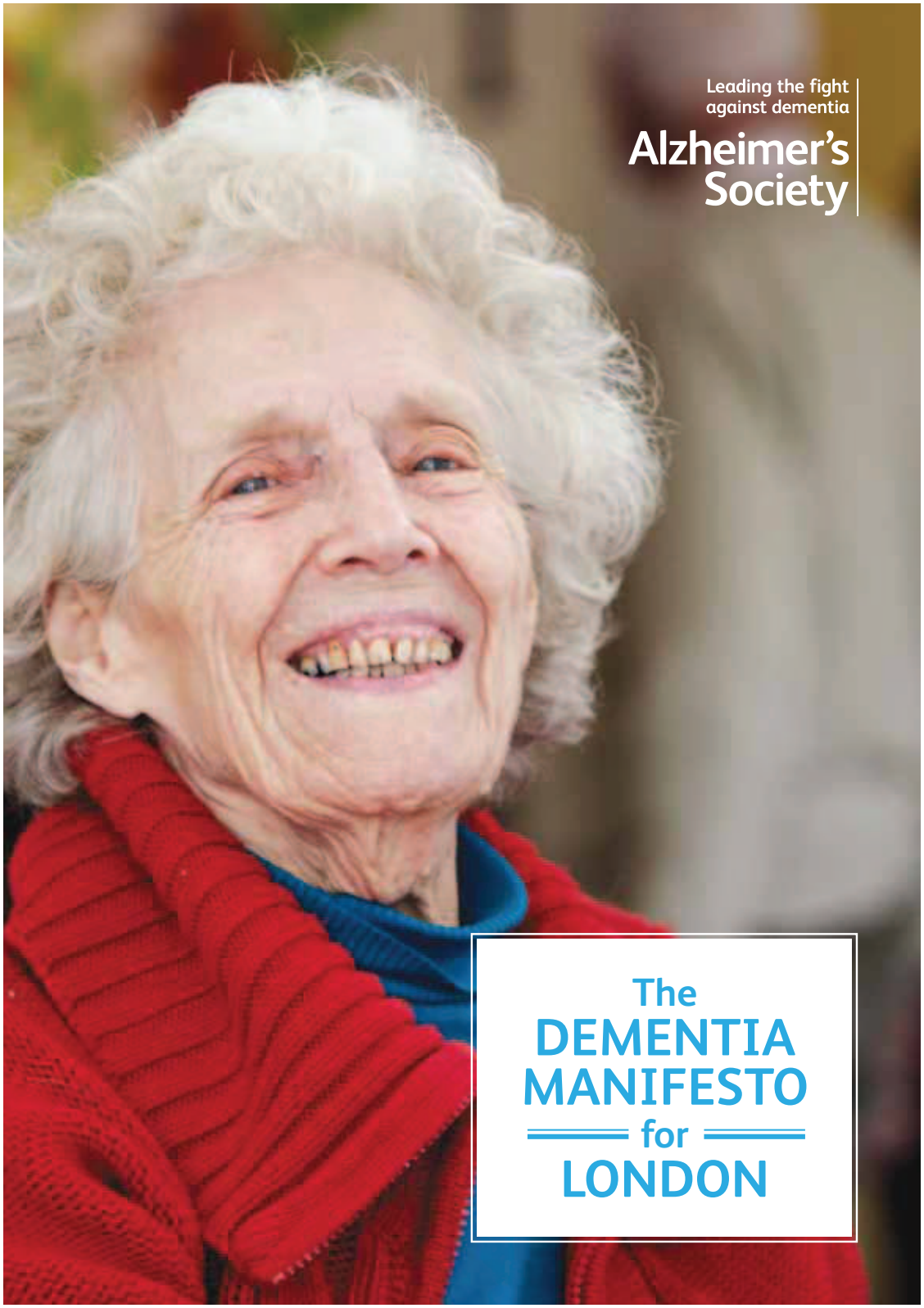
UNISON has more than a million members delivering essential services to the public. Services that protect, enrich and change lives.

We want to see changes that put people before profit and public interest before private greed. Join our campaign to create a fairer society.

To find out more go to [unison.org.uk/million](http://unison.org.uk/million)

Join UNISON online today at [unison.org.uk/join](http://unison.org.uk/join)  
or call 0845 355 0845





Leading the fight  
against dementia

**Alzheimer's  
Society**

The  
**DEMENTIA  
MANIFESTO**  
— for —  
**LONDON**

**Less than half  
of people with  
dementia feel  
part of their  
community.**

2







Dementia is the biggest health and social care challenge facing London today. It's the most feared health condition for people over the age of 55<sup>1</sup> – but affects all ages.

There are 70,000 people across London living with dementia, and even more friends and family affected by the condition. Many of these people are not living well. They are isolated and can't access the vital care and support they need and deserve.

This manifesto explains how local authorities can make our communities more dementia-friendly and transform the lives of people with dementia.

Alzheimer's Society is calling on local councils and communities across the city to support the vision of a dementia-friendly London. There are three key ideas running through *The Dementia Manifesto for London*. We want every person with dementia in the city to:

1. Get a timely diagnosis and appropriate post-diagnosis support.
2. Receive the best quality care and support.
3. Feel part of a dementia-friendly community and have choice and control over their own lives.

<sup>1</sup>'Public Awareness of Dementia', Alzheimer's Society 2008.



We know that improving the lives of people with dementia in London requires a tailored response because the city has some unique challenges, including:

- A postcode lottery of dementia care and support. Neighbouring boroughs can have wildly differing services, diagnosis levels and memory clinic waiting times.
- Most of the 25,000 people from black and minority ethnic communities who have dementia in the UK are living in London. This number is likely to rise faster than other groups of people in the future and there tends to be lower awareness of dementia in these communities. People are also far less likely to have a diagnosis or access the support they need.<sup>2</sup>
- Older people in London are more isolated than those from other areas of the UK, despite the city having the densest population in the country.<sup>3</sup>
- People with dementia occupy a quarter of all London's hospital beds<sup>4</sup>. More support is needed for them to maintain their independence in the community.

With action from London boroughs now, everyone with dementia in the future can have better quality of life.



**Kate Moore**  
**Operations Director, Greater London Alzheimer's Society**

<sup>2</sup>'Dementia does not discriminate', Report produced by the All-Party Parliamentary Group on dementia, July 2013.

<sup>3</sup>'Social isolation among older Londoners', Institute of Public Policy Research, October 2011.

<sup>4</sup>'Cost of Care', Alzheimer's Society, 2009.

## Timely diagnosis and better post-diagnosis support

Only 48% of people with dementia in England currently have a diagnosis. Across London boroughs, this figure varies from 33% to 63%. People are getting the diagnosis they need too late. Assessment and diagnosis of dementia soon after someone has experienced symptoms is essential. It means they, and their carers, can access the care and support they need. Working closely with Clinical Commissioning Groups, local authorities can help to provide a more integrated package of care and support.

- Late diagnosis can be due to people delaying seeking help. Getting a diagnosis can also take a long time, even once concerns have been raised with health professionals.
- Many people with dementia, and their carers, say they feel abandoned after a diagnosis, with no ongoing support to help them cope. They can often feel anxious and unsure about the future.

### Our vision

Clinical Commissioning Groups have committed to increasing the number of people diagnosed with dementia to at least 66 % by 2015. To help achieve this aim, care homes and general hospitals, as well as primary care and memory services, need to establish a diagnosis pathway for people with suspected dementia.

Appropriate, comprehensive and person-centered post-diagnosis support will meet the needs of local people, especially those living in the community. Priority must be given to commissioning support services that focus on ensuring people with dementia and their carers can access personally tailored information plus practical and emotional support. Access to peer support services and activities, such as support groups and dementia cafes, should also be provided.

## How local authorities can help:

- Make dementia a health priority and prioritise integrating dementia support with health and social care services.
- Work with professionals and service providers to develop good referral pathways for people with suspected dementia.
- Ensure there is a package of support for people with dementia as soon as they are diagnosed.
- Commit to ensuring that people with a diagnosis and their carers have access to a dementia adviser, a named contact for people with dementia, or equivalent, as well as our post-diagnosis pack, The Dementia Guide.
- Ask GP surgeries, libraries, schools and community centres to display dementia advice material, such as our leaflet Worried About Your Memory, to encourage people to seek help if they suspect someone may have memory problems.
- Work with black and minority ethnic communities to raise awareness of dementia, to increase diagnosis rates and access to services.

‘I always feel better in myself after the Dementia Adviser has left. Because after discussing things with her, her explaining, her help and understanding makes me feel better in myself that day.’

Person living with dementia



‘I would shout it from the rooftops:  
a diagnosis is essential. And you  
need it as soon as possible.’

Wife and carer

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## Providing quality care for people affected by dementia

People with dementia deserve the best quality of care possible. Yet they tell us that it's difficult to get the support they need to remain independent. Their carers are often left to struggle alone. Lack of support at home means people with dementia are often admitted to hospital in an emergency. They stay there longer than necessary or go into a care home much earlier. Local authorities can help people with dementia to live well by providing quality and integrated health and care services.

- Nearly 70 % of people with dementia feel lonely and trapped in their own homes, with limited or no social networks, and are unable to live well.
- Less than half (42 %) of people with dementia think their community has the services they need to help them live well with dementia.

### Our vision

We believe everyone with dementia should have access to a range of high quality services that address their individual needs. In having some choice over what support they get, people with dementia can achieve their own goals.

Care must be provided by staff who have had relevant training in dementia and are sufficiently rewarded and supported. This reflects the high level of skills required to support people with dementia to maximise their quality of life.

It's important that carers have access to support, such as short breaks. Such services help them maintain their own health and wellbeing, which is so vital when they are caring for someone with dementia.



### How local authorities can help:

- Ensure information is accessible to all residents affected by dementia so they can make informed decisions about care.
- Increase specific training for staff working with people with dementia and ensure they have access to appropriate support.
- Work with local hospitals to deliver home from hospital services for people with dementia and reduce the chances of them being unnecessarily readmitted.
- Ensure people with dementia, and their carers, are involved in both designing and commissioning dementia health and social care services.
- Develop more integrated and high quality health and social care for people with dementia, using money from the £3.8 billion Better Care Fund.

‘Alzheimer’s Society Dementia Cafés and Singing for the Brain sessions have been such a big help to us. Meeting other carers where everyone was in the same boat meant that you could talk freely and people understood.’

David Thomas McGrail, husband and carer

## Building a dementia-friendly London

**Around three quarters of people think that communities and society as a whole are not geared up to deal with dementia.<sup>5</sup> For many of those living with dementia, having a good quality of life is a distant dream. Support with everyday things like shopping or participating in their community is not available. Local authorities can help to build dementia-friendly communities which will ensure people with dementia live well. Together we can create the world's first dementia-friendly capital city.**

- Two thirds of people with dementia live in their own homes in the community.
- A third of people with dementia live on their own.
- Less than half of people with dementia feel part of their community.

### Our vision

In dementia-friendly communities people living with the condition have high aspirations and feel confident, knowing they can contribute and participate in activities that are meaningful to them.

These communities are aware of dementia. They are also supportive of people living with the condition and their carers. The result is a community that is more inclusive, improves the ability of people with dementia to remain independent, and gives them more choice and control over their own lives.

<sup>5</sup>'Building dementia-friendly communities: A priority for everyone', Alzheimer's Society, August 2013.



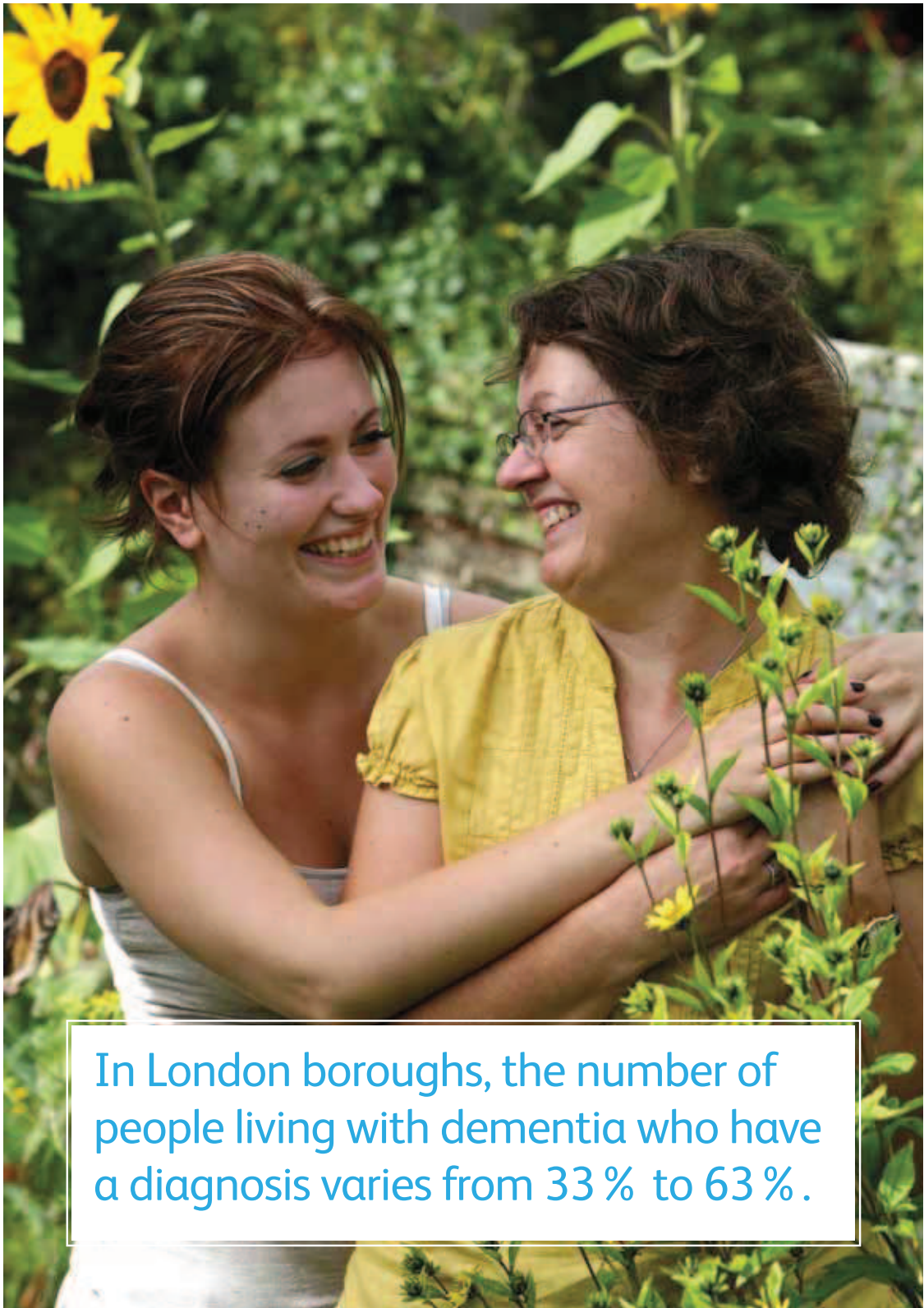
## How local authorities can help:

- Increase awareness and understanding of dementia by making our Dementia Friends sessions available to staff and the wider community. Dementia Friends might help someone find the right bus or spread the word about dementia on social media.
- Appoint a dementia lead to ensure the needs of people with dementia are taken into account throughout their borough.
- Commit to becoming dementia-friendly by helping to establish a local dementia action alliance in their borough. The alliance brings together organisations, from bus companies to care providers, to improve the lives of people with dementia in the local area.
- Play an active part in the pan-London Dementia Action Alliance – an initiative that asks members to come up with three actions they will take to make life better for people with dementia.
- Offer specific and appropriate activities, including existing leisure and entertainment choices to meet the needs of people with dementia.
- Work with Transport for London, and others, to ensure transport is consistent, reliable, responsive and respectful to the needs of people with dementia.

‘My wife Yvonne gives me a list of what I need to get or do that day. I take it to the newsagent or the bank and they tick things off for me when they’re done.’

Derek, a person living with dementia in Havering

**Meeting London's  
dementia challenge  
isn't just for national  
government and the  
NHS – it is local action  
that will make the  
biggest change.**



In London boroughs, the number of people living with dementia who have a diagnosis varies from 33 % to 63 %.

To find out more about Alzheimer's disease or any other form of dementia, visit [alzheimers.org.uk](http://alzheimers.org.uk) or call the Alzheimer's Society National Dementia Helpline on 0300 222 1122.

For questions about this manifesto and the recommendations inside, please email [ChangeLondon@alzheimers.org.uk](mailto:ChangeLondon@alzheimers.org.uk) or call 020 7423 1033.

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Leading the fight  
against dementia  
**Alzheimer's  
Society**

DM14

AGENDA ITEM 5

	<p><b>Adults and Safeguarding Committee</b></p> <p><b>02 July 2014</b></p>
<p><b>Title</b></p>	<p><b>Business planning – corporate plan and medium term financial strategy 2015-20</b></p>
<p><b>Report of</b></p>	<p>Strategic Director for Communities</p>
<p><b>Wards</b></p>	<p>All</p>
<p><b>Status</b></p>	<p>Public</p>
<p><b>Enclosures</b></p>	<p>Appendix A: Policy and Resources Committee report on business planning</p> <p>Appendix B: Service information packs</p>
<p><b>Officer Contact Details</b></p>	<p>James Mass, <a href="mailto:james.mass@barnet.gov.uk">james.mass@barnet.gov.uk</a> , 0208 359 4610</p> <p>Karen Ahmed, <a href="mailto:karen.ahmed@barnet.gov.uk">karen.ahmed@barnet.gov.uk</a> , 0208 359 5186</p>

## Summary

A report was agreed by Policy and Resources Committee on the 10<sup>th</sup> June 2014 outlining the future financial challenge facing the Council, and the process whereby Council Committees will consider the response to this challenge, including the setting of savings targets for each committee. The extracts of this report relevant to Adults And Safeguarding Committee are set out in the main body of this report.

This report is recommending to Adults And Safeguarding Committee to:

- Note the financial target of £12.6m set by Policy and Resources Committee.
- Note the timetable of activity to develop priorities and savings proposals to report back to Policy and Resources Committee on 2 December 2014.
- Provide a report making recommendations on commissioning priorities and savings proposals to Policy and Resources Committee for consideration in the draft budget

and business plan.

## **Recommendations**

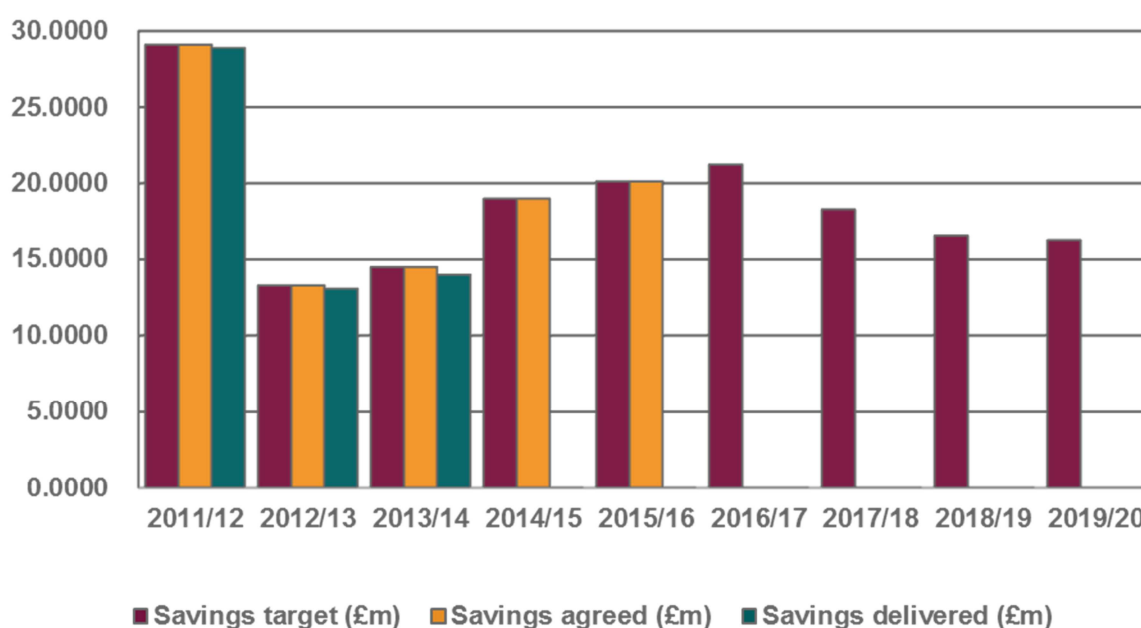
- 1.1 That Adults And Safeguarding Committee note the Policy and Resources Committee report as set out in Appendix A;**
- 1.2 That Adults and Safeguarding Committee note the savings target of £12.6m;**
- 1.3 That Adults and Safeguarding Committee agree to report back in the autumn with an agreed commissioning plan and savings proposals for inclusion in the Policy and Resources Committee meeting on 2 December 2014.**
- 1.4 That Adults and Safeguarding Committee note the service information packs included in Appendix B which provide some contextual information on budgets, past spend and performance data.**

### **1.2 Strategic Context**

- 1.2.1 The financial position of local government is extremely challenging, despite recent improvements in the UK economy. Growth has been slower than originally projected at the 2010 Spending Review. When the coalition government first set its spending plans and deficit recovery programme, it was projected that the annual budget deficit would be eradicated by 2015. This target has been missed, and it is now expected to be in balance by 2018. Public sector debt as a % of GDP is not currently expected to start falling until 2016/17.
- 1.2.2 The government is committed to addressing the budget deficit primarily by cutting expenditure (80%) compared to increasing taxation (20%). Of the total £700bn annual government expenditure, approximately half of this is “non-departmental” spend, primarily welfare and pensions, which is driven by demand. Welfare expenditure has already been subject to significant cuts. Of the remaining “departmental” expenditure, over 50% of this is protected as it relates to the NHS, schools, defence equipment and overseas aid. Local government, along with transport, police, skills, universities and defence, sits in the remaining non-protected expenditure group. For this reason, a disproportionate level of cuts will continue to fall on local government until the end of the decade.
- 1.2.3 In spite of the on-going financial challenges, the Council continues to provide high quality services to residents. Resident satisfaction with the council has increased by 21% since 2010. Compared to 2010, residents think the council

is doing a better job, offering better Value for Money, is working to improve the local area, listening to concerns of local residents and responding quickly when asked for help. In addition, 91% of primary and 86% of secondary schools are rated as 'good' or 'excellent' by Ofsted – among the best performance in the country - and Adults and Children's services are recognised as 'excellent' by external inspectors. The Borough remains an attractive and successful place to live, with 87% of residents satisfied with their local area.

1.2.4 Over the period 2011-15, the Council has worked hard to reduce costs, cut waste, and improve efficiency. Over that period, a total of £75m of annual savings have been found in Council budgets. Tough decisions have been made over this time, including outsourcing support services, setting up joint ventures and shared service arrangements to reduce costs and/or increase income, and better managing demand for social care. Importantly however, the Council is only half way through a decade of austerity, and therefore further work needs to be done to balance the budget to 2020.



1.2.5 The Council's future regeneration programme will see £6bn of private sector investment over the next 25 years to ensure that the Borough remains an attractive place to live and do business. This will create around 20,000 new homes and up to 30,000 new jobs across the Borough.

1.2.6 Residents from across the Borough will continue to share in the benefits of growth, with increasing housing development leading to an increase in the tax base and, subsequently, lower Council tax bills for residents. During these challenging times, the Council does not want to increase financial the burden on families and individuals. This is why the Council

has frozen Council Tax from 2010-11 and 2013/14, and reduced Council Tax by 1% in 2014/15.

## **1.4 Priorities and spending review**

1.4.1 The scale of the challenge is huge. Saving another £72m from the Council's annual budget will require a fundamental shift in the way public services are delivered. Such a scale of change will take time to deliver, and for this reason it is vitally important that the Council has a plan for the future, and this plan stretches not just a couple of years in advance, but for the next 5 years to 2020. As agreed in the budget report to Cabinet in July 2013, Council officers have undertaken a review of budgets, spending and potential opportunities to make further savings over the period 2016-20. This report was considered by Policy and Resources Committee on 10 June 2014 and is included in **Appendix A**.

1.4.2 The Priorities and Spending Review has been a process led by officers. It has been informed by public consultation, and officers have engaged with all three main political parties over the last 10 months. The report sets out options for committees to support in developing their responses to future budget challenges. It is important to note that no decisions on future budget savings are being made in this report, it merely provides information to theme committees to enable members to respond to the challenge.

1.4.3 The elements of the PSR report relevant to Adults and Safeguarding Committee are as follows:

1.4.4 The Adults and Safeguarding Committee will have oversight of how the council delivers adult social care through the Adults and Communities Delivery Unit. As the council's largest internal Delivery Unit, with a total revenue budget of £82 million<sup>1</sup> (30% of the council's total budget), a significant proportion of savings will need to be found from within the Adults and Communities Delivery Unit in order for the council to close the gap in its total budget.

1.4.5 The PSR has identified scope to make organisational efficiency savings of approximately £4.7 million by 2019/20 through a range of measures, including:

- A 10% reduction in workforce spending by 2019/20 (2.5% a year from 2016/17 to 2019/20), in order to save £1.5 million. Savings will be achieved by increasing workforce productivity, reviewing Terms and Conditions and reducing layers of management within the Adults and Communities Delivery Unit.

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<sup>1</sup> 2015/16 Medium Term Financial Strategy



- Savings of approximately £2.6 million by 2019/20 by re-procuring key contracts, bearing down on external suppliers and improving contract management to drive down costs.

1.4.6 Around £79 million is spent by the council each year on adult social care costs, which includes spending on personal budgets for care and support, domiciliary care and equipment to support people in their own homes, as well as residential and nursing care placements. It is the council’s ambition to support more people with care and support needs to remain in their own community and home for as long as possible, to improve their quality of life and to reduce demand on high cost residential care placements.

1.4.7 The PSR has identified the opportunity for savings of approximately £6.9 million by 2019/2020 through measures to target support and develop a wider range of housing options for residents with dementia and learning disabilities - and their families – which allows them to live at home for longer and support themselves more.

1.4.8 Similarly, the PSR has identified further savings opportunities totalling £1m through integrated working with the NHS and redesigning services to ensure that older people receive co-ordinated, joined up care services that reduce duplication and better anticipate and respond to their needs.

1.4.9 Summary:

- The PSR has identified options to increase the financial benefit to the council by approximately £12.6 million in the Adult and Safeguarding Committee’s area of responsibility area, through the following means:

<b>Improving organisational efficiency, including:</b>	<b>Approximately £4.7 million</b>
<ul style="list-style-type: none"> <li>• Measures to improve workforce productivity, review of Terms and conditions and reducing management overheads within the council’s Adults and Communities Delivery Unit.</li> </ul>	
<ul style="list-style-type: none"> <li>• Re-procuring key contracts and improving contract management to drive down contract and supplier costs.</li> </ul>	
<b>Reducing demand and promoting independence, including:</b>	<b>Approximately £6.9 million</b>
<ul style="list-style-type: none"> <li>• Measures to help older people with dementia live at home for longer, reducing the demand for social care services.</li> </ul>	

<ul style="list-style-type: none"> <li>• More effective, targeted support to younger people with learning difficulties to support their growth into early adulthood.</li> </ul>	
<ul style="list-style-type: none"> <li>• Ensuring individuals eligible for adult social care get the right level of support and that more flexible and personal support options are available.</li> </ul>	
<ul style="list-style-type: none"> <li>• Increasing disabled facilities grants and housing adaptations to allow people to live at home for longer, reducing the demand for social care services, and building more extra care housing.</li> </ul>	
<b>Redesigning services, including:</b>	<b>Approximately £1.0 million</b>
<ul style="list-style-type: none"> <li>• Integrating service provision and commissioning so that conditions associated with frail elderly residents are managed and supported more effectively.</li> </ul>	
<b>TOTAL</b>	<b>Approximately £12.6 million</b>

In addition, the remaining savings gap identified in the policy and resources report has yet to be allocated but may well present a further challenge to this committee.

## 1.5 Commissioning Plans and the Corporate Plan

1.5.1 The Corporate Plan is the overarching strategic document for the Council, setting out its commissioning priorities and objectives. The latest Corporate Plan which covers the period 2014-15 to 2015-16 was published in April 2014 and has been revised to reflect the new freedoms offered by the Localism Act.

1.5.2 Following the local elections in May, and the formation of a new administration, the corporate plan needs to be updated. Following the creation of the new committee system, there is an opportunity for these committees to set the future direction of the Council. It is therefore proposed that theme committees agree commissioning plans for the period 2015-20, which will be reported back to Policy and Resources Committee in December 2014 as part of a refreshed corporate plan.

1.5.3 The tone of the corporate plan will be guided by an overall narrative of Barnet being a place:

- Of **opportunity**, where people can expect a **good quality of life**;
- Where **opportunity is shared** and **fairness** is the priority;
- Where **responsibility is shared** through a new deal with residents; and
- Where **services will be transformed** by a smaller, smarter public sector.

## 1.8 Capital Programme

1.8.1 The medium term financial strategy includes provision for future capital expenditure on Council priorities through to 2020. It is important to note that some priorities, such as school places, are funded in full to the end of the decade. Other priorities, such as housing, investment in roads and pavements, and rolling/cyclical programmes of maintenance, will need to be considered for 2016-20. Detail of the additional capital requirements for the Council is set out in the Priorities and Spending Review report. Theme committees should consider their capital requirements as part of their budget proposals and agree these by November for inclusion in the draft budget report to Policy and Resources committee in December 2014.

## 1.9 Timetable

1.9.1 Theme committees will be supported by officers throughout the summer and autumn to develop their response to these targets, agree a package of proposals by November, to enable a draft medium term financial strategy for the Council to be set by Policy and Resources Committee in December 2014.

- **June:** Budget and business planning process commences. Each theme committee receives a report on the budget and business planning process, the budget envelope to 2020, and a summary of potential savings opportunity. Each Committee is asked to develop commissioning priorities and proposals to inform a new Corporate Plan, commissioning strategy for the Committee, and savings proposals.
- **October – November:** Each theme committee to agree draft commissioning priorities and savings proposals, for submission to Policy and Resources Committee in December.
- **December:** Policy and Resources Committee (2 December)

## 1.10 Consultation

1.10.1 Consultation has already commenced to enable the Council to plan for the future, and will continue as options set out in this report are considered further. Consultation follows three broad phases:

- a) Phase 1 – Citizens' panels and focus groups have targeted service users, businesses and some protected characteristic groups to gauge residents' views about local services and priorities.
- b) Phase 2 – the "call for evidence" is on-going. This has involved online channels, asking local and national commentators and stakeholders for views

on how we meet future challenges, and ensures this thinking is informed by best practice. It was suspended in purdah, and re-opened on 27<sup>th</sup> May. The findings of phases 1 and 2 will be shared through theme committees in July to inform decision making.

- c) Phase 3 – consultation on specific savings proposals will commence as they are formulated. Theme committees will run consultation on groups of ideas over the summer/autumn to inform proposal development. Individual consultation on specific proposals will take place following agreement of a draft medium term financial strategy and corporate plan at Policy and Resources committee in December.

## **2. REASONS FOR RECOMMENDATIONS**

- 2.1 As set out in the report above, local government is facing significant cuts in funding which will require a fundamental change to the way services are delivered by 2020. Such a scale of change takes time to deliver, and for this reason it is vitally important that the Council has a plan for the future, and this plan stretches not just a couple of years in advance, but for the next 5 years to 2020. As agreed in the budget report to Cabinet in July 2013, Council officers have undertaken a review of budgets, spending and potential opportunities to make further savings over the period 2016-20. Policy and Resources Committee on 10 June 2014 agreed the future business planning process and savings targets for theme committees. This report takes this process forward.

## **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

- 3.1 This report in itself does not ask that members make any decisions on specific savings options; rather it sets out a process for engaging all members and theme committees in the development of budget proposals for the period up to 2020.

## **4. POST DECISION IMPLEMENTATION**

- 4.1 Following approval of these recommendations, theme committees will consider the development of commissioning plans and savings proposals to meet the targets in this report. These committees need to be in a position to recommend commissioning plans and draft budget proposals to Policy and Resources Committee on 2 December for consultation.

## **5. IMPLICATIONS OF DECISION**

### **5.1 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

- 5.1.1 This report covers the Council's MTFs and annual business planning process. In March 2014, the Council set a two year MTFs covering the period 2014-15 to 2015-16. Following the local elections in May, and the formation of a new administration for Barnet Council, this report sets out the process for re-

defining the corporate plan and priorities, and the process for setting a budget and medium term financial strategy extending through from 2016 through to 2020.

- 5.1.2 In addition to continued austerity, demographic change and the resulting pressure on services poses a significant challenge to the Council. The organisation is facing significant budget reductions at the same time as the population is increasing, particularly in the young and very old. Given that nearly two thirds of the Council's budget is spent on Adult Social Care and Children's Services, this poses a particular challenge as these services are predominantly 'demand led'. There will also be costs related to infrastructure development. The annual allocation of New Homes Bonus funding is allocated to the infrastructure reserve as a contribution towards these costs.

## **5.2 Legal and Constitutional References**

- 5.2.1 All proposals emerging from the business planning process be considered in terms of the Council's legal powers and obligations (including, specifically, the public sector equality duty under the Equality Act 2010 and its statutory duties under current community care legislation and the Care Act 2014 when its provisions come into force) and, where appropriate, mechanisms put into place to ensure compliance with legal obligations and duties and to mitigate any other legal risks as far as possible.
- 5.2.2 Constitution, Part 3, Responsibility for Functions – Section 3: The Adults and Safeguarding Committee has within its Terms of Reference the following:
- To be responsible for those powers, duties and functions of the Council in relation to Adults and Communities including the following specific functions:
    - Promoting the best possible Adult Social Care services

## **5.3 Risk Management**

- 5.3.1 The Council has taken steps to improve its risk management processes by integrating the management of financial and other risks facing the organisation. Risk management information is reported quarterly to the Board and to Committees and is reflected, as appropriate, throughout the annual business planning process.
- 5.3.2 Previous budget setting reports have referred to risks in respect of future spending cuts for Local Government. In December, the Government confirmed spending totals for Councils for 2014/15 and 2015/16. This announcement also indicated that austerity is likely to continue until the end of the decade. Current modelling suggests that this is likely to equate to further annual reductions of between £15m and £20m to the Council's budget. For this reason, it is important that the Council continues to be prudent with its use of reserves and contingency to mitigate future cuts.
- 5.3.3 The challenges set out in this report require fundamental change in the way Council services are delivered, which impacts on the human resources of the

organisation and related policies and practices. This process will be managed in conjunction with Trade Unions and staff.

#### **5.4 Equalities and Diversity**

- 5.4.1 Equality and diversity issues are a mandatory consideration in the decision-making of the Council. This requires elected Members to satisfy themselves that equality considerations are integrated into day to day business and that all proposals emerging from the finance and business planning process have properly taken into consideration what impact, if any, there is on any protected group and what mitigating factors can be put in train.
- 5.4.2 The projected increase in the borough's population and changes in the demographic profile will be key factors that need to be considered when determining both the corporate strategy and service responses. Both of these need to also reflect the aspirations and contributions of current residents
- 5.4.3 Similarly, all human resources implications will be managed in accordance with the Council's Managing Organisational Change policy that supports the Council's Human Resources Strategy and meets statutory equalities duties and current employment legislation.

#### **5.5 Consultation and Engagement**

- 5.5.1 As set out above – see section 1.10.

### **6. BACKGROUND PAPERS**

- 6.1 None

**London Borough of Barnet**

**Priorities & Spending Review 2014:  
Options for the new Council**

**June 2014**

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## Introduction

There is no getting away from the fact that the economic challenges the UK has faced over the past few years have had a significant impact on organisations across the public, private and voluntary sectors and on citizens up and down the country. For Local Government, the unprecedented squeeze on public spending, coupled with rising demand for services, has made the scale of the challenge particularly acute. The last 5 years have been undeniably difficult and – as this report will explore – the signs are that this will continue until the end of the decade.

2. In Barnet, the council has approached these challenges in a sensible and planned way and has always sought to manage the council's finances responsibly. As a result, not only has a level of relative protection been provided to the most vital front line services up to now, the council has created headroom to invest in issues that residents care about – green spaces; schools; housing; transport and infrastructure; and helping young people to find jobs. Tough decisions have been required but, by facing up to the challenge in this way, Barnet has built a solid platform from which to successfully negotiate the next few years.

3. Looking to the future, it is clear that further tough decisions will be required if the council – and the wider public sector in Barnet – is to live within its means. However, it is not all doom and gloom. The UK economy is now expanding and London in particular is expected to grow strongly over the latter half of the decade. As it does so, it will create a real opportunity for the borough of Barnet and for its residents and businesses – an opportunity to share in the benefits of this growth, regeneration and, ultimately, success.

4. The benefits of growth are already being felt locally in Barnet, through the regeneration of areas such as Colindale and Grahame Park and with the major redevelopment of Brent Cross Cricklewood due to start soon. This regeneration is vital for the future of the borough and will provide new homes for Barnet's residents, space for businesses, create thousands of new jobs and revitalise communities across the borough. The council will work to ensure that full advantage is taken of this opportunity, so that Barnet continues to be a successful borough, as part of a successful, global city.

5. Although much of this success and opportunity will happen without any intervention from the council, it does have a role in ensuring that growth happens responsibly and that Barnet's distinctive characteristics and those things that 'make Barnet, Barnet' – its schools and green spaces – are maintained. But it is also important that this opportunity is to the benefit of all residents of Barnet. As such, not only will the council play a role in helping to maintain the right environment for a successful and thriving borough, it will also need to work more closely with other parts of the public sector – such as the NHS and Job Centre Plus – to identify those residents at risk of missing out and provide the right interventions when they are needed.

6. By helping people to help themselves, it will reduce dependence on local services and on the ever diminishing resources available. In that sense, not only is enabling independence the right thing to do for Barnet's residents, it is also an essential part of managing the financial challenges facing the council.

7. As the council approaches the challenges and opportunities of the next few years, a new relationship with Barnet's residents will emerge. As the council's Residents Perception Survey consistently shows, Barnet benefits from strong, cohesive communities and a sense of people looking out for each other and getting involved in local activities. It is crucial that this develops over the years ahead – not simply because the council will need to scale back its activities in some areas, but because, in many cases, residents know best about what is right for their neighbourhoods. Enabling greater community participation will therefore be a priority for the council, alongside doing more to understand the needs of local communities and engage effectively with them; becoming more transparent; and involving residents in the services they use.

8. This report marks the end of the **Barnet 'Priorities and Spending Review' (PSR)** – a 12 month, bottom up process of analysis, evidence gathering and ideas generation to determine the likely impact of further austerity and increasing demand on the borough and, most importantly, to identify some of the changes that will be required to allow the council to live within its means and continue to provide vital services. Not only will the council need to become more efficient, the scale of the challenge also necessitates a closer relationship between the council and the wider public sector to integrate and reconfigure local services around the needs of residents.

9. The PSR represents a considered, rational process for developing a range of options for meeting the projected gap in the council's finances – which is forecast to be **£72 million** between 2016 and 2020 - rather than taking decisions in an arbitrary, top down way. The report sets out a package of options for the council to save money and raise revenue, which has the potential to provide a financial benefit of approximately **£51 million** and go a long way towards closing the £72 million budget gap.

10. Some of these options will require up-front investment and a focus on **preventative action** in order to unlock future savings. Some ideas focus on **changing the behaviour of residents in order to reduce demand on services**. Some will require the council to work differently as an organisation and more closely with other parts of the public sector – both locally and regionally – to become **more efficient** and provide **better, more integrated services**. And some will require the council to stop doing some things entirely as it **prioritises the resources it has available** – either because they are less of a priority or because someone else can do it better.

11. It will be for elected Councillors – as representatives of Barnet's residents – to determine which of these options, and others that we will continue to emerge, they wish to implement, in consultation with residents. It is not the expectation that all of the options presented in this

report will be taken forward to implementation – some will need further development and challenge to overcome barriers to delivery. As such, **the conclusion of the PSR does not mark the end of the need for the council to think differently as it grapples with the challenges ahead.** Rather, the PSR represents a point in time – a chance to look ahead and begin to plan effectively for the future.

12. Indeed, as the PSR process concludes, a gap of some £21 million remains between the council's forecast budget to 2020 and the options identified through this process, particularly in the last three years of the decade. This means that even greater change will be required. It will be for Councillors to determine how the level of Council Tax will play into reducing the financial gap but the scale of the challenge means that, as councils up and down the country continue to innovate, **a new form of Local Government is likely to emerge.**

13. By 2020, it is likely that more Local Authorities will join forces to **merge commissioning and delivery functions**, not only with each other but across the public sector and other local and regional service providers. This is likely to trigger the development of clusters of multi-agency hubs, where public sector agencies are co-located to provide fully integrated services to residents. The **ways in which residents engage with councils – to pay a bill or make a transaction – will become more intuitive with more activity taking place online.** And, by the end of the decade, it is likely that **a more diverse mix of service providers will emerge, from across the public, private and voluntary sectors.**

14. It is clear from how councils have successfully dealt with the first round of spending cuts passed on in the 2010 Spending Review that Local Government can be trusted to deliver – to achieve efficiency savings and reform services for the better. But **meeting the challenges of the future will also require Whitehall to reform both its relationship with Local Government and the way in which councils are funded.** Achieving the vision of a fully integrated public sector with services geared around the needs of individuals will **require Government to devolve more responsibility to Local Authorities and to loosen the reins on the Local Government finance system**, doing more to provide greater flexibility across the system to promote integration and incentivise growth.

15. As this report will demonstrate, there will undoubtedly be challenges ahead but there is also **reason to be optimistic** - to strive to grasp the opportunities open to Barnet's residents and businesses and to share in the success of remaining one of the most prosperous boroughs in one of the best cities in the world.

## EXECUTIVE SUMMARY

- Knowing that austerity will continue until the end of the decade, Barnet Council has a responsibility to plan for the future, building on the success of how it has dealt with the challenges of the past 5 years.
- The council established the Priorities & Spending Review (PSR) process to consider how it will successfully live within its means to the end of the decade.
- The PSR has been based on a process of consultation and engagement: With residents, so that the council understands what residents care about; and with a variety of local and national organisations so that the council has access to a wide range of ideas to inform its approach.
- The council forecasts that its budget will reduce by a further £72 million between 2016/17 and 2019/20, in addition to the £72 million reduction in the first half of the decade. Overall, the council's spending power in 2020 will be roughly half of what was in 2010.
- Although the council needs to make further savings, its budget will still be around £200 million by 2020. The council will ensure these resources are prioritised effectively, in accordance with the priorities of residents; that its statutory duties are effectively discharged; and that the decisions it takes are transparent and represent value for money.
- Despite the challenges, there are opportunities. London's economy will grow strongly over the remainder of the decade, and this growth will benefit Barnet.
- The borough's regeneration schemes will create more than 20,000 new homes and provide for up to 30,000 new jobs and the council will receive over £5.6 million in recurrent income from regeneration by 2020, with a further £50 million of non-recurrent income to be reinvested in infrastructure.
- However, not all of Barnet's residents may be able to take advantage of this opportunity, which creates a role for the council – working with other parts of the public sector – to identify those residents who need a degree of support to enable them to benefit from Barnet's success.
- The council is working in partnership with the Department of Work and Pensions, local Job Centres, skills providers, employers and Public Health with the aim of moving more people into work. Not only will this improve the quality of life for individuals, it will also reduce pressure on local services.
- Greater community participation in local issues will also be an essential part of the change the council will need to achieve to meet the financial challenges ahead. The council will develop a Community Participation Strategy, with the aim of achieving a greater level of collaboration with communities and enabling residents to take on greater responsibility for their local areas.
- Feedback from the first phase of PSR consultation has been used to establish a set of principles that have framed the development of options for closing the £72 million budget gap. These principles are Fairness, Responsibility, and A Good Quality of Life for All.
- In total, the PSR has identified options that have the potential to save the council up to £50.8 million through reduced spending and increased income over the period from 2016/17 to 2019/20 and go towards closing the £72 million budget gap.
- Of this, nearly half (48%) come from options for increasing organisational efficiency. Of the remainder, 20% comes from options for reducing demand and increasing independence; 20% from the proceeds of growth and taking a more entrepreneurial approach to maximise income; and 12% from redesigning and integrating services.
- It will be for elected Councillors to decide which of the PSR options to take forward to implementation through Council Committees, in consultation with residents and council staff.
- By way of illustration, if the entirety of the PSR package were to be implemented, the profile of savings shows that it is the last three years of the decade where a significant budget gap is likely to remain, with challenge really biting in 2017 and 2018.
- The council will continue to innovate to identify further opportunities to close the gap and it will be for Councillors to determine the balance of spending reductions and income generated through Council Tax as it does so.
- The council will require further flexibilities from central Government to fully close the gap, through greater financial devolution and increased flexibility across the Local Government Finance System to incentivise growth.

## 1. ABOUT THE BARNET PRIORITIES & SPENDING REVIEW 2014

### CHAPTER SUMMARY:

- Knowing that austerity will continue until the end of the decade, the council has a responsibility to plan effectively for the future, building on the success of how it has dealt with the challenges faced over the past 5 years.
- In the summer of 2013, the council established the Priorities & Spending Review (PSR) to consider how it will successfully negotiate the financial challenges over the period from 2016/17 to 2019/20.
- The PSR represents a considered, bottom up process tasked with developing a package of options for meeting the projected gap in the council's finances until the end of the decade. The PSR has been based on evidence and analysis, with the objective of avoiding budget allocations being made in an arbitrary, top down way.
- There are three main elements of the PSR:
  1. **Forecasting the council's budget to 2020** – so that the council understands the scale of the challenge and the level of savings required. This analysis will form the basis of a new Medium Term Financial Strategy, which will set the council's budget envelope to 2019/20.
  2. **Consultation and engagement** – i) With residents, so that the council understands what residents care about; and ii) With a variety of local and national organisations - such as think tanks, professional bodies, businesses, Government departments - so that the council has access to a wide range of thinking to inform its approach.
  3. **Developing options for meeting the challenge** – using evidence, research and analysis to develop a range of potential options for making savings and generating income to close the gap in the council's finances.
- This report represents the conclusion of the PSR. It will be for elected Councillors to determine which of the options presented will be taken forward, developed further and implemented, following consultation with residents and staff.

### The importance of planning for success

1.1 A critical element of Barnet Council's success in dealing with the financial challenges of the past five years has been the emphasis it has placed on **forward planning**. Barnet has a history of approaching challenges in a considered, logical and structured way and it is right that this should continue.

1.2 In 2008, the council's 'Future Shape' programme foresaw the spending cuts that were passed on by Government at the 2010 Spending Review and set a platform on which to base its response. Future Shape was succeeded by the 'One Barnet' programme, which developed 'bundles' of services to test with the market and will generate cumulative savings of £275 million over 10 years.

1.3 Knowing that the UK's current budget deficit means that austerity will continue until the end of the decade which, combined with rising demand, will place increased pressure on the council's resources (see **Chapter 2**), it is right that the organisation continues its commitment to forward planning. To do otherwise would leave the council at risk from ill-considered, short-term decision making.

## The Barnet Priorities & Spending Review

1.4 The council's response has been the **Priorities & Spending Review (PSR)** - a 12 month process of analysis, engagement and ideas generation, which commenced in summer 2013 with the ambition of understanding the level of financial challenge facing the council and its local strategic partners up to 2020 and developing options for elected Councillors to consider - after the 2014 Local Elections - to close the budget gap.

1.5 Ultimately, the PSR is about **innovation** – of both thinking and doing things differently. The PSR has been designed to raise questions that challenge the role of the state, civil society and the individual, set within the context of local priorities that allows the council to determine its longer-term priorities and set a new **Medium Term Financial Strategy (MTFS)** to 2020.

1.6 A crucial element of the PSR is **consultation and engagement**. To date, the PSR has included a first phase of resident consultation – through Citizens Panel events and Focus Groups - so the council has an understanding of what residents care about as it considers the challenges ahead. The PSR has also consulted with a variety of local and national organisations - think tanks, professional bodies, businesses, Government departments – through a '**Call for Evidence**' so that it has access to a wide range of thinking to inform its approach. The Call for Evidence will close at the end of June 2014 and used to inform decisions taken through Council Committees.

1.7 This report represents the **final output of the PSR**. It sets out a **package of options for the council to save money and generate income which will be considered by elected Councillors**, with those measures which are taken forward **subject to public consultation before a final decision is taken and implementation begins**. The **legal implications** of each option will also be fully explored and **Equalities Impact Assessments** considered.

## Continued innovation and further analysis

1.8 It is important to be clear **the end of the PSR does not mark the end of the council's thinking**. As this report sets out, a gap in the council's finances will remain even if all of the options were implemented and the estimated quantum of saving achieved. This means that the council will need continue to innovate and develop new approaches to how public services are designed and delivered, including through even greater integration across the public sector.

1.9 Further options will need to be developed and worked through as, inevitably, some of the measures set out in this report will not be taken forward or will be scaled back when subject to further scrutiny. In such cases, **alternative proposals will need to be developed to ensure that the budget gap is closed**. Further detail on the PSR process and the methodology that has supported it is set out in **Chapter 6**.



## 2. THE SCALE OF THE CHALLENGE TO 2020

### CHAPTER SUMMARY:

- The UK is not yet half way through what is expected to be a decade of austerity and, despite a growing economy, a national budget deficit of approximately £50 billion will remain at the time of the next General Election in 2015. This means that cuts to public spending will continue until the end of the decade, no matter which political party is in power nationally.
- As part of the Government's aim to bring the UK's finances back into surplus, further spending cuts will be passed on to Local Government by Whitehall.
- Alongside continued austerity, population growth and demographic change will increase pressure on local services, particularly health and social care.
- The Government's major policy reforms will also increase the pressure on Local Government, particularly the implementation of the Care Act - which will require Local Authorities to cover the cost of care beyond the £72,000 cap for individuals – and increased entitlements through the Children and Families Act. Although the Government has pledged additional resources to help meet these pressures, this is unlikely to be sufficient.
- The PSR forecasts that the council's total budget will reduce by a further £72 million over the four year period from 2016/17 to 2019/20. This is in addition to the £72 million budget reduction from 2011/12 to 2015/16, meaning that council's total spending power will be around 50% lower at the end of the decade, compared to the start.
- Further austerity and rising demand will also impact the wider public sector and the council's local strategic partners: The Barnet Clinical Commissioning Group, Police, Job Centre Plus, Middlesex University, Barnet and Southgate College and Community Barnet. The PSR forecasts that up to £185 million could be cut from the combined budgets of the council and its local strategic partners over the period 2016/17 to 2019/20.
- It is clear, therefore, that the combined challenge of continued austerity, policy reform and rising demand is a challenge that requires a collective response from the council and its local strategic partners.
- Alongside reforms to local services, many of Barnet's residents will continue to face financial pressures, due to high energy bills, high and increasing housing costs, continued public sector wage restraint and the impact of changes to the benefit system.

### The context of the PSR

2.1 This chapter sets out the **wider economic context and financial challenges** facing the council, the wider public sector, and many of Barnet's residents. It explains why the council believes that austerity and continuing demand for public services will continue, and presents a clear **rationale** for the council's decision to take forward the PSR.

## The economic impact of the global financial crisis

2.2 The economic turmoil of the past 5 years or so can be traced back to the origins of the financial crisis which spread across the banking sector from 2007 to 2009 and eventually led to a **global economic downturn**. This downturn – and the resulting squeeze on public spending - has had huge ramifications for the global economy, the public finances in the UK and on living standards.

2.3 In 2010, when the current Government came to power, the UK budget deficit – the gap between how much it was spending and how much it received in income through taxation - was the largest in its peacetime history at over £150 billion. Annual interest payments on the UK's borrowing alone stood at £43 billion, which meant **the Government was spending more each year on servicing its national debt than it was on schools in England**.

2.4 The Government's initial response to the UK's burgeoning budget deficit came at the 2010 Spending Review, which set a pathway for tackling the debt and deficit burden by **cutting public spending by £81 billion over the period from 2011 – 2015**. Inevitably, the impact of this reduction in spending has been felt by Local Government. The consequence of the 2010 Spending Review for Barnet was that, over the period from 2011 – 2015, **the council's budget was reduced by 26%, equivalent to £72 million**.

2.5 Barnet's response to the first wave of cuts has been **carefully planned and implemented**. A consequence of this careful financial planning – through the agreement of a robust Medium Term Financial Strategy (MTFS) through to 2015/16 - has meant that **the council been able to afford a level of relative protection to frontline services up to now, with 77% of the savings up to 2015 coming from back office and management costs**. The successful management of taxpayer resources has also meant that the council has been able to pass on a proportion of these benefits to residents through **lower Council Tax bills**. Council Tax in Barnet has been frozen since 2010/11, with a 1% reduction in bills to every household in 2014/15.

2.6 However, although the council now finds itself in a relatively strong financial position compared to a number of other Local Authorities, there are still challenges ahead in implementing the decisions taken as part of the current MTFS up to 2015/16, in addition to the need to make cuts on a similar scale in the latter half of the decade.

## The macro-economic position today – economic growth alongside continued austerity

2.7 Nearly four years on from the 2010 Spending Review, the context of public sector spending cuts is now well established and familiar to all those working across the sector or closely with it. That being the case, the council's own recent consultation in relation to the PSR –



which is explored in **Chapter 6** - has highlighted a **degree of surprise amongst residents about the need for further austerity**.

2.8 This surprise might be because **the UK economy – after a sustained period of recession – is now growing**, with inflation below 2% and unemployment almost at pre-financial crisis levels, particularly in London. However, despite an upturn in the macro-economic picture, the fact remains that – as things stand and despite cuts of around £100 billion since the 2010 General Election – the UK is still running a structural deficit of over £80 billion which, although declining, is **expected to stand at around £50 billion by the 2015 General Election**. That is to say, even with strong growth factored into the Treasury's fiscal assumptions, the amount of money being spent by the Government in 2015 will still be £50 billion more than it receives through taxation. That is why further austerity will be required beyond 2015, no matter who is in No10<sup>1</sup>. Inevitably, this means that further cuts will be passed on to Local Government.

### **The impact on residents from policy reform and continued fiscal restraint**

2.9 Alongside on-going austerity, and the impact this will have on local services, **many of Barnet's residents will continue to be affected by financial pressures for a number of years**. This is likely to be driven by high energy prices and rapidly increasing housing costs, the latter being most acute in Barnet and across London. For those residents working in the public sector, there will be continued restraint on wages for the next 5 years, which the Government will use as a mechanism to control inflation and reduce the budget deficit. Taken together, this means that, despite relatively low inflation at the present time, large numbers of people in certain parts of the borough are likely to continue to see their income squeezed.

2.10 Added to this, large numbers of residents in Barnet and across London will be further challenged by the Government's focus on **reducing welfare spending**. Total UK spending on welfare is forecast to be £222bn in 2014/15, some 30% of total public spending (£732bn)<sup>2</sup>. That being the case, and considering that large areas of public spending such as health and education have been ring-fenced, creating a significant gearing effect, it is not possible to eradicate the country's budget deficit without taking action to cut the welfare bill. In recognition of this, **both Labour and the Conservatives have set out plans to cap spending on welfare over the next Parliament**.

2.11 Locally, **the elements of the Government's Welfare Reform programme that have been implemented thus far (the Benefit Cap; the under-occupancy charge; and changes to Council Tax Support) are having an impact**. Analysis shows that, in 2015/16, a total of £80 million will be cut from benefits going to Barnet residents – the 10<sup>th</sup> highest of all Local Authorities. In total, 27,000 Barnet residents have been impacted by benefit reforms introduced to date, with 4,600

<sup>1</sup> The pace of austerity is likely to alter slightly depending on who is in power and the decisions they take in relation to the balance between taxation and spending. Based on current forecasts, the Conservatives have said they will eradicate the deficit by 2018/19, whereas Labour will take a further year to do so.

<sup>2</sup> Budget 2014, HM Treasury, March 2014

residents facing a gap of more than £25 a week between their rent and housing benefit. The rising cost of housing across London and in Barnet<sup>3</sup> has exacerbated the impact, with around 40% of those claiming housing benefit and Council Tax support in paid employment and the number of council tenants in rent arrears increasing.

2.12 Although the impact of Welfare Reform is being felt across the borough, the impacts are most acute in the more densely populated areas to the South and West and in more deprived Wards. It is these residents who will require intervention from the council and the wider public sector to enable them to move into employment and reduce their reliance on the state.

## Increasing demand on local services from demographic change and policy reform

2.13 Pressure on public services will be exacerbated by **continued population growth and demographic change** over the next decade, consistent with wider growth that will be evident across London.

2.14 Between the 2001 and 2011 Census periods, total population in Barnet grew by 11.5% (London 11.6%) and it remains **the second of the most populous borough in London**, surpassed only by Croydon. Within the overall growth in population, the size of the average household has increased and growth in the young and old populations has been particularly rapid.

2.15 These trends are set to continue over the coming years. **Barnet's total population is expected to increase by nearly 5% over the next 5 years (an increase of 17,308)**, with further growth in both the young and old cohorts. The effects of an ageing population will become most acute, with the over-65 population forecast to grow by 10.4% over the next 5 years and 24% over the next decade<sup>4</sup>, placing increased pressure on social services and health budgets.

2.16 Alongside this, the council will also face significant financial pressure as a result the **Government's policy reform programme**, particularly in relation to the **Care Act** which sets out wide ranging reforms to the way health and social care is funded. The main component of the Act is the introduction of care accounts for people eligible to receive care and support, and a cap on the total cost that individuals contribute towards their care. Once individuals have contributed up to a maximum of £72,000, it will fall to Local Authorities to cover any costs above this level.

2.17 Although the Government has announced that additional funding will be provided to Local Authorities to cover the costs of the Care Act, analysis by London Councils has shown that this is likely to be inadequate. London Councils estimates that an additional £1.5 billion will required nationally from 2016 to 2020, against the Government's estimate of £1 billion<sup>5</sup>. Clearly,

<sup>3</sup> Private sector rents in Barnet increased by 9% in 2013

<sup>4</sup> GLA 2014 population estimates

<sup>5</sup> Care and Support Funding Reform: Cost implications for London. London Councils.

any shortfall in the level of additional funding provided by Government will increase the financial burden on Local Authorities.

2.18 The **Children and Families Act** includes new responsibilities for Local Authorities to transform the system for children and young people with special educational needs (SEN), including those with disabilities. The Act extends the SEN system to include children from birth to the age of 25 and gives children, young people and their parents greater control in decisions about how their needs are met. To support this, a new co-ordinated assessment process involving health, education and social care is required that will develop an integrated plan for each child who needs it.

2.19 There is also a requirement for Local Authorities to publish a single source of information for children and their families about the range of services and support available to them, as well as to develop a personalised budget offer for families. Implementing this new system will be resource intensive in the short to medium-term, with the longer-term potential pressures arising from extending the age range to 25 still being explored.

### **The financial impact on Barnet Council and its local strategic partners**

2.20 As **Chapter 6** sets out, the PSR has modelled the council's budget to 2020, based on assumptions around income and expenditure and the continued squeeze on public spending. Based on the outputs of the model, **the council expects its total budget to reduce by a further £72 million over the four year period from 2016/17 to 2019/20**. That is to say, the council's budget will be £72 million lower on 1 April 2020 than it was on 1 April 2016.

2.21 This level of budget reduction in the latter half of the decade is in addition to the £72 million that will be taken out of the council's budget from 2011/12 to 2015/16 and means that, by the end of the decade, the council's total spending power will be almost half of what it was at the start.

2.22 The PSR has also modelled the impact that further austerity and rising demand is likely to have on its **local strategic partners**: The Barnet Clinical Commissioning Group, Police, Job Centre Plus, Middlesex University, Barnet and Southgate College and Community Barnet. **The PSR forecasts that up to £185 million could be cut from the combined budgets of the council and its local strategic partners over the period from 2016/17 to 2019/20**.

2.23 It is clear, therefore, that the combined challenge of continued austerity, policy reform and rising demand is **a challenge that is shared across the local public sector and between the council and its local strategic partners**. Successfully meeting this challenge therefore requires a **collective response**.

### 3. FULFILLING THE COUNCIL'S DUTIES AND FOCUSING ON WHAT RESIDENTS CARE ABOUT

#### CHAPTER SUMMARY:

- Although the council is facing further budget reductions of around 20%, the majority of the council's budget – some £200 million – will remain by the end of the decade.
- The council's focus will be to ensure that resources are prioritised effectively, in accordance with the priorities of residents; that statutory duties are effectively discharged; and that decision making is transparent and represents value for money.
- In making the required organisational and service reforms through to 2020, the council will work to ensure:
  - That Barnet's waste is disposed of and the borough's streets are cleaned.
  - That Barnet's parks and green spaces are looked after.
  - That the borough's network of roads and pavements and other transport infrastructure remains viable.
  - Continued housing development and regeneration across the borough.
  - That Barnet's schools remain amongst the best in the country - with enough places to meet future need - and equip children to become successful adults.
  - Effective safeguarding and protection for the borough's children, young people and vulnerable adults.
  - Personalised, integrated health and adult social care providing individuals and families with the right support to enable them to remain in their own home.
  - A new standard in customer services, with the way in which residents interact with the council significantly improved and simplified.

#### Although the council needs to make further savings, it will still have a budget of around £200 million by the end of the decade

3.1 Inevitably, when the attention of any organisation – or any family or individual - turns to the decisions they will need to take to cut costs, it often becomes the primary focus. However, it is important to remember that, whilst the council will need to take some very challenging decisions in order to manage a further 20% reduction to its budget, **around £200 million of taxpayer resources will remain under its control by 2020.**

3.2 The focus of the council will be to ensure that these **resources are prioritised effectively**, in accordance with the views expressed by residents through consultation, and that its statutory obligations are fulfilled. In doing so, the council will also ensure that the decisions it takes are transparent and represent value for money for the taxpayer.

#### Prioritising the issues residents care about

3.3 Given the scale of financial challenge, it would not be sensible to make generalisations about areas of council spending that will be protected at this stage. However, it is possible to

give an indication about the on-going responsibilities of the council and **the priorities that it will focus on over coming years**. The council has drawn on feedback received from residents through recent **Resident Perception Surveys**, which are in depth surveys of 2,000 residents conducted on a biannual basis and used as a reliable barometer of resident views.

3.4 Over the last two years, Barnet's Resident Perception Surveys have highlighted the maintenance of the borough's **roads and pavement networks** and **street cleanliness** as areas of high priority. **The quality of Barnet's schools and green spaces** have also been highlighted, with a similar picture emerging through the first phase of PSR consultation, and **these are issues that the council will continue to focus on**.

**Box 1: Council resources will be used to ensure:**

- That Barnet's waste is disposed of and streets are cleaned.
- That Barnet's parks and green spaces are looked after.
- That the borough's network of roads, pavements and other transport infrastructure remain viable and are able to cope with increased usage.
- Continued housing development and regeneration across the borough, to help meet the needs of a growing population.
- That Barnet's schools remain successful - with enough places to meet future need - and equip children to become successful adults.
- Effective safeguarding and protection for the borough's children, young people and vulnerable adults.
- Personalised and integrated health and adult social care, providing individuals and families with the right support to enable them to remain in their own home.
- Improved and simplified processes for residents and businesses to interact with the council, for example to request a service or pay a bill.
- On-going engagement with the police to tackle crime and anti-social behaviour.
- New standards of customer service with users helping to co-design the services they use, making customer transactions easier and more intuitive.

## Environmental services

3.5 The improvements made to the council's **waste and recycling offer** in October 2013 have created a step-change in the amount of waste that is recycled, with a corresponding reduction in the amount sent to land-fill. Not only is this better for the environment, it is also more cost effective for the council. Although further savings will need to be made to waste and recycling services, the council will **continue to ensure that the borough's waste and recycling is collected and disposed of**.

3.6 The council continues to be committed to **keeping the streets of Barnet clean**. Within the last six months, the council has invested in a fleet of mechanical sweepers to better clean Town Centres and residential streets. The cleanliness of the borough will be further improved by changes to ensure that cleansing routes are optimised and that Town Centre and residential sweeping beats are regularly reviewed to ensure a consistent standard of cleanliness.

3.7 Resident feedback consistently shows that Barnet's **parks and green spaces** are amongst its biggest assets and are a strong influence for people deciding to live in the borough. The council recognises this, and will **continue to ensure that the borough's parks and green spaces are looked after**, including through greater partnerships with community groups.

## Housing, regeneration and infrastructure

3.8 As the borough continues to grow, the council will focus on the provision of high quality **housing and infrastructure** across the borough. Barnet's seven major regeneration schemes will create more than 20,000 new homes over the next 20 years. A total of 965 new affordable homes were built in 2011/12 and 2012/13, with capacity for 300 new council homes on non-regeneration estates and over 40 to be built over the next 2 years.

3.9 Over the past 3 years, the council has invested more than £10 million in the **borough's road and pavement networks** in addition to the annual base spend of £4 million. The council will **continue to ensure that Barnet's roads and pavements – as well as other parts of the borough's transport networks – remain viable** and are able to cope with increased usage.

## Adult Social Care and Community Services

3.10 The council will **continue to achieve its core priorities and statutory duties in relation to adult social care and health**, including:

- Providing **timely and accurate information, advice and guidance** to residents with social care needs.
- Providing **appropriate assessment** and **personalised support** to both residents with care needs and family carers.
- Sustaining a **strong partnership with the local NHS** so that individuals can maintain and improve their **physical and mental health**.
- **Safeguarding vulnerable adults**.
- The **discharge of statutory duties** under a range of legislation including **community care; mental capacity; and crime and disorder**.
- Ensuring access to **leisure services** across the borough and **promoting physical health**.
- Partnership working through **community safety measures to reduce crime and anti-social behaviour**.

3.11 Adult social care services are going through a significant period of change, which will continue over the next few years as Local Authorities respond to the changes made through the **Care Act** and do more to **integrate health and social care**. Barnet has embraced this agenda and, as the council negotiates the challenges of the next few years, it will ensure that:

- The borough is **effectively prepared for the implementation of the Care Act**, both in terms of helping to prepare residents for the changes but also to ensure that the council discharges its statutory duties.
- The council and the Clinical Commissioning Group (CCG) makes effective use of the **Better Care Fund to integrate health and social care services**, providing greater choice and more coordinated services to residents whilst generating efficiency savings.
- The council implements its vision for adult social care, which is focused on **providing personalised, integrated care with more residents supported to live in their own home**.

## Children's Services

### *Education & Skills*

3.12 Barnet's **schools and education facilities** rank amongst the best in the country, with **91% of primary schools and 86% of secondary schools rated by Ofsted as good or outstanding**. Results from GCSE exams taken in the summer of 2013<sup>6</sup> show that 71.5% of Year 11 pupils in Barnet obtained 5 GCSEs including English and Maths, compared to the national average of 59.2%, **placing the borough in the top 5% of Local Authorities nationally when it comes to exam success at key stage 4**.

3.13 Drawing on feedback from residents, **the council recognises that quality of the Barnet's schools is at the heart of the borough's success** and is one of reasons why so many people chose to live here. It is the top priority of the council's **Education and Skills Delivery Unit** to ensure that this success continues, and that the other core aims of Barnet's Education Strategy are achieved, namely that:

- Every child attends a **good or outstanding school**, as judged by Ofsted;
- The **attainment** and **progress** of children in Barnet schools is within the top 10% nationally;
- The progress of the most disadvantaged and vulnerable pupils is accelerated, in order to **close the gap** between them and their peers.

3.14 In working to achieve these aims, the **Education and Skills Delivery Unit** will focus on achieving the following outcomes over the next few years, working closely with Family Services to deliver against the outcomes in Barnet's **Children and Young People's Plan**:

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<sup>6</sup> 2013 GCSE results, Department for Education



## Box 2: Prioritising schools and post-16 participation

### Schools

- Ensuring a sufficient supply of school places to enable all pupils to secure a place at a good school and improving attendance.
- Ensuring that all children with Special Educational Needs receive the support they need at school to achieve their best.
- Providing a clear Local Authority offer in relation to the effective monitoring and challenge of Barnet's schools and, where schools are identified as providing cause for concern, they get the right support to improve quickly.
- Ensuring effective use of the pupil premium to benefit of vulnerable pupils.
- Ensuring schools are well governed, with relevant and up to date training and support available to all schools, including Academies and Free Schools.

### Post-16 participation, progression and skills

- Effective tracking and monitoring of 16+ young people.
- A broad offer for young people, encompassing a range of options including apprenticeships and employment opportunities.
- A sufficient local offer to enable young people with learning difficulties and/or disabilities to live and work in their local community.
- A cohesive strategic approach to equipping residents with the skills required to access employment.

## Family Services

3.15 The council's **Family Services Delivery Unit** will continue to focus on:

- **Creating better life chances for children and young people** across the borough;
- **promoting family and community wellbeing** and encouraging **engaged, cohesive and safe communities**; and
- sustaining a strong partnership with the local NHS so that families and individuals can **maintain and improve their physical and mental health**.

3.16 In addition, Family Services will continue to deliver against outcomes in Barnet's Children and Young People's Plan around **ensuring a great start in life for every child, preparation for adulthood, early intervention and prevention, and keeping children safe**.

3.17 Family Services will **ensure effective delivery of the 200 or so statutory functions the council is required to provide**, including those related to **Adoption, Assessment, Care, Safeguarding Children, Youth Offending and Early Years support**. Barnet is a comparatively safe borough with a low proportion of children in care and maintaining that level will continue to be one of the service's priorities. Family Services will continue to ensure that its **safeguarding arrangements are effective and robust**, achieved by improving the interface between statutory services, for example Social Care and Youth Offending teams working closely together to identify and support young people who might be at risk.



3.18 Family Services will also drive improvement across all its practices by **increasing the participation of children and young people**, including in social care decisions that impact on them.

3.19 It is widely acknowledged that **effective early intervention and prevention** can improve outcomes for families and that support offered early on can significantly reduce the need to seek or receive more acute, costly support at a later stage. A review of cases of looked after children in the borough has identified the ‘toxic trio’ of **domestic violence, substance misuse and mental ill-health**, particularly when they were present in combination, as common features of families where harm to children has occurred. As such, tackling these issues will continue to be a priority and Family Services will work with partners in the Clinical Commissioning Group to coordinate the most effective commissioning and delivery of services.

### Customer services

3.20 The council’s partnership with Capita to provide ‘back office’ functions – which includes IT, estates management, procurement, finance, HR and revenue and benefits – as well as front facing customer services will provide an improved service at lower cost. The contract provides for significant up-front investment to service improvements, which would not have been possible had the services remained in-house. In total, **the contract with Capita will save the council £125.4 million over 10 years.**

3.21 The partnership will also achieve **new standards of customer service**. It will see service users co-design the services they use; it will make customer transactions – such as paying Council Tax or requesting a parking permit – easier and more intuitive; and it will provide the council with a much richer source of customer insight about who is using local services and their preferences. This insight will help to design more responsive services in the future.

### Developmental and Regulatory Services

3.22 The council’s partnership with Capita to provide Developmental and Regulatory Services (DRS)<sup>7</sup> will **deliver a guaranteed £39m financial benefit over 10 years as well as significant upfront investment to sustain and improve these services**. The DRS contract will be managed via an innovative Joint Venture between the council and Capita, named ‘Regional Enterprise’ (Re).

3.23 The contract includes a range of key performance indicators which focus on **improving customer satisfaction** with the services provided, as well as growth related indicators such as **increasing business survival rates** in the borough – through improved transport and

<sup>7</sup> Planning Development Management, Building Control and Structures, Environmental Health, Trading Standards and Licensing, Strategic Planning and Housing Strategy, Highways Network Management, Highways Traffic and Development, Land Charges, Cemetery and Crematoria, Regeneration.

infrastructure and local supply chain management – and **reducing youth unemployment** through investment in apprenticeships, enterprise hubs and partnerships with Middlesex University and Barnet and Southgate College.

3.24 The Joint Venture will provide a regional platform to deliver DRS services across the south of England. Re will create a strong consultancy base and a **'best in class' range of tradable services** to win and deliver work for other authorities. As a partner in the business, **the council is entitled to a share of all income generated**, meaning that Barnet's taxpayers will benefit from the future success of the enterprise.

## 4. THE IMPORTANCE OF GROWTH AND REGENERATION IN BARNET

### CHAPTER SUMMARY:

- Barnet will continue to be a successful, growing borough as part of a successful, growing World City. London's economy will grow strongly over the remainder of the decade, which represents a significant opportunity for Barnet's residents and businesses, as well as for the council.
- Growth and regeneration is crucial for the future of the council and the borough – it brings in more revenue from Council Tax, Business Rates and the New Homes Bonus which means that less will need to be cut from local services.
- The council will receive £5.6 million in recurrent income from regeneration by 2020, with a further £5.7 million accruing by 2025. The council will also receive £50 million in one off income by the end of the decade, to be invested in infrastructure.
- Barnet will go through a significant period of regeneration over the next decade and beyond, with seven major schemes being planned and implemented in areas such as Colindale, Dollis Valley and Brent Cross Cricklewood. In total, these schemes will create more than 20,000 new homes and provide for up to 30,000 new jobs across the borough.
- Prioritising regeneration and development – both in terms of Barnet's residential and commercial spaces – will revitalise communities and ensure that the borough continues to benefit from the proceeds of growth.
- Regeneration will also reduce future demand on services through the effective design of new communities, helping residents to live longer in their own homes and reduce pressure on social care services.

### Responsible growth and regeneration for a prosperous future

4.1 Investment in regeneration and development is an **essential driver for economic growth**. Regeneration **creates jobs, reinvigorates communities and improves living standards**. Regeneration is also crucial in maintaining Barnet as a successful and prosperous London borough, where people want to live, work and study.

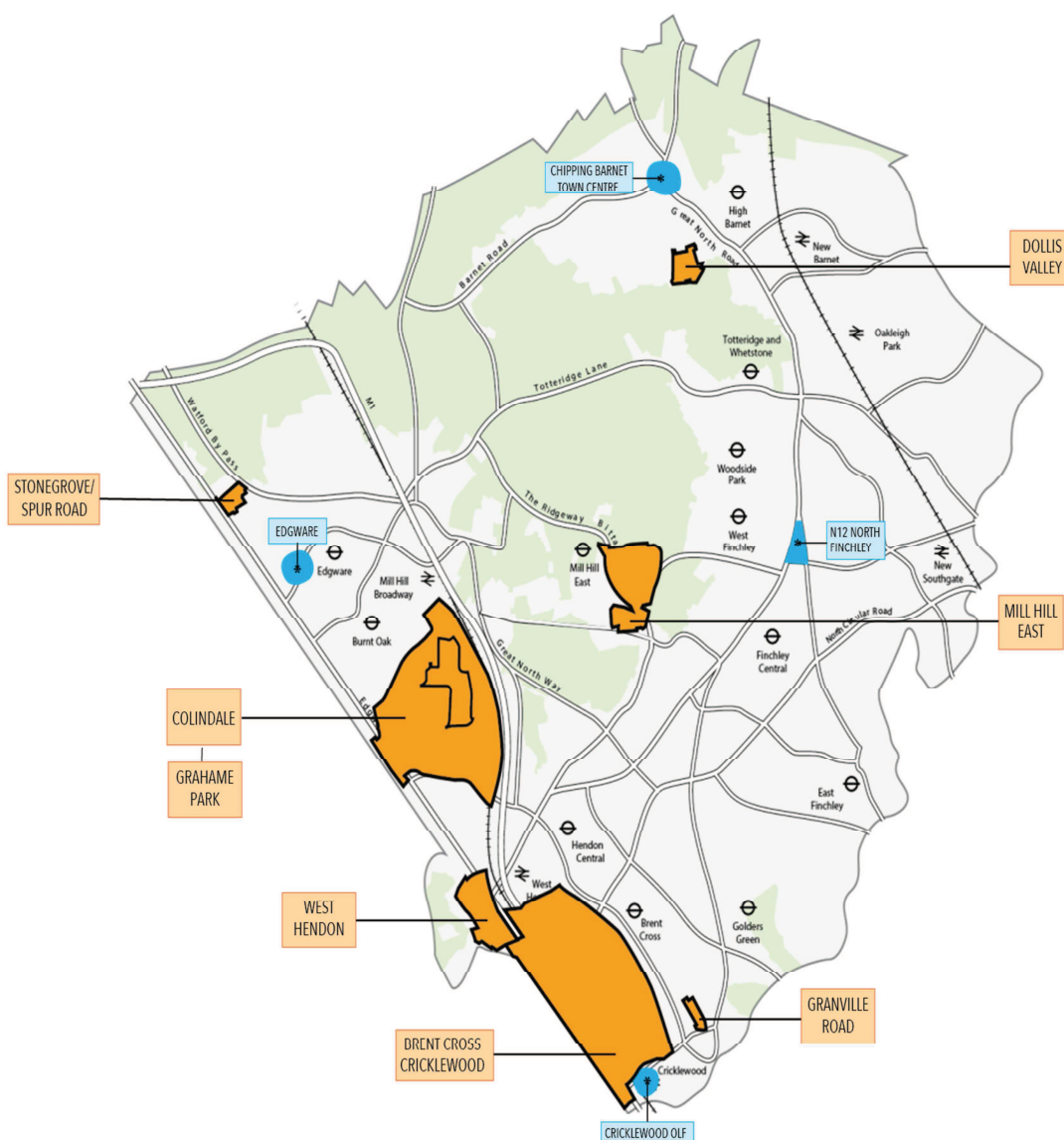
4.2 Barnet will go through a significant period of regeneration over the next decade and beyond, with seven major schemes being planned and implemented in areas such as Colindale, Dollis Valley and Brent Cross Cricklewood. In total, **these planned regeneration schemes will create more than 20,000 new homes and provide for up to 30,000 new jobs across the borough**. They will also bring **significant investment in infrastructure** – in transport, schools and community facilities.

4.3 Whilst the council is committed to embracing regeneration as a driver for continued success, it is essential that regeneration is delivered by the council and its partners in a **responsible and sustainable way**. The council will ensure that **Barnet's green and open spaces are protected** so that the borough remains an attractive place where people want to live now and in the future.

## The benefits of Barnet’s major regeneration schemes: New homes, local jobs, modern infrastructure and revitalised communities

4.4 There are seven major regeneration schemes either being planned or being implemented across Barnet. In total, the council expects to receive **£5.6 million from the proceeds of growth** – in other words, the recurrent income from the planned regeneration schemes already in the pipeline – by 2020, with a **further £5.7 million of recurrent income generated by 2025**. The council will also benefit from **one off income of over £50 million** from regeneration by 2020, to be invested in infrastructure.

Figure 1: The location of Barnet’s major regeneration schemes



### Box 3: The benefits of Barnet's major regeneration schemes

#### *Colindale and Grahame Park*

- The regeneration of Colindale, in the west of the borough, is Barnet's largest regeneration scheme. 3,000 new homes have already been built in Colindale since 2010 and, by 2025, the regeneration will create over 10,000 new homes, with around 1,000 jobs created by 2016.
- £700 million will be invested in the complete regeneration of Grahame Park, Barnet's largest housing estate, over the next 13 years which will transform the community.

#### *Brent Cross/Cricklewood*

- Planning consent for the £4.5 billion, privately funded regeneration scheme at Brent Cross Cricklewood, in the south west of the borough, was issued in 2010 and modifications agreed in 2014. In 2014, the council started the process to appoint a new development partner to deliver the scheme.
- The plan includes the refurbishment and extension of the Brent Cross shopping centre, creating 7,500 new homes and commercial space for up to 27,000 new jobs. Construction is planned to start in 2016 and will take 20 years to complete. The development will include significant investment in major infrastructure and transport including new roads, junctions and bridges, a new Thameslink railway station and replacement bus station at Brent Cross, as well as new schools and community facilities.

#### *Stonegrove and Spur Road*

- The £230 million regeneration of the Stonegrove and Spur Road Estates in Edgware, to the north of the borough, will create a revitalised, attractive and vibrant neighbourhood. The current mix of low and medium rise blocks, constructed in the 1960s and 70s, will be replaced with nearly 1,000 new homes. By March 2014, 388 new homes had been built and the scheme is on track to be completed by 2018.
- There will be road improvements to important junctions between Spur Road and Green Lane and investment in community facilities, with a new combined community hall and church buildings.

#### *West Hendon*

- The £500 million regeneration scheme at West Hendon, to the west of the borough, will create a mixed tenure of around 2,000 new homes. By February 2014, 186 new homes had been completed.
- A revised Masterplan was given planning consent in 2013 and the next major phase of 216 homes commenced in January 2014. The scheme will include the replacement of the existing community centre with a new, modern facility and the reconfiguration of the road network to improve access and traffic flow.

#### *Dollis Valley*

- The £129 million privately funded regeneration of the Dollis Valley Estate, to the north of the borough, will create a new sustainable neighbourhood with mixed tenure housing and improved transport links. The first phase started on site in January 2014 and the scheme is due for completion in the Spring of 2015.
- The existing 436 flats and maisonettes will be replaced with a mixed tenure high quality development of up to 616 new homes. Within the community space to be created, there will be a number of social enterprises co-located together, as well as training facilities to provide skills and job opportunities. There will also be a nursery providing childcare and additional employment opportunities.

#### *Mill Hill*

- The £200 million regeneration of Mill Hill, in the centre of the borough, aims to create a revitalised neighbourhood on the existing 83 acre site, with good progress made on site.
- The planned regeneration will create 2,174 new homes, together with a primary school, modern community facilities, and employment and retail opportunities with up to 500 permanent direct jobs and 40 indirect jobs. The new primary school and the east-west link road are due to open in 2014.

#### *Granville Road*

- The planned £40 million privately funded regeneration of the Granville Road Estate, situated at the southern end of the borough, includes the construction of around 145 new homes.
- The development agreement has been signed and a planning application is expected during 2014.

## Effective regeneration to reduce demand on health and social care services

4.5 Not only is the prioritisation of regeneration and development essential for the continued success of the borough, in terms of building new homes for new and existing residents and creating commerce and jobs, it is also **an essential component of the council's strategy for reducing pressure on services over the longer-term.**

4.6 The effective design of modern residential developments in communities that are well connected and encourage people to lead active lives through access to leisure and recreational activities, will **help Barnet's residents live healthier lives and live longer in their own homes which will reduce pressure on health and social care services over the longer term.**

## 5. OPPORTUNITY FOR ALL AND PROMOTING COMMUNITY PARTICIPATION

### CHAPTER SUMMARY:

- In the years ahead, Barnet will continue to be a successful borough as it benefits from being part of a successful London.
- However, there will be residents who are not currently able to take advantage of this opportunity and who are at risk of missing out – perhaps because of health problems or because they do not have the right skills or qualifications to move into employment.
- This creates a role for the council – working effectively with other parts of the public sector – to identify those residents who need a degree of support to allow them to take advantage of Barnet’s success.
- The council is working in partnership with the Department of Work and Pensions, local Job Centres, skills providers, employers and Public Health to provide guidance to residents impacted by the Government’s programme benefit reform, with the aim of more people moving into work and reducing dependency on services.
- Despite a reduction in unemployment in Barnet over the past 12 months, there remains a significant cohort of residents who have been out of work for some time. The council has joined forces with Jobcentre Plus, Barnet and Southgate College and providers of the Government’s Work Programme to agree a Partnership Agreement which aims to reduce unemployment and reliance on public services.
- Greater community participation in local issues will be an essential part of the change the council will need to achieve over the next five years. In order to negotiate the challenges ahead, the council will need to work with residents to increase self-sufficiency, reduce reliance on services, and make the best possible use of community strengths and knowledge to tailor services to need.
- The council will develop a Community Participation Strategy and Action Plan, with the aim of achieving a greater level of collaboration with communities and enabling residents to take on greater responsibility for their local areas.

### Ensuring that growth and success remains an opportunity for all

5.1 Barnet’s position as a **successful London borough** means that the benefits of London’s growing economy will bring continued prosperity to the area - and to large numbers of Barnet’s residents and businesses – with limited intervention from the council.

5.2 However, there will be residents who are not currently able to take advantage of this opportunity and **who are at risk of missing out** – perhaps because of health problems or because they do not have the right skills and qualifications to move into employment. This creates a role for the council – working with other parts of the public sector such as health and Job Centres – to identify those residents who need a degree of support to allow them to take advantage of Barnet’s success.

5.3 This means **providing the right interventions – in relation to issue such as skills, employment, health care and education – to the right people, at the right time**. This is not about creating a culture of dependency and reliance on the state – most people want to live



independent lives without the need of support – rather, the opposite. **Better enabling residents to help themselves will help to reduce reliance on public services**, and is a crucial component of the council’s long-term financial plan.

## Welfare reform

5.4 The Government’s **welfare reform programme** – which is an essential component of plans to eradicate the UK’s budget deficit – has had an impact on large numbers of residents across the borough. The council has worked with the Department for Work and Pensions and local Job Centres to **communicate the changes to the benefit system to residents so that they can make the necessary adjustments**.

5.5 The council’s overriding aim is to see **more people entering employment as the primary means of dealing with changes to benefits**, and has used the funding available to it – such as Discretionary Housing Payments – in such a way as to **incentivise work**. However, some residents will **require support to overcome personal challenges that act as barriers to employment** – such as access to childcare, health concerns, a lack of skills or qualifications – and the council has put in place policies to provide the right interventions to enable people to move into work and reduce pressure on local services.

### Box 4: Case study – preparing residents for Benefit Reform and supporting them into work

Local Government Association analysis shows that the largest impacts of the Government’s benefit reform programme are felt in London. This includes not just those boroughs that have traditionally been identified as ‘deprived’ but also boroughs such as Barnet, where high housing costs means that large numbers of residents are in receipt of housing benefit. Barnet has the 10<sup>th</sup> highest number of people impacted by the Benefit Cap of all English Local Authorities. Around 27,000 Barnet residents are impacted by reforms to Housing Benefit and Council Tax Support, 60% of which are working households.

The council has worked in partnership with the Department of Work and Pension and local Job Centres to prepare families to manage the changes brought in by benefit reform and help them find work to move off the Benefit Cap. A Benefit Cap Task Force - a co-located team comprising officers from Barnet Homes, the council’s Revenues and Benefits Service, and Jobcentre Plus – was set up in June 2013 to support people to find work and minimise the numbers of residents at risk of becoming homeless by helping them to find suitable accommodation. To date, the Task Force has engaged 92% of people affected by the Benefit Cap and has reduced the risk of people becoming homeless. 31% of residents supported by the Task Force have found work – higher than the majority of London boroughs. Across London, figures from the Department of Work and Pensions suggest that 27% have come off the Benefit Cap by moving into work in 2013/14, with DWP estimates in March 2014 suggesting that, in Barnet, this figure is higher at around 33%.

In the next year, Barnet will build on this success by preparing residents for the implementation of further benefit reforms including the introduction of Universal Credit and the transfer to Personal Independence Payments. The creation of the joint Task Force represents a new model of service provision that joins up support for the most vulnerable with the aim of helping them to improve their lives. This approach delivers more effective services; better outcomes for individuals; and a more integrated public sector and is a model that the council will continue to develop.



## Skills and employment

5.6 Over the past 12 months, **economic growth in London has seen unemployment fall to almost pre-financial crisis levels**. In Barnet, there has been a 21% reduction in Job Seekers Allowance claims, a 25% reduction in youth unemployment and a 23% reduction in long term unemployment claims.

5.7 The £1m invested to **support young people into work and training** through the council's 'Platforms' programme has helped bring about this change, by engaging with over 263 young people and 70 businesses. **In 2013, the proportion of young people in Barnet aged 16-18 that were recorded as not in education, employment or training ('NEET') fell to 2.3% - the fourth lowest figure in the country and well below the London average of 3.8%<sup>8</sup>.**

5.8 Despite this success, there remains a **significant cohort of residents who have been out of the labour market for some time**. In response, the council has joined forces with Jobcentre Plus, Barnet and Southgate College and providers of the Government's Work Programme to develop a **Partnership Agreement aimed at reducing unemployment across the borough**. The agreement will be underpinned by a **Joint Action Plan** to monitor performance. The focus of the agreement will be to support vulnerable and hard to reach cohorts into work; develop career pathways into higher level jobs in the care sector; and a focus on retail and construction opportunities that will derive from regeneration activity across the borough.

## Unlocking the potential of community participation

5.9 Greater **community participation, engagement and involvement** will be an essential part of the change the council will need to achieve over the next five years. In order to negotiate the challenges ahead, the council will work with residents to **increase self-sufficiency, reduce reliance on statutory services, and make the best possible use of community strengths and knowledge to tailor services to need**.

5.10 The council's strategic vision is to **develop a new relationship with residents that enables them to be independent and resilient and to take on greater responsibility for their local areas**. This is not about the council shifting its responsibility to residents – it is about recognising that residents want to be more involved in what happens in their local areas. Not only does this benefit residents, it will also **increase community cohesion and reduce the pressure on statutory services**. As such, **more effective resident engagement and greater community participation becomes a necessary pre-cursor to meeting the challenges facing the council**.

5.11 In many cases, residents and community groups are better placed to provide local services and understand the challenges facing their communities. The council must do more to take this into account when deciding how services are designed and delivered. This has the potential to enable residents to gain opportunities to develop their skills and capacity and communities will have stronger networks and connections and become more cohesive as a result. Greater levels of community activity also has the potential to provide both residents and

<sup>8</sup> Department for Education, May 2014

the council with more choice about how priority outcomes are achieved, through a broader range of options from which to choose.

5.12 Done effectively, greater collaboration leads to services that are **better informed about local need** and are **improved and more efficient as a result**. This will enable the council to use the most locally appropriate ways of delivering services, making use of the work of voluntary and community groups and formal and informal networks in addition to its own activity, and develop a structured approach to how existing and future capacity and demand is managed.

5.13 The council will support this vision by **developing plans that engage residents and communities with the objective of them taking on more responsibility and, where appropriate, to transfer services, assets or functions to the community**. The council will develop a **Community Participation Strategy and Action Plan**, with the aim of achieving the vision of greater collaboration with communities.

### **The council's Voluntary & Community Sector development partner**

5.14 Alongside the development of an effective strategy, the council will need a strong **voluntary and community sector (VCS) development partner** to help realise its vision. That is why the council has gone out to tender to procure an effective local partner, or partners, to help put the practicalities in place to unlock the potential of community participation.

5.15 Barnet has a large and diverse VCS, with around **1,400 organisations across the borough**. The sector is estimated to contribute in excess of £250 million to the local economy. The council does not have the capacity or networks to engage with a sector so large (and yet composed of many small organisations) and there are many groups considered 'hard to reach' who require encouragement in order to participate in their local areas. **The council needs a VCS development partner with appropriate networks, local knowledge, independence, credibility and understanding of the reasons why people choose to get involved in their local areas in order to encourage communities to participate and share responsibility for tackling local challenges.**

5.16 The council will work with its VCS development partner to unlock the potential of Barnet's communities through initiatives to **increase volunteering and participation; build networks of people with shared interests; set up community trusts to support capacity; develop social investment models; support the transfer of strategic assets from the council to communities; and nurture grassroots initiatives that harness the high levels of social capital in the borough.**

5.17 There is also a key role for the VCS partner to play in supporting the **Community Offer for Barnet Adult Social Care** and the council's shared vision with the Barnet Clinical Commissioning Group for **integrating health and social care** services.

## 6. PRIORITIES & SPENDING REVIEW 2014 – APPROACH AND METHODOLOGY

### CHAPTER SUMMARY:

- In taking forward the PSR, the council's objectives were to:
  - Develop a clear sense of the council's longer-term strategic priorities and outcomes, through a process of engagement with residents;
  - Ensure that the council's future strategic priorities and outcomes are more cross-cutting and not based around Delivery Unit silos;
  - Ensure that these priorities are developed in the context of the strategic challenges facing the borough over the medium to long-term;
  - Implement a process for ensuring that the council's resources are allocated in accordance with these priorities; and
  - Make decisions around spending and the allocation of resources based on evidence of impact and effectiveness.
- As a first step, the council developed a financial model to forecast the scale of the financial challenge over the period 2016/17 to 2019/2020, based on assumptions about future expenditure and income.
- Having established the scale of the challenge, the next step of the PSR was to develop a framework to guide the development of options for meeting the challenge. The PSR framework set out three work streams - Efficiency; Growth; and Service Transformation – with the development of options taken forward as part of each work stream.
- The PSR has been based on extensive consultation and engagement, in three phases:
  - Phase 1: Consulting residents on what matters to them as the council begins its thinking about meeting the challenge.
  - Phase 2: 'A Call for Evidence' - consulting residents, local and national professional organisations and think tanks on their views about how the council should go about meeting the challenge.
  - Phase 3: Consulting residents on specific service by service savings proposals before final decisions are made by elected Councillors and proposals are cast into budgets.
- The outputs from the first phase of consultation have been used to establish a set of principles against which the development of PSR options have been framed. These principles are: Fairness; Responsibility; and Quality of Life for All.
- Further evidence from the PSR Call for Evidence will be used to inform the development of savings and income generation options by elected Councillors through Council Committees.

### The objectives of the PSR

6.1 The PSR was designed as a **12 month process of research and analysis to understand the scale of the financial challenge to the end of the decade, determine the council's longer-term priorities – reflecting the priorities of residents - and set a new Medium Term Financial Strategy (MTFS) to 2019/20**. The PSR process has been underpinned by **consultation**, both with residents and with local and national commentators.

6.2 As set out in **Chapter 1**, the fundamental driver of the PSR was to ensure that decisions taken by elected Councillors about how to allocate budgets across different part of the council – and the decisions required to live within those budgets – were taken on the basis of a **considered, bottom up process informed by engagement and consultation** and to avoid decisions being taken in an arbitrary, top down way. The objectives of the PSR, which were developed at the start of the process, were to:

- Develop a clear sense of the council’s longer-term strategic priorities and outcomes, through a process of engagement which reflects the aspirations of residents;
- Ensure that the council’s future strategic priorities and outcomes – and the means of delivering them – are more cross-cutting and not based around Delivery Unit silos;
- Ensure that these priorities are developed in the context of the strategic challenges facing the borough over the medium to long-term;
- Implement a process for ensuring that the council’s resources are allocated in accordance with these priorities; and
- Make decisions around spending and the allocation of resources based on evidence of impact and effectiveness.

### Calculating the council’s spending envelope to 2020

6.3 The first step of the PSR was to **determine the scale of the financial challenge facing the council to the end of the decade**, by modelling the council’s budget over the period from 2016/17 to 2019/2020. In doing so, the council developed a financial model based on assumptions about the forecast level of expenditure and income in order to determine the gap between the two.

6.4 This is a forecast, which involves taking account of a number of variables, and is therefore **susceptible to change**. However, that being the case, the financial model is based on the most recent official statistics in relation to issues such as demography and inflation and is based on HM Treasury assumptions about future public spending reductions. As such, the council believes that the model **represents a credible basis upon which to base future spending plans**.

#### Box 5: Modelling the council’s budget to 2020

##### Expenditure variables modelled:

- Pay and non-pay inflation
- Assumptions relating to the North London Waste Authority levy.
- Capital financing costs.
- Contingency levels.
- Spending on concessionary fares.
- Demographic assumptions.

##### Income variables modelled:

- Public Health allocations.
- Business rates and top up grant.
- Revenue Support Grant.
- Council Tax income.
- Education Support Grant, Council Tax & Housing benefit admin grants.

## The outputs of the model: A £72 million budget gap between 2016/17 - 2019/20

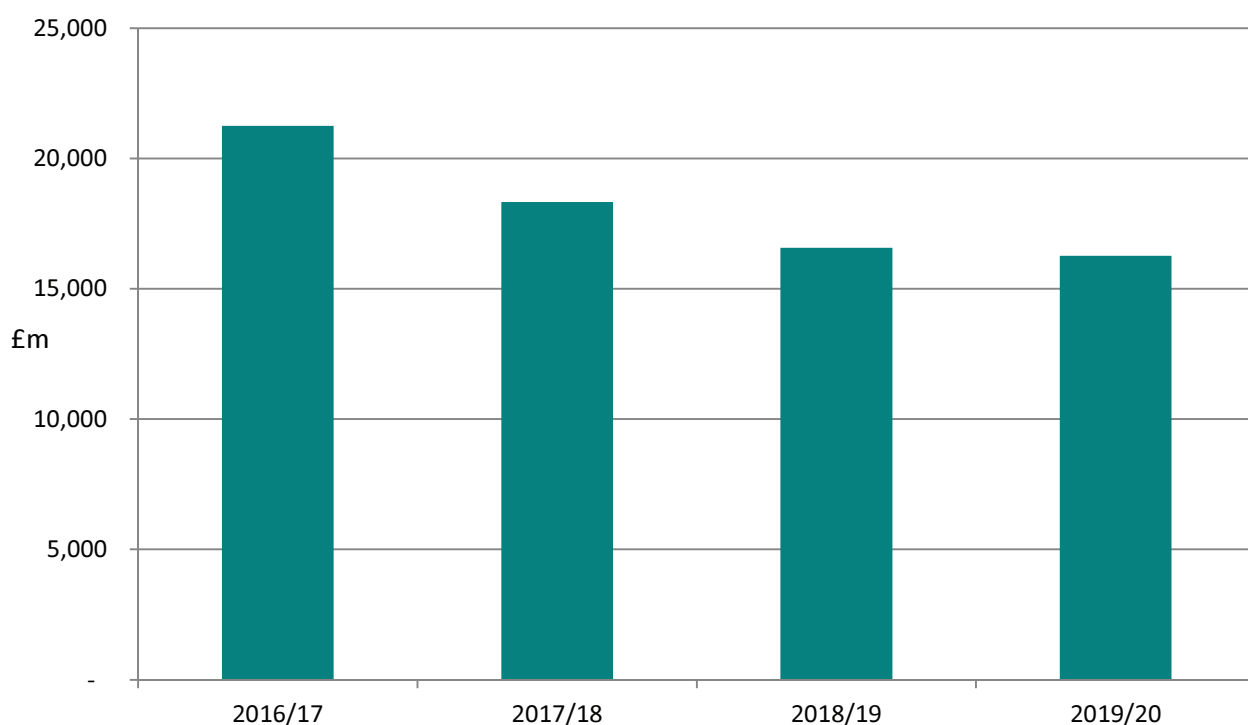
6.5 The PSR financial model was used to develop the council’s forecast budget over the period 2016/17 to 2019/20. The output of this modelling has shown that **the scale of the budget gap facing the council over the period is forecast to be £72 million**, with the following profile:

Table 1: Profile of forecast Barnet Council budget gap from 2016/17 to 2019/20

2016/17 £m	2017/18 £m	2018/19 £m	2019/20 £m	Total £m
21	18	17	16	72

6.6 That is to say, **the council will have £72 million less available to spend on 1 April 2020 than it does on 1 April 2016**. When combined with the £72 million reduction to the council’s budget over the period 2010-11 to 2015-16, **the council’s spending power – when factoring in inflation - will be around 50% lower at the end of the decade than it was at the start**.

Graph 1: The council’s forecast £72 million budget gap from 2016/17 to 2019/20



## Developing a PSR framework

6.7 An important element of the PSR was the need to **develop a framework early on in the process in order to draw a distinction between the options being developed**. The PSR framework was based around three work streams:

**Box 6: The Priorities & Spending Review Framework**

1. **Be more efficient:** The development of measures to generate efficiency savings through *business* transformation programmes, workforce development, better procurement and more effective use of assets.
2. **Growth and income:** The development of measures to maximise income through increasing the tax base (housing and regeneration) and generating income for the council.
3. **Service transformation:** The development of measures plans to reduce the cost of services through the commissioning of *service* transformation programmes, taking a 'Whole Place' approach to service delivery across the public sector; and the de-commissioning of lower priority services.

6.8 The PSR framework served as an important mechanism for **guiding the development of options for making savings and generating income** across different parts of the organisation and with local partners.

**PSR consultation and engagement**

6.9 From the outset, it was the council's intention that the PSR would be based on a process of **consultation and engagement** – not only with residents but also with local and national partners, think tanks, membership organisations and commentators. To develop options for the future of the council and for local services without basing analysis on the views and preferences of Barnet's residents would not be feasible.

6.10 As such, the consultation strand of the PSR is perhaps the most important element of the process, as it not only grounds the development of options in the context of **what matters to residents** but it also provides a degree of **external challenge** to the council's thinking, to ensure that it is informed by learning and best practice from elsewhere.

**Box 7: Objectives of the PSR consultation and engagement**

- **The objectives of the consultation strand of the PSR were to:**
  - Understand resident views about the services in their local area.
  - Identify what residents value about their local area.
  - Discuss what residents think the service priorities should be for their local area.
  - Identify whether there are areas where Barnet needs to focus its investment to meet needs and demand.
  - Understand what residents feel the priorities should be for the vulnerable in times of austerity.
  - Identify where there are opportunities and how the Council can support individuals getting more involved in their area e.g. mentoring, skills development, looking after their area, and other volunteering.

## Approach to consultation and engagement in the PSR

6.11 The consultation and engagement strand of the PSR has been based around three distinct phases:

### Phase 1: Consulting residents on what matters to them as the council begins its thinking about meeting the challenge

- Phase 1 was conducted by OPM – an independent research organisation – using a qualitative approach based on the use of Citizen Panel events and Focus Groups. A total of 215 residents were engaged during the first phase of PSR consultation.
- Three Citizens' Panel workshops and 16 focus groups were held between October and December 2013 and included a reflective sample of the local population, while focus groups were targeted at specific service users, businesses and some protected characteristic groups.
- A summary of the first phase of consultation, published in February 2014, can be found at the following link: <http://barnet-challenge-opm.co.uk/wp-content/uploads/2014/03/Summary-report-phase-1-Barnet-Challenge-consultation.pdf>

### Phase 2: A 'Call for Evidence' - consulting residents, local and national professional organisations and think tanks on their views about how the council should go about meeting the challenge

- The 'Call for Evidence' phase of PSR consultation is an online consultation which builds on the feedback from residents in Phase 1.
- The Call for Evidence moves from asking residents for their broad views of the borough, their priorities and council services, to asking questions of groups and organisations about how change might be brought about and the future of local public services. The Call for Evidence asks for ideas about how the council should prioritise, how it can save money and how it can generate more income.

### Phase 3: Consulting residents on specific service by service savings proposals before final decisions are made by elected Councillors and proposals are cast into budgets

- The third phase of consultation will happen on specific savings and income proposals ahead of final decisions being taken by elected Councillors. Consultation on specific proposals will happen through the council's annual Finance and Business Planning Process in the usual way.

## Messages from the first phase of resident consultation and the development of a set of principles to frame the PSR: **Fairness; Responsibility; and Quality of Life**

6.12 The first phase of PSR consultation enabled the council to construct a framework for discussion on the PSR through the development of a set of **PSR principles**, based on the views of Barnet's residents. These principles were used to frame the development of PSR options.

6.13 Specifically, the results of the consultation demonstrated the need for the council to develop a programme of transformation that supports the principles of: **Fairness; Responsibility; and Quality of Life for All**.



### Box 8: Barnet's PSR principles - Fairness; Responsibility; and Quality of Life

#### Fairness

- The consultation demonstrates that residents value the support the council provides to the most vulnerable and there is a belief that the council should do all it can to support everyone to enjoy the advantages of life in Barnet.
- There is support for the council to help local businesses, and a belief that the council should be more entrepreneurial and market its services more widely.
- No one, unsurprisingly, identifies services for which they would pay more, but there is a great deal of support for the council being more entrepreneurial in the development process.

#### Responsibility

- The consultation demonstrates that, when residents come to terms with the scope of the reduction in public spending and its impact on local services, they understand the need for the council to change and that residents and voluntary organisations will have to play a bigger part in 'Keeping Barnet Barnet'.
- The deal proposed to the council though the consultation is that the council should actively make voluntary activity and community participation as simple as possible. Those consulted expressed a desire for the council to show how it is on the side of residents and businesses and is prepared to support the local community to look after itself.

#### A Good Quality of Life for all

- The consultation demonstrates that Barnet's parks and green spaces are very highly valued by residents and are, along with education, key indicators of quality of life in the borough. They are also areas where it may be possible to mobilise more voluntary activities.
- The council seems to be blamed in part for the failings of local high streets and there is a belief that the council needs to be a participant in developing their future.
- The consultation shows that the most frequent, heavy users of public services - those with the most to lose from change - are also the most sceptical about the scale of the financial challenge facing the council and about the need to reform services to meet that challenge.
- The consultation also demonstrates a lack of understanding about the need for on-going austerity and a sense that spending cuts were now a thing of the past.

## Taking account of views expressed through the PSR Call for Evidence

6.14 The **Call for Evidence** phase of the PSR consultation – which asks for views on how the council can meet the financial challenges it faces – is a crucial component of how the council will generate ideas for savings and service reform.

6.15 Responses from residents and from local and national professional bodies and think tanks as part of the Call for Evidence will be **considered, collected and presented to elected Councillors as savings and income generation proposals are developed through Council Committees.**



## 7. MEETING THE CHALLENGE – PSR SAVINGS AND INCOME OPTIONS

### CHAPTER SUMMARY:

- The council’s total revenue budget in 2015/16 will be £280 million, with 60% of spend going on social care services for children and adults and on environmental services including waste, recycling and street cleansing. Although savings will need to be maximised across all areas of the organisation, significant reductions will need to be made from within these services if the council is going to close the £72 million gap in its finances.
- Council resources are spent mainly on 3 things: Workforce; supplies and services from third parties; and buildings and assets. In making the £72 million of savings required, the council will have to spend less across all of these areas.
- There is a clear trade-off between spending less on services and generating additional income. The council will need to consider the relative balance between spending reductions and increased income – including from Council Tax - in meeting the financial gap.
- In total, the PSR has identified options that have the potential so save the council up to £50.8 million through reduced spending and increased income over the period from 2016/17 to 2019/20 and go towards closing the £72 million budget gap.
- The options identified through the PSR can be categorised as follows:

Category	Potential £m
Increasing organisational efficiency	24.4
Reducing demand, increasing independence	10.0
Service redesign	6.2
Growth and Income	10.2
<b>Total</b>	<b>50.8</b>

- Of the total £50.8 million identified, nearly half (48%) come from increasing efficiency. Of the remainder, 20% comes from reducing demand and increasing independence; 20% from the proceeds of growth and taking a more entrepreneurial approach to maximise income; and 12% from redesigning and integrating services.
- It will be for elected Councillors to decide whether to take the options forward to implementation, through decisions at Council Committees and informed by public consultation. In order to transact this, the PSR has categorised the options identified according to areas of responsibility for each Committee.

7.1 As set out in **Chapter 6**, financial modelling shows that the council is facing a forecast budget gap of £72 million over the period from 2016/17 to 2019/20. This chapter focuses on **the options for making savings and generating income for closing that gap that have been identified through the PSR.**

7.2 Options have been developed by council officers, working with the council’s public sector and wider strategic partners and drawing on feedback from resident consultation. **It will be for elected Councillors, as representatives for Barnet’s residents, to determine which of these options – and others that the council will continue to develop – will be taken forward through**

to implementation, following public consultation on specific proposals. Many of the options will require further iteration and development to ensure that the associated risks and barriers to delivery are identified and mitigated as business cases for each option are developed.

### Barnet’s total budget

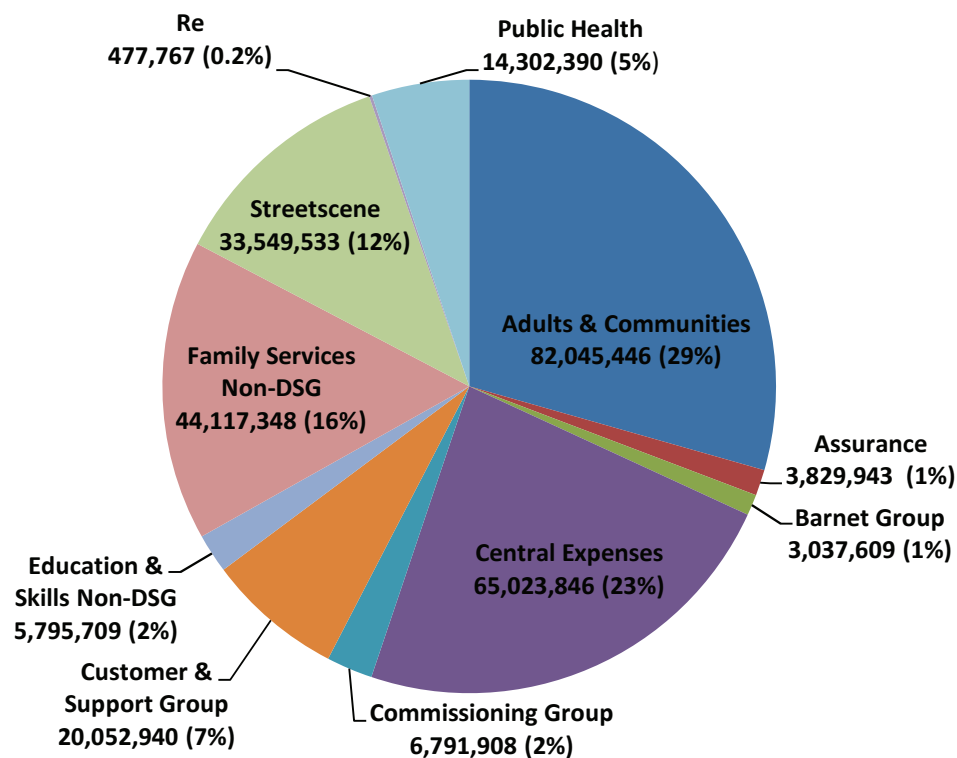
7.3 Before outlining the PSR options, it is important to set the context by considering how the council’s current budget is currently constructed and, therefore, where savings will need to be made.

7.4 The council’s total base net budget position in 2015/16<sup>9</sup> will be £280 million (excluding the dedicated schools grant). This is £72 million lower than the council’s base budget in 2010/11, before the first round of spending cuts were passed on from Government.

7.5 Of this £280 million, the majority of council spending is allocated to three main areas which make up over 60% of the budget:

- Adult Social Services - £82 million (29%);
- Children’s Services (Family Services and Education & Skills combined) - £50 million (18%); and
- Streetscene (parks, environment, street cleaning) - £33.5 million (12%).

7.6 This means that, in order to negotiate a further budget reduction of £72 million by 2020, a large proportion of savings will need to be found from within these three budget areas.



<sup>9</sup> 2015/16 is the final year of the council’s current Medium Term Financial Strategy period and represents the baseline for the new MTFS through to 2020.

7.7 Savings will need to be found from within the **central expenses budget**, which includes spending on **staff redundancy, concessionary fares, levies, contingency and the financing of new school builds**.

## How the council budget is spent

7.8 In general, Local Authorities spend their resources in **three main areas**. This means that, if the council is going to spend less, it follows that spending on one or all of these three things will need to reduce:

- **Workforce costs** – at the beginning of 2016/17, Barnet will spend £66 million a year on its workforce.
- **Supplies and services from third parties** – at the beginning of 2016/17, Barnet will spend £177.5m a year on supplies and services from third parties.
- **Buildings and assets** - at the beginning of 2016/17, Barnet will spend £4.9m a year on buildings and assets.

7.9 There is a **clear trade-off between spending less on services and generating more income**. Local Authorities can raise income by:

- **Increasing fees and charges** for a range of council services.
- **Changing eligibility criteria** for access to certain services.
- **Commercialising services**.
- **Increasing the Council Tax rate** – increasing Council Tax by 2% raises roughly £2.5m a year.
- **Changing the Council Tax contribution rate** for those eligible for Council Tax support.
- **Growing the tax base** – by building more residential properties and encouraging more enterprise and commerce.

7.10 As the council takes decisions about how to achieve a further £72 million of savings over the latter half of the decade, it will need to consider **the balance not only between how savings are made – for instance, savings to workforce, suppliers and assets – but also the relative balance between spending reductions and increased income**.

## Categorising the options developed through the PSR

7.11 As the PSR process progressed and the evidence base developed, opportunities for saving money and increasing income began to emerge. Analysis of these emerging options identified a level of commonality between them, which led to the development of **four categories of intervention** that the council should consider as it puts in place the reforms required to meet its future financial challenges.

7.12 The **four PSR themes** are:

**Box 9: Priorities & Spending Review themes**

1. **Increasing organisational efficiency** – Opportunities for the council to become more efficient without discernibly affecting the quality of services to residents (i.e. doing more – or the same – with less).
2. **Reducing demand, increasing independence** – With less money and rising demand, both the council and the borough’s residents will need to behave differently. The council will need to focus on enabling residents to help themselves and each other. This will be achieved through a variety of means:
  - Intervening where needed in a targeted way, with the aim of reducing reliance on public services state.
  - Investing in preventative services, such as better targeting of early years support to prevent young people from entering social care services.
  - Enabling residents to take greater personal and civic responsibility, through the development of a new relationship with residents based around greater transparency, engagement and involvement in local services.
3. **Service redesign** – Adopting a first principles approach to how the council fulfils a number of its statutory and non-statutory obligations has revealed opportunities to re-design services in a way that better targets support to those who used services and reduce cost, including through greater integration across public sector agencies.
4. **Growth and Income** - Regeneration and measures to boost local economic growth will increase the council’s residential and commercial tax yield. There are also opportunities to raise additional income from fees and charges, in areas where it is legally viable and in a way that is fair to the users of services.

## Options for savings and income generation identified through the PSR

7.13 Through the PSR process, the council has identified options to make savings and increase income across the organisation which total approximately £50.8 million over the period from 2016/17 to 2019/20.

7.14 The total financial benefit of the PSR options package may change due to differing degrees of risk involved in delivering the options. The £50.8 million value should therefore be seen as an approximate figure at this stage, pending further analysis through the development of detailed business cases.

### Box 10: PSR options – financial summary:

- In total, the PSR has identified £50.8 million of savings and income generation options over the period 2016/17 to 2019/20 towards closing the total forecast budget gap of £72 million over the period.
- The options identified have been categorised as follows:

Category	Potential £m
Increasing organisational efficiency	24.4
Reducing demand, increasing independence	10.0
Service redesign	6.2
Growth and Income	10.2
<b>Total</b>	<b>50.8</b>

- Of the total £50.8 million of options identified, nearly half (48%) come from options for increasing organisational efficiency.
- Of the remainder, 20% comes from options for reducing demand and increasing independence; 20% from the proceeds of growth and increased income; and 12% from service redesign and integration.

## Proposed share of PSR options allocated to Council Committees

7.15 The PSR process has identified the scope for generating savings and increasing income across all areas of the council, by analysing spending on items such as workforce and contracts within each of the council’s Delivery Units and the central directorates (the Commissioning Group and Assurance Group). Through detailed analysis, the PSR has identified a quantum of savings that it would be feasible to make within each Delivery Unit by going further on organisational efficiency and also through the redesign of services.

7.16 Now that the PSR process has concluded, it will be for elected Councillors to take decisions on whether to take the proposals set out in this report forward through to implementation, through decisions at Council Committees. In order to transact this, the PSR options have been categorised according to areas of responsibility for each Committee.

7.17 It is proposed that the £50.8 million of PSR options are allocated to the 7 Council Committees and the Health and Well Being Board according to the following share:

Council Committee	Share of PSR options £m	% of total budget overseen by Committee
Adults and Safeguarding Committee	12.6	16%
Children, Education and Libraries Committee	8.0	16%
Environment Committee	5.9	18%
Community Leadership Committee	0.8	48%
Assets, Regeneration and Growth Committee	10.1	24%
Policy and Resources Committee	12.7	
Health and Well Being Board	0.7	5%
<b>Total</b>	<b>50.8</b>	<b>100</b>

7.18 It will be for each Council Committee to **work through the detail of the options set out in this report – through the development of detailed business cases and the commissioning of further analysis where required – and take final decisions on which options to implement.**

## PSR savings and income options by Council Committee – detail

7.19 This section sets out **further detail on the PSR options that will go to Committees for consideration and decision.**

### Adults and Safeguarding Committee – savings of £12.6m

7.20 The **Adults and Safeguarding Committee** will have oversight of how the council delivers adult social care through the Adults and Communities Delivery Unit. As the council’s largest internal Delivery Unit, with a total revenue budget of **£82 million**<sup>10</sup> (29% of the council’s total budget), a significant proportion of savings will need to be found from within the Adults and Communities Delivery Unit in order for the council to close the gap in its total budget.

7.21 The PSR has identified scope to make **organisational efficiency savings of approximately £4.7 million by 2019/20** through a range of measures, including:

- **A 10% reduction in workforce spending by 2019/20 (2.5% a year from 2016/17 to 2019/20), in order to save £1.5 million.** Savings will be achieved by **increasing workforce productivity, reviewing Terms and Conditions and reducing layers of management** within the Adults and Communities Delivery Unit.
- Savings of approximately **£2.6 million by 2019/20** by **re-procuring key contracts, bearing down on external suppliers and improving contract management to drive down costs.**

7.22 Around £79 million is spent by the council each year on **adult social care costs**, which includes spending on personal budgets for care and support, domiciliary care and equipment to

<sup>10</sup> 2015/16 Medium Term Financial Strategy

support people in their own homes, as well as residential and nursing care placements. It is the council’s ambition to **support more people with care and support needs to remain in their own community and home for as long as possible, to improve their quality of life and to reduce demand on high cost residential care placements.**

7.23 The PSR has identified the opportunity for savings of approximately £6.9 million by 2019/2020 through measures to **target support and develop a wider range of housing options for residents with dementia and learning disabilities - and their families – which allows them to live at home for longer and support themselves more.**

7.24 Similarly, the PSR has identified further savings opportunities totalling £1m through **integrated working with the NHS and redesigning services** to ensure that older people receive co-ordinated, joined up care services that reduce duplication and better anticipate and respond to their needs.

**Summary:**

- The PSR has identified options to increase the financial benefit to the council by approximately **£12.6 million** in the Adult and Safeguarding Committee’s area of responsibility area, through the following means:

<b>Improving organisational efficiency, including:</b>	<b>Approximately £4.7 million</b>
<ul style="list-style-type: none"> <li>• Measures to improve workforce productivity, review of Terms and conditions and reducing management overheads within the council’s Adults and Communities Delivery Unit.</li> <li>• Re-procuring key contracts and improving contract management to drive down contract and supplier costs.</li> </ul>	
<b>Reducing demand and promoting independence, including:</b>	<b>Approximately £6.9 million</b>
<ul style="list-style-type: none"> <li>• Measures to help older people with dementia live at home for longer, reducing the demand for social care services.</li> <li>• More effective, targeted support to younger people with learning difficulties to support their growth into early adulthood.</li> <li>• Targeting social care assessment processes on those that are most in need.</li> <li>• Increasing disabled facilities grants and housing adaptations to allow people to live at home for longer, reducing the demand for social care services, and building more extra care housing.</li> </ul>	
<b>Redesigning services, including:</b>	<b>Approximately £1.0 million</b>
<ul style="list-style-type: none"> <li>• Integrating service provision and commissioning so that conditions associated with frail elderly residents are managed and supported more effectively.</li> </ul>	
<b>TOTAL</b>	<b>Approximately £12.6 million</b>



## Children, Education and Libraries Committee – savings of £8.0 million

7.25 The **Children, Education and Libraries Committee** will have oversight of the council's Children and Family Services, which is made up of the **Family Services** and **Education and Skills Delivery Units**.

7.26 Combined, **spending on Children and Family Services accounts for approximately 18% of the council's total annual budget (£49.9 million in 2015/16)**, which represents the **second largest area of council spend**. As with the Adults and Communities Delivery Unit, the council will need to make significant savings from within Children and Family Services if it is to successfully close its overall budget gap.

7.27 The PSR has identified scope to make **organisational efficiency savings of approximately £2.3 million by 2019/20**, through a range of measures within Family Services, including:

- A **10% reduction in workforce spending by 2019/20 (2.5% a year from 2016/17 to 2019/20), in order to save £1.8 million**. Savings will be achieved by **increasing workforce productivity**, reviewing **Terms and Conditions** and **reducing layers of management**.
- Savings of approximately £0.5 million by **re-procuring key contracts, bearing down on external suppliers and improving contract management to drive down costs**.

7.28 Within the **Education and Skill Delivery Unit**, the PSR has identified the opportunity for **an alternative delivery model for the provision of services to schools, to deliver efficiency savings, increase income and ensure the continued provision of high quality services through a partnership approach that brings together resources from different sectors**.

7.29 The PSR has identified options for a **reconfigured early years model** which will enable Barnet to better focus on **increasing early years standards for all** and **better identify, support and signpost the most vulnerable families in the borough**. This will reduce the number of cases escalating to the point that a social care intervention becomes necessary.

7.30 The PSR has identified the opportunity to improve outcomes for looked after children and generate savings by **positioning Barnet as an excellent borough in which to be a foster carer**. This includes investing in an enhanced support offer for foster carers that enables more foster care support to children, including those with complex needs, and reduces spending on more expensive external placements.

7.31 The PSR has also identified opportunities for a revised **Libraries Strategy**, based on an evidence led review of Barnet's libraries to identify a new model of library services which utilises the latest technology to increase efficiency whilst maintaining a comprehensive network.

### **Summary:**

- **The PSR has identified options to increase the financial benefit to the council by approximately £8.0 million in the Children, Education and Libraries Committee's area of responsibility, through the following means:**



<b>Improving organisational efficiency, including:</b>	<b>Approximately £2.3 million</b>
<ul style="list-style-type: none"> <li>Measures to improve workforce productivity, review of Terms and conditions and reducing management overheads within the council’s Family Services Delivery Unit.</li> <li>Re-procuring key contracts and improving contract management to drive down contract and supplier costs.</li> </ul>	
<b>Reducing demand and promoting independence, including:</b>	<b>Approximately £0.5 million</b>
<ul style="list-style-type: none"> <li>Measures to increase the number of children and young people in living in local Barnet foster homes and providing enhanced support to prevent placements breaking down and triggering more expensive residential placements.</li> </ul>	
<b>Redesigning services, including:</b>	<b>Approximately £5.1 million</b>
<ul style="list-style-type: none"> <li>Considering the option of an Alternative Delivery Model for the Education and Skills service, in order to ensure the continued provision of high quality services through a partnership approach that brings together resources from different sectors.</li> <li>Re-shape and re-focus the early years offer to provide better-targeted early support and signposting for families, reducing the number of children and young people who require costly higher level social care interventions.</li> <li>An evidence led review of Barnet’s libraries to identify a new model of library services which utilises the latest technology to increase efficiency whilst maintaining a comprehensive network.</li> </ul>	
<b>TOTAL</b>	<b>Approximately £8.0 million</b>

## Environment Committee – savings and income of £5.9 million

7.32 The PSR has identified a package of **efficiency measures totalling £2.4 million** within the Streetscene Delivery Unit which seeks to **improve the productivity and effectiveness of four key services - refuse and recycling, grounds maintenance, street cleansing and vehicle maintenance**. The changes include **root and branch reviews of: Service need; delivery rounds; operational hours; staff productivity; and Terms and Conditions**.

7.33 In **street cleansing**, there will be greater mechanisation, a review of Town Centre teams and a review of all routes to **ensure resources are precisely targeted**. In **refuse and recycling**, a similar approach will be taken with respect to rounds, use of vehicles, routing and the on-going development of a range of new recycling services. These **efficiency and productivity changes** will be implemented in each of the four services as part of a **data led transformation project** which seeks to **maximise effectiveness and reduce cost**.

7.34 The PSR has also identified the potential for efficiencies by **bearing down on contract costs with current suppliers**, for example in **street lighting and in the re-procurement of the parking operations contract**; the on-going **internalisation of fleet operations**; and an **open exploration of what else the market or community organisations could bring in efficiency**

**savings to street scene services** and other elements of the service such as the **household waste recycling centre** and the **community management of bowling greens**.

7.35 In terms of **service demand**, the biggest area of spend is on **waste disposal and waste collection**, with annual budgets of £15.5 million and £6 million respectively. Barnet currently ranks 29th out of 33 London boroughs in the league table of **tonnes of waste produced per household**, and pays a fifth of the entire levy to the North London Waste Authority (NLWA), despite being only 1 of 7 boroughs to contribute. Whilst the borough is large and has a large number of households, more pro-active work that can be done to improve this and reduce costs. This is an area of substantial focus and has the potential to **deliver approximately £2.7 million in savings**. This will be achieved through **establishing good data about future demand; the development of a commissioning policy; active client management of the NLWA relationship to get the best deal for Barnet; and continuing to expand recycling and getting a better price for recycled materials**. It will also be achieved by working creatively with residents so that they can take reduce the amount of waste produced.

7.36 The PSR has identified opportunities to **maximise the use of parks and open spaces to generate income in a responsible way**, by looking at assets such as cafes and buildings in parks; sports pitches and the potential to develop these and other sporting facilities; and to take a commercial approach to a number of services, for example trade waste sales, and **the sale of the cleansing and grounds maintenance to the commercial sector**.

**Summary:**

- The PSR has identified options to increase the financial benefit to the council by approximately **£5.9 million** in the Environment Committee’s area of responsibility, through the following means:

<b>Improving organisational efficiency, including:</b>	<b>Approximately £2.4 million</b>
<ul style="list-style-type: none"> <li>• Implementing a programme of operational change to optimise resources and deliver improvements in productivity across refuse and recycling, grounds maintenance, street cleansing and vehicle maintenance services.</li> <li>• Re-procuring key contracts and improving contract management to drive down contract and supplier costs.</li> <li>• Examining how alternative delivery models may deliver improved outcomes for waste and recycling, parks and street cleansing at lower cost.</li> <li>• Changes to the management and costs of disposing of waste.</li> </ul>	
<b>Reducing demand and promoting independence, including:</b>	<b>Approximately £2.7 million</b>
<ul style="list-style-type: none"> <li>• Working with residents and community groups to achieve a reduction in the amount of waste generated and considering the frequency of waste collection to help achieve this.</li> </ul>	
<b>Promoting growth and raising income, including:</b>	<b>Approximately £0.8 million</b>
<ul style="list-style-type: none"> <li>• Exploiting commercial opportunities to sell services to businesses and private land owners.</li> <li>• Increasing income from better utilisation across the parks and open spaces asset portfolio.</li> </ul>	
<b>TOTAL</b>	<b>Approximately £5.9 million</b>

## Assets, Regeneration and Growth Committee – savings and income of £10.1 million

7.37 As set out in **Chapter 4**, the council will benefit significantly over the PSR period through its major regeneration schemes, which will increase the residential and business related tax base through the construction of houses and commercial properties. In total, the PSR forecasts that the council will receive an additional **£5.6 million** over the period 2016/17 to 2019/20 as a result of **planned regeneration and development activity**.

7.38 In addition, the PSR has also identified the **opportunity for efficiency savings** of up to **£4.5 million** by 2019/20, through a range of measures including **reducing office accommodation costs** and **increasing income from council owned assets**; **increasing energy efficiency** across the council’s estate; re-procuring key contracts and improving contract management to **drive down contract and supplier costs**; and **capitalising regeneration-related expenditure**.

### Summary:

- The PSR has identified options to increase the financial benefit to the council by approximately **£10.1 million** in the Assets, Regeneration and Growth Committee’s area of responsibility, through the following means:

<b>Improving organisational efficiency, including:</b>	<b>Approximately £4.5 million</b>
<ul style="list-style-type: none"> <li>• Reducing the cost of office accommodation and increasing income through more effective use of council owned assets.</li> </ul>	
<ul style="list-style-type: none"> <li>• Increasing the energy efficiency of the council estate.</li> </ul>	
<ul style="list-style-type: none"> <li>• Re-procuring key contracts and improving contract management to drive down contract and supplier costs.</li> </ul>	
<ul style="list-style-type: none"> <li>• Capitalisation of regeneration-related expenditure.</li> </ul>	
<b>Promoting growth and raising income, including:</b>	<b>Approximately £5.6 million</b>
<ul style="list-style-type: none"> <li>• Growing the council’s residential and business related tax base as a result of regeneration and development activity.</li> </ul>	
<b>TOTAL</b>	<b>Approximately £10.1 million</b>

## Policy and Resources Committee – savings and income of £12.6 million

7.39 The PSR has identified opportunities for **organisational efficiency savings** across the areas of the organisation which will be overseen by the **Policy and Resources Committee** – in particular the council’s **Commissioning Group and Assurance Group** – with **a package of efficiency measures which has the potential to save up to £9.2 million**.

7.40 This includes **savings to workforce costs within the Commissioning and Assurance Groups**, where **a 10% workforce saving across both groups will save approximately £630,000 by 2019/20** and is in line with workforce savings that are recommended within Delivery Units.

7.41 In addition to greater workforce productivity, the PSR has identified a range of **further efficiency measures** including **reducing IT and printing costs** across the council; re-procuring key contracts and improving contract management to **drive down contract and supplier costs**; cutting spending on **membership fees and subscription costs**; bearing down on **redundancy costs**; options for **reducing finance and borrowing costs**; and reviewing **Councillor allowances**.

7.42 The PSR has identified the potential for savings by **combining commissioning and corporate functions with another Local Authority, including the sharing of senior management team posts**, which could save up to **£600,000 if a partner Authority could be identified**.

7.43 There is a **clear trade-off between the amount that the council will need to cut from public service budgets and the amount of revenue that can be generated through fees and charges**. The PSR has identified options to **increase council income by raising fees and charges across a range of council services**, where it is legally viable to do so, by a moderate amount in order to reduce the level of cuts to service budgets.

7.44 Additional income could also be generated by **reviewing the level of Council Tax contribution from those eligible for Council Tax Support**, although further modelling will be required to determine the potential impact on the levels of personal indebtedness by those affected and potential debt write offs to the council.

**Summary:**

- The PSR has identified options to increase the financial benefit to the council by approximately **£12.6 million** in the Policy and Resources Committee’s area of responsibility, through the following means:

<b>Improving organisational efficiency, including:</b>	<b>Approximately £9.2 million</b>
<ul style="list-style-type: none"> <li>• Measures to improve workforce productivity, review of Terms and Conditions and reducing management overheads (including sharing management post with other Local Authorities) within the council’s Commissioning and Assurance Groups.</li> <li>• Re-procuring key contracts and improving contract management to drive down contract and supplier costs.</li> <li>• Reducing subscription costs and membership fees to a minimum across the council.</li> <li>• Rationalising IT and printing costs across the council.</li> <li>• Bearing down on redundancy costs.</li> <li>• Reducing finance and borrowing costs.</li> <li>• Sharing corporates services (for example, emergency planning, audit, business continuity) with another Local Authority.</li> <li>• Reviewing Councillor allowances.</li> </ul>	
<b>Promoting growth and raising income, including:</b>	<b>Approximately £3.4 million</b>
<ul style="list-style-type: none"> <li>• Considering moderate increases to a range of fees and charges, where it is legally viable to do so, to help off-set the level of cuts to service budgets.</li> <li>• Considering changes to Council Tax support and reviewing the level of Council Tax contribution from those eligible for support.</li> </ul>	
<b>TOTAL</b>	<b>Approximately £12.6 million</b>

## Community Leadership Committee – savings of £0.8 million

7.45 The PSR has identified a **package of measures which could save up to £800,000 in the budget areas overseen by the Community Leadership Committee**, in particular through alternative delivery models in relation to the provision of services related to community safety.

7.46 There are opportunities to generate operational efficiencies of approximately £200,000 in the delivery of the borough’s **CCTV services**. Going further, **the council could save an additional £600,000 by moving to a full cost recovery model of CCTV provision**, which would include charging businesses and commercial properties that benefit from the existence of CCTV cameras.

### Summary:

- The PSR has identified options to increase the financial benefit to the council by approximately **£0.8 million** in the Community Leadership Committee’s area of responsibility, through the following means:

<b>Improving organisational efficiency, including:</b>	<b>Approximately £0.2 million</b>
<ul style="list-style-type: none"> <li>• Operational efficiencies in the delivery of the borough’s CCTV services.</li> <li>• Cancellation of the MOSAIC contract and using resources provided by the council’s Customer and Support Group partner.</li> </ul>	
<b>Promoting growth and raising income, including:</b>	<b>Approximately £0.6 million</b>
<ul style="list-style-type: none"> <li>• Considering moving to a full cost recovery model for the borough’s CCTV services</li> </ul>	
<b>TOTAL</b>	<b>Approximately £0.8 million</b>

## Health and Well Being Board – savings of £0.7 million

7.47 The PSR has identified options to create efficiency savings through the **re-procurement of sexual health services across the borough**, overseen by the **Health and Well Being Board**. In total, approximately £4.4 million is spent on sexual health services in Barnet, funded from the Public Health grant. This includes spending on services provided in Sexual Health Clinics, such as Family Planning and STI and HIV testing and treatment.

7.48 The opportunity for savings identified involves the creation of **integrated sexual health services** - incorporating family planning and STI/HIV services into one seamless structure – which will tackle current issues of accessibility and fragmentation. This will **expand community provision** and **drive down the unit costs of care**.

### Summary:

- The PSR has identified options to increase the financial benefit to the council by approximately **£0.7 million** in the Health and Well Being Board’s area of responsibility, through the following means:

<b>Improving organisational efficiency, including:</b>	<b>Approximately £0.7 million</b>
<ul style="list-style-type: none"> <li>• Re-procurement of sexual health services across the borough.</li> </ul>	
<b>TOTAL</b>	<b>Approximately £0.7 million</b>

## 8. THE IMPACT OF THE PSR ON CLOSING THE BUDGET GAP AND OPTIONS FOR GOING FURTHER

### CHAPTER SUMMARY:

- In total, the PSR package of options has the potential to save up to £50.8 million by 2019/20, against the council's forecast budget gap of £72 million. This means that there will be a £21 million shortfall, even if the full package of PSR options were implemented and the estimated quantum of savings realised.
- In terms of the expected profile of how the estimated benefits generated by the PSR options accrue, the forecast budget gap of £21 million in 2016/17 would be eradicated and the forecast gap of £18 million in 2017/18 would be substantially closed, with a remaining gap of £5.3 million in that year.
- However, the financial gap in the final two years of the decade remains significant, at £6.7 million and £9.5 million respectively.
- This suggests that, through the implementation of the options identified via the PSR – and assuming the maximum level of savings is achieved - it is feasible for the council to reach a balanced budget position up to 2017/2018, although this will require some very difficult decisions.
- Looking further ahead, it is clear that it is the latter two years of the decade in particular – 2018/19 and 2019/20 – where a significant budget gaps remains, even if all the PSR options were implemented.
- The council will continue to work and innovate as it attempts to close the gap and it will be for elected Councillors to determine the ratio of spending reductions versus tax increases in meeting the shortfall.
- The council will also need further flexibilities from central Government to fully close the gap, through greater financial devolution – particularly in London - and increased flexibility across the Local Government Finance System to incentivise growth and generate further efficiencies.

### The impact of PSR options against the forecast £72 million budget gap to 2019/20

8.1 The table and graph below illustrates **the potential impact that implementing the package PSR options could have on reducing the council's forecast £72 million budget gap to 2019/20, should they all be taken forward**. Given that the potential financial benefit from the entirety of the PSR package totals £50.8 million, **it is clear that a significant shortfall – some £21 million - will remain and that further change will be required for the council to reach a balanced budget position by 2020**.

#### 2017/18: The year of challenge

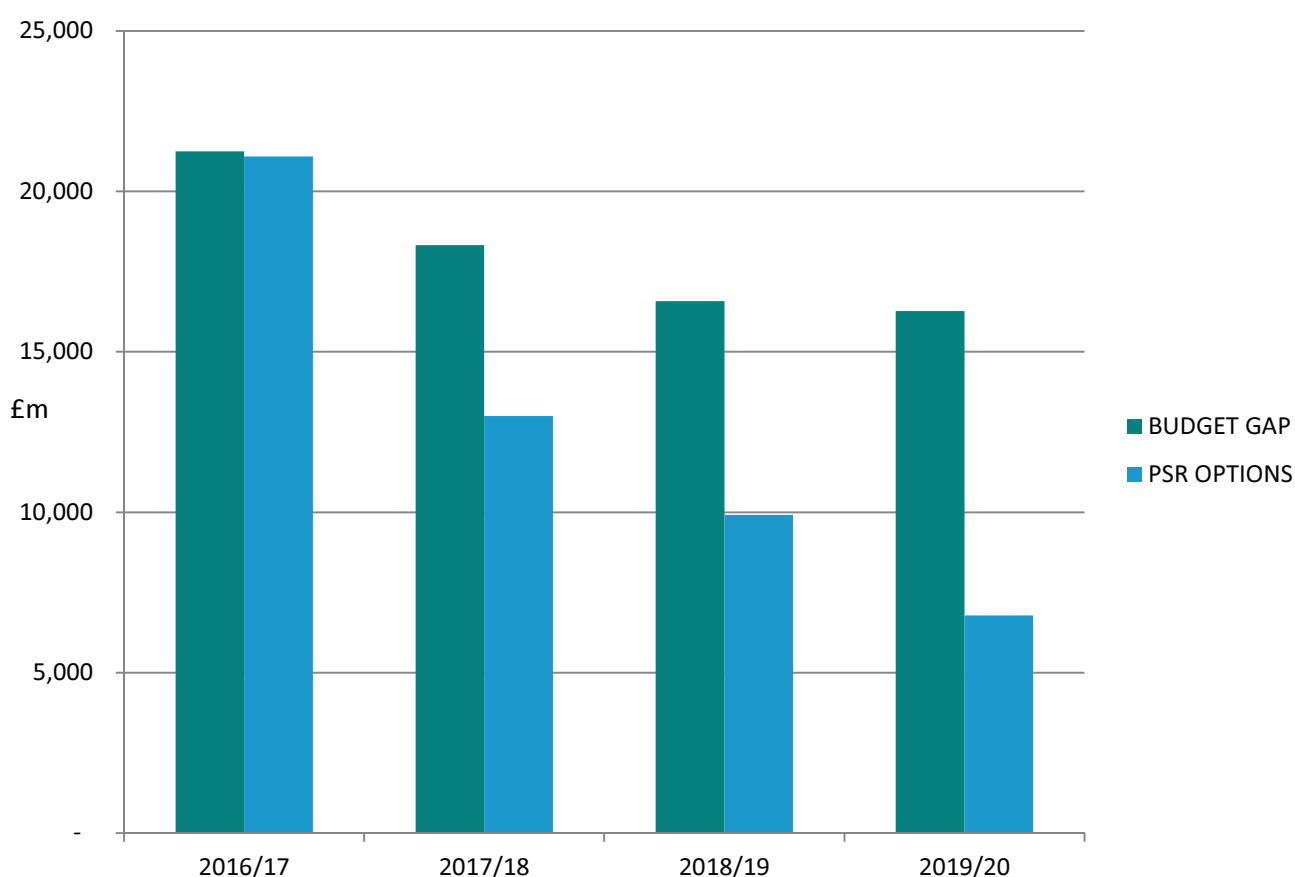
8.2 In terms of the expected **profile** of the savings and income options outlined, the graph illustrates that, if Council chose to implement the full package of PSR options outlined in this report, and assuming the total quantum of savings were to be realised, **the forecast budget gap of £21 million in 2016/17 would be eradicated and the forecast gap of £18 million in 2017/18 would also be substantially closed**, with a shortfall of £5.3 million in that year.

**Table 2: Estimated gap if all PSR proposals were implemented and estimated quantum of savings achieved**

2016/17 £m	2017/18 £m	2018/19 £m	2019/20 £m	Total £m
0	5.3	6.7	9.5	21.5

8.3 However, **the financial gap in the final two years of the decade remains significant at £6.7 million and £9.5 million respectively.** This suggests that, through the implementation of the options identified via the PSR – and assuming the maximum level of savings is achieved - **it is feasible for the council to reach a balanced budget position up to 2017/2018**, although this will require some very difficult decisions to be taken by elected Councillors.

8.4 Looking further ahead, it is clear that it is the **latter two years of the decade in particular – 2018/19 and 2019/20 – where a significant budget gaps remains.**



### Closing the remaining budget gap to 2020

8.5 **The council will continue to innovate as it attempts to meet the shortfall** – going further in working with the wider public sector and other local strategic partners to co-locate and integrate services both at the local level and regionally. However, it is likely that other factors will need to come into play for the budget gap to be fully closed.



8.6 For example, **it will be for elected Councillors to determine the right balance between the scale of spending reductions and tax** increases that will be required to reach a balanced budget and, as part of this, **the appropriate level at which Council Tax is set in future years.**

8.7 The outcome of the PSR suggests that, although Barnet will leave no stone unturned as it seeks to unlock **further efficiencies, redesign and integrate services, and become more entrepreneurial** in order to maximise income, the council – and Local Government in general – **will require greater devolution and funding flexibility to be passed on by central Government in order to fully meet the scale of the challenge to 2020.**

8.8 The PSR has identified a number of issues which have an impact on Barnet's resources but provide limited benefit to the borough and over which the council has no control due to statutory requirements. One such example is the council's contribution to the **Lee Valley regional park**, to the east of Barnet, to which the council makes an annual contribution of £400,000 even though the park is not a part of the borough. Although reducing spending in this area would help the council to close its remaining budget gap, it is unable to implement reforms because of a **statutory requirement** placed on the council.

8.9 To fully close the gap, **Government will need to devolve more control and more funding to Local Authorities;** it will need to **loosen the reins on the Local Government finance system and provide more flexibility to promote integration and incentivise growth;** and it will need to be **more coordinated in the way it engages and works with Local Government.**

## **The need for greater financial devolution to Local Government**

8.10 **Increased financial devolution** has the potential to significantly support Local Authorities as they deal with the on-going impact of austerity and rising demand. The financial sustainability of Local Government will increasingly be a function of **its ability to manage and share financial risk with other local public service partners** and, in so doing, **achieving savings and service reform 'across the system'**. It will also be the product of **local measures to achieve economic growth, so long as the benefits of that growth are retained locally to fund services and investment.** For this to happen, it will require **significant financial decentralisation.**

8.11 Opportunities to **promote economic growth, jobs and housing** that would arise from investments funded by **locally retained business rates** and the **removal of the Housing Revenue Account debt cap** suggest the need for **greater sub-regional working, particularly across London.**

8.12 London can learn from the experience of other regions and sub-regions when developing **appropriate financial governance arrangements** to support joint **'City Deal' type working at a sub-regional level.** Substantial sub-regional borrowing, investment, programme management



and benefits distribution require robust financial governance and this in turn implies the need for decision making entities that can bear financial risk and be accountable.

8.13 In Manchester, this joint working is enabled through a **Combined Authority** arrangement which has responsibility for transport, economic redevelopment and regeneration functions on behalf of the ten constituent authorities. It has also pooled transport funding to establish a £1.2 billion programme, mostly funded through Prudential Borrowing, with an initial levy on constituent authorities and the capture of future business rates income stream on an earn back basis.

8.14 **Combined Authority Arrangements are currently only available to authorities outside of Greater London.** In other words, London Boroughs are currently excluded from establishing Combined Authorities, thus reducing their ability to conceive and execute investment opportunities at a sub-regional level. Without reform, this is likely to become an increasingly limiting factor as London Boroughs develop plans for meeting the financial challenges ahead.

## Next steps

8.15 **The publication of this report marks the end of the PSR process.** The council will now move into the ‘business as usual’ process of setting its budget, where elected Councillors takes decisions to set **a new Medium Term Financial Strategy** to the end of the decade, **with annual budgets agreed through the Finance and Business Planning Process.**

8.16 Barnet will move to a **Committee system of governance** from June 2014. This new system – which will **include representation from all locally elected political parties** – will ensure that the options available to the council to save money and maximise its income in a fair and legal way are **debated and agreed in openly and transparently**, with each Committee taking final decisions regarding the options for closing the council’s overall budget gap.

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## Appendix B: Information Pack

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## 1.1 Corporate and Commissioning Priorities

Adults and Safeguarding services will lead the delivery of the Corporate Plan priority outcome *to promote a healthy, active, independent and informed over 55 population in the borough so that Barnet is a place that encourages and supports residents to age well* and contribute to the other five priority outcomes, in particular, to promote family and community well-being and encourage engaged, cohesive and safe communities.

The measures of success set out in the Corporate Plan for 2014/15 are:

Objective	Indicator	Most Recent Outturn	Previous Outturn
Support families and individuals that need it, promoting independence, learning and well-being	Increase the percentage of eligible adult social care customers receiving self-directed support	64% (2013/14)	61% (2012/13)
	Increase the percentage (and number) of eligible adult social care customers receiving direct payments to 30%	30% (2013/14)	24% (2012/13)
	Increase the number of carers who receive support services	9% (2013/14)	6% (2012/13)
	Reduce the number of younger adults in residential and nursing care	315 (2013/14)	322 (2012/13)
	Increase the percentage of older people (65 and over) who were still at home 91 days after discharge from hospital into re-enablement/rehabilitation services	82.6% (2013/14)	83.2% (2012/13)
Improve the satisfaction of residents and businesses with the London Borough of Barnet as a place to live, work, and study	Increase the overall satisfaction of people who use adult social care services with care and support	64.5% (2012/13)	54% (2011/12)
	Increase percentage of adult social care service users who say their services have made them feel safe and secure	62.2%(2012/13)	68.2% (2011/12)

The corporate plan priorities are underpinned by a set of Management Agreement indicators which will measure the delivery of commissions across the service:

Priority	Measures of success
Implementation of the Care Act	<ul style="list-style-type: none"> <li>• Robust offer in place to meet the new requirements of the Care Act with respect to prevention, information, advice and advocacy and carers. The workforce and key partners know about and understand the offer and where to get information and advice.</li> <li>• Increased assessment capacity has been identified and the DU has the ability to flex this where required.</li> <li>• A system is in place to manage deferred payments and the actual and potential financial impact is monitored and reported on regularly.</li> <li>• System requirements for care account implementation in 2016 to be addressed through the Investing in IT project in 2014/5</li> <li>• Increased carer sustainability linked to inputs measured by outcomes including length of caring relationship and reduction in residential placements.</li> <li>• A refocused offer from adult social care which supports the carer to support the service user rather than one which supports the service user at the expense of the carer as evidenced by spend by care group.</li> <li>• Minimal/no impact on adult social care budget for 2014/15. Any new burdens from BCF and RSG from 2015 to be identified</li> </ul>
Delivery of health and social care integration including through the Better Care Fund	<ul style="list-style-type: none"> <li>• Costed and agreed specifications to deliver a five-tier model for older people and those with long term conditions by October 14.</li> <li>• Integrated health and social care model for older people and those with long-term conditions implemented to commence April 2015.</li> <li>• Baseline agreed and approach to benefits realisation and measurement in place.</li> <li>• Model in operation to deliver cost savings for 15/16 onwards associated with system for health and social care.</li> <li>• Consideration given to how improved outcomes for service users and carers will be evidenced.</li> </ul>

Priority	Measures of success
<p>Ensuring the sufficiency and quality of the social care delivery workforce</p>	<ul style="list-style-type: none"> <li>• Workforce strategy and action plan in place with high level sign up (and links to the LEP and housing strategy) to support the delivery of a high quality workforce across all sectors which looks at : <ul style="list-style-type: none"> <li>- leadership and management;</li> <li>- training of staff (health and social care);</li> <li>- pay and conditions;</li> <li>- transformation of services;</li> <li>- equality agenda;</li> <li>- recruitment and retention;</li> <li>- and the need for a changing flexible workforce.</li> </ul> </li> <li>• New domiciliary care contract specification complies with the workforce strategy and support workforce requirements of health and social care integration.</li> <li>• Scoping workshop to take place in May 2015 to further refine project deliverable.</li> </ul>
<p>Delivery of the new vision for adult social care (including changes to the model for OP,LD,MH and carers)</p>	<ul style="list-style-type: none"> <li>• Four new models fully worked up with a clear delivery mechanism and timetable for implementation based on the vision and challenge workshops in 13/14 Q4. Detailed roles and responsibilities to be scoped as project unfolds. <ul style="list-style-type: none"> <li>LD model to focus on the growth of the person led by LC for Families and Well-being</li> <li>MH model to focus on early intervention and recovery</li> <li>OP model to focus on integration with the community</li> <li>Carer model to focus on carer sustainability and support to carer aimed at increasing independence of cared for</li> </ul> </li> <li>• Tool to measure benefits realisation.</li> </ul>
<p>Ensure that there is clarity of responsibilities across the Safer Communities Partnership and Safeguarding Boards for a co-ordinated approach to address violence against women and girls and that effective drug and alcohol services are delivered.</p>	<ul style="list-style-type: none"> <li>• Strategic crime needs assessment (2014) completed and priorities identified</li> <li>• New Community Safety Strategy (2014-17) in place supported by clear delivery plans and partnership KPI's to track performance</li> <li>• Clarity of responsibility across the SCPB and the Safeguarding Board for a co-ordinated approach to address violence against women and girls</li> <li>• Closer working developed between public health, CCG and the SCPB on substance misuse with clarity on the responsibilities across the SCPB and the Health and Well</li> </ul>

Priority	Measures of success
	<p>Being Board Strategy and action plan agreed by Safer Communities Partnership Board and Safeguarding Board.</p> <ul style="list-style-type: none"> <li>Contribute to the review of drug and alcohol services (led by the public health team) and subsequently to contribute to the development of new services models for recommissioning/ reprocurement.</li> </ul>

## 1.2 Service users

Service (RAP return 2013/14)	Number of clients <i>(with funded packages of care)</i>
Adults with learning difficulties	765
Adults with mental health	1,127
Adults with disabilities- physical	656
Adults with disabilities- sensory	104
Older people	4,744
Number of carers	1,948
Population of adults receiving care services/support (incl. carers)	9,344

Total attendances at Barnet Leisure centres (January 2013 – December 2013, Greenwich Leisure Limited data)	1,152,296
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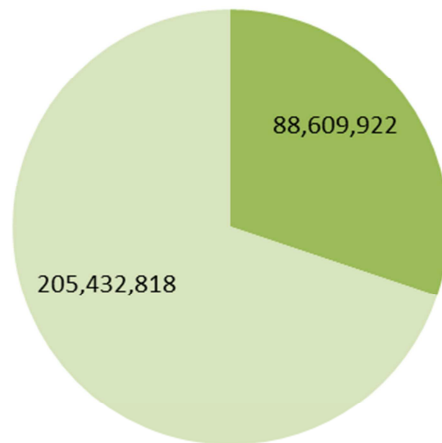
## 2.1 Overview of Finance

### Revenue budget

	<b>2014-15 net</b> (£000s)	<b>2015-16 net</b> (£000s)
Adults and Communities (excl community safety*)	88,610	81,045
<b>TOTAL</b>	<b>88,610</b>	<b>81,045</b>

\* Please note, community safety is under the remit of the Community Leadership Committee

## Adults & Safeguarding





## 2.2 Summary of Planned Savings 2015/16

Type	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
	(£000s)	(£000s)	(£000s)	(£000s)	(£000s)	(£000s)
Achieved savings total	(3,679)	(8,660)	(4,657)	(4,011)		
Savings through supporting people in the community as opposed to high cost placements					(1,347)	(858)
Savings through supporting people in appropriate housing as opposed to high cost placements					(1,000)	(704)
Savings through supporting people by increasing investment in carers support to prevent/ reduce the need for funded care						(550)
Savings through decreasing external third party expenditure on day care costs by increased access to universal leisure services and specific renegotiations						(660)
Savings through working with NHS to reduce number of people going into high cost placements					(471)	
Savings through reduced staffing costs and sharing funding arrangement with MHT					(180)	(401)
Savings from renegotiation of existing contracts					(1,628)	(600)
Savings from reduction in third part expenditure through renegotiation of individual Learning Disability packages					(1,900)	
Savings through reduction in staffing costs						(300)
Savings through HRA investments in new build which will result in reduction in high cost placements					(50)	(1,513)
Savings through reduction in expenditure on leisure contract					(967)	
Savings through reduction in expenditure by working with CSG provider					(500)	(2,000)
Savings through reduction in placement costs for residents permanently settle out of the borough					(307)	(838)
Efficiencies total					(8,350)	(8,424)
Increase in income from fairer charging policy					(27)	

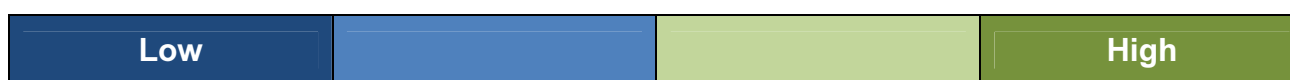
Type	2010/11 (£000s)	2011/12 (£000s)	2012/13 (£000s)	2013/14 (£000s)	2014/15 (£000s)	2015/16 (£000s)
Service Reductions total					(27)	
Demographics pressures					800	800
Pressures total	983	2,400	800	800	800	800
Grand Total	(2,696)	(7,860)	(3,857)	(3,211)	(7,577)	(7,624)
Budget					88,677	81,503
% of Budget					8.5%	9.4%

### 3.1 Performance

The quartiles are calculated by dividing the data set into an equal number of authorities in each part of four to identify whether performance is high or low.

Quartile group one is the bottom/lower 25 per cent (a value less than 25 per cent) of the chosen comparison group. Quartile group two is in the range equal to or greater than 25 per cent but less than 50 per cent of the chosen comparison group. Quartile group three is in the range equal to or greater than 50 per cent but less than 75 per cent of the chosen comparison group. Quartile group four is in the top/higher 25 per cent (a value that is equal to or greater than 75 per cent) of the chosen comparison group. The comparator group used is London excluding City.

#### Corporate Plan Indicators



	Barnet	London	England
Percentage of eligible adult social care customers receiving self-directed support (2012/13)	61	65	59
Percentage of eligible adult social care customers receiving direct payments (2012/13)	19.3	20.5	18.2



	Barnet	London	England
Increasing the number of carers who receive support services	564	-	-
Carers receiving needs assessment or review and a specific carer's service, or advice and information (2010/11)	33.5	29.9	30.1
Permanent admission of younger adults (aged 18-64) to residential and nursing care homes per 100,000 population (2012-2013) (Per 100,000 population)	9.2	11.4	14.4
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service) (2012/13)	83.2	86	83
Overall satisfaction of people who use adult social care services with their care and support (2012/13)	64.5	59.3	63.4
Proportion of adult social care service users who say their services have made them feel safe and secure (2012/13)	70.9	74.5	78.3

## Commissioning Priority Indicators

Bottom London boroughs (excl. City)			Top London boroughs (excl. City)
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	<b>Barnet</b>	<b>London</b>	<b>England</b>
Proportion of people who use services and carers who find it easy to find information about services (2012/13)	71.4	68.4	71.5

## Delivery Indicators

	<b>Barnet</b>	<b>London</b>	<b>England</b>
Proportion of service users who say that they have control over their lives (2012/13)	74.6	71.2	75.3
Care reported quality of life (points out of 12) (2012-13)	7.7	7.7	8.1
Community based packages have support plans that are fully person-centred and reviews indicate that outcomes are achieved	86%	-	-
Nationality ceremony to be offered within 90 days of receipt of letter from Home Office	100%	-	-

## 4.1 Links to other information and data

Finance

[Click here to see the Barnet budget book 2014/15 for revenue and capital](#)

Policy/Statutory Documents

[Local Account](#)

[Care Act factsheets](#)

[Health and Well-being Strategy](#)

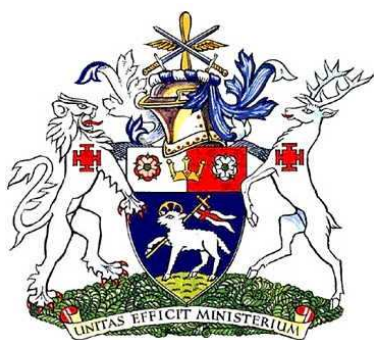
[JSNA](#)

[Market position statement](#)

[Better Care Fund draft submission 2014](#)

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AGENDA ITEM 6



**Adults & Safeguarding Committee**  
**2 July 2014**

<b>Title</b>	<b>Implementation of the Care Act 2014</b>
<b>Report of</b>	Dawn Wakeling, Director Adults & Communities and Karen Ahmed, Later Life Lead Commissioner
<b>Wards</b>	All
<b>Status</b>	Public
<b>Enclosures</b>	Appendix A – Gap Analysis Appendix B – Road Map to 2015 Appendix C – Care Act Financial Impact
<b>Officer Contact Details</b>	Alan Mordue email: <a href="mailto:alan.mordue@barnet.gov.uk">alan.mordue@barnet.gov.uk</a> telephone: 020 8359 2596

## Summary

In May 2014, the Care Bill received Royal Assent and became the Care Act 2014. Some elements come into effect from April 2015, others come into effect from April 2016. Implementation depends heavily on the detail in the 2015 regulations and guidance which are currently out for consultation and will be presented to Parliament in October 2014.

The changes coming into effect in April 2015 which impact directly on the London Borough of Barnet include:

- A duty to provide prevention, information and advice services.
- A national minimum threshold for eligibility for both service users and carers.
- The entitlement for carers to assessment, support services and review equal to that of the service user
- The right for people who pay for their own care to receive advice and support planning.
- A universal system for deferred payments for residential care.

The changes coming into effect from April 2016 which impact directly on the London Borough of Barnet include:

- A cap on the costs that people have to pay to meet their eligible needs.
- A 'care account' giving people with eligible social care needs an annual statement of their progress towards reaching the cap, whether their care is organised by the local authority or not.
- Extending the financial support provided by the local authority by raising the means test threshold for people with eligible needs.

A gap analysis indicates that Barnet has good foundations in place in many of the key requirements. Nevertheless, there is likely to be a substantial increase in demand for assessment and support planning from people who currently pay for their own care and carers. This will have a financial impact on the Adults and Communities Budget and has cashflow implications for Corporate Finance.

The Committee is invited to form a Task and Finish Group to enable leadership on key issues relevant to the impact of the Care Act.

## Recommendations

- 1. That the Committee place on record their understanding of the requirements of the Care Act and note the gap analysis.**
- 2. That the Committee comment on and agree the actions proposed in 2.7 – 2.12 to ready the Council for the new requirements of the Care Act 2014.**
- 3. That the Committee consider whether a working group be established to assist Officers by providing Member leadership and direction to enable further proposals to be brought back to this Committee.**
- 4. That the Committee consider what lobbying position they would like to adopt in the light of the impact that the Care Act will have in Barnet.**



## 1. WHY THIS REPORT IS NEEDED

- 1.1 On the 14 May 2014, the Care Bill received Royal Assent and became the Care Act 2014 (hereafter “Care Act”). The Care Act comes into effect on 01 April 2015 except the funding reform elements, which are scheduled to come into effect on 01 April 2016. Implementation depends heavily upon regulations and guidance for detail. Consultation of the 2015 regulations and guidance is taking place and will be presented to Parliament in October 2014 with consultation on the 2016 regulations and guidance scheduled to take place at a later stage.
- 1.2 The Care Act legislates to provide social care protection and support to the people who need it most, and to take forward elements of the government’s initial response to the Francis Inquiry, to give people peace of mind that they will be treated with compassion when in hospital, care homes or their own home. The Care Act brings together existing care and support legislation into a new, modern set of laws which builds the system around people’s outcomes and well-being.
- 1.3 The Care Act aims to reform the care and support system into one that:
- Focuses on people’s well-being and support to help them remain independent for as long as possible.
  - Introduces greater national consistency in access to care and support.
  - Provides better information to help people make choices about their care.
  - Gives people more control over their care.
  - Improves support for carers.
  - Improves the quality of care and support.
  - Improves the integration of different services.
- 1.4 The Care Act sets out new duties on local authorities to provide information and advice; along with preventative services that reduce the need for formal social care support. It brings in a national eligibility threshold for care and support for users and carers; along with new rights for portability of care when a service user moves to a new area. It provides increased rights for carers, with national eligibility thresholds for carers and a right to review for the first time. It introduces a cap on the costs that people will have to pay for care. These have been set at £72,000 for older people and £0 (zero) for those who have eligible social care needs when they become 18. There will also be another level for adults of working age, which is still to be announced. The Care Act sets out a Universal Deferred Payment scheme, for those with assets below £23,250, so that people will not have to sell their home in their lifetime to pay for residential care. It should be noted that some duties enshrine existing good practice into primary legislation, such as the provision of preventative services, whilst others are new, for example, the right for carers to assessment, support and review.

- 1.5 The Care Act introduces new duties on local authorities in the event of a financial failure of a local social care provider. Local authorities will be responsible for meeting the needs, on a temporary basis, of all people placed with a provider, including those placed by a different council or those funding their own care. This is a change from the current system, where local authorities usually take responsibility only for those they have placed. Secondly, it introduces the right to independent appeal against decisions on social care needs made by local authorities. This gives people who are not content with the result of their social care assessment, their assessed eligibility level, personal budget or support plan, the right to appeal the local authority's decision through an independent process.
- 1.6 The Care Act extends the financial support provided by the local authority by raising the means tested threshold for people with eligible needs. The threshold for residential care, where the value of someone's home is counted will rise to £118,000, representing an increase of £94,750 above the current threshold. For community based care, where the value of someone's home is not counted, the threshold will be £27,000, representing an increase of £3,750 above the current threshold.
- 1.7 Further details of many aspects of the legislation are to be set out in the supporting Regulations and Guidance. Consultation on the Regulations and Guidance to cover the April 2015 changes (i.e. excluding funding reform) started on 6 June 2014 and will end on 15 August 2014. A second consultation is scheduled to start in November 2014 and end in January 2015. This will focus on the changes expected to come into force in April 2016 (i.e. the cap on care, changes to the means test threshold and the care account).

## **2. REASONS FOR RECOMMENDATIONS**

- 2.1 The Adults and Communities Delivery Unit has carried out an analysis of the local authority's current status against the Care Act's requirements and of relevant work in progress that also meets the requirements of the Care Act.
- 2.2 The gap analysis indicates that there are good foundations in place in many of the key requirements: information and advice, safeguarding, prevention, carers and market shaping are already being addressed by Adults and Communities. Further key programmes such as Health and Social Care Integration and IT replacement are also underway and have been identified as important in meeting the requirements of The Care Act. The gap analysis is presented in Appendix A.
- 2.3 The Care Act provides for new services to be given to people who pay for their own care, from 2015, prior to the implementation of the cap on care costs in 2016. These services include:
- help to benefit from independent financial advice,
  - help to prepare a support plan, and
  - arranging their care and support on their behalf.

Adults and Communities has been working to identify the potential additional demand arising from the Care Act. The impact could be felt firstly in 2015 when people may choose to ask for help in arranging care and then in 2016 when people are likely to come forward to start their care account. Work is underway with local care homes to identify the total number of their residents who have arranged their own care and may be entitled to state support under the new system. Adults and Communities, working with Finance, has identified an estimated 750 self-funders in residential care and over 12,000 who use community services. As at 13 June 2014, LBB has 110 residential and nursing homes and 72 home care agencies within its boundaries. This illustrates that, depending on demand, the local authority will have to engage with a significant number of people and providers with whom it does not currently engage. Local demand modelling has also been carried out to identify people living in their own homes who do not receive care who may come forward. This indicates that up to 6,000 extra people are likely to come forward to request a service user assessment and that there will be 4,710 additional support plans from those assessments. It also indicates that up to 9,620 people are likely to come forward requesting a carers' assessment.

- 2.4 Whilst it is not possible at this stage to predict with precision the demand changes that these reforms will bring and there still remain a number of uncertainties regarding the application of the legislation, a preliminary financial impact assessment of the costs of these additional assessments and care and support plans has been made. This builds on previous analysis and learning from elsewhere. It should be noted that there will be other potential costs relating to infrastructure and support costs, such as IT, systems development, training and communications which are still in the process of being assessed. These will increase the cost impact in both the low volume and high volume scenarios set out below.
- 2.5 The implementation of the Care Act will have a significant impact on the Adults & Communities budget. The Government has a clear protocol in respect of new burdens and provision of funding to meet these, so it is hoped that the Care Bill will not result in additional costs for the Council. However, the allocation set aside by the Government for 2015/16 is £1.7m, which compares to the modelled financial impact set out below:

<b>Financial Impact</b>	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>
Low estimates	£830,812	£4,749,954	£4,622,685
High estimates	£3,839,576	£21,219,715	£21,092,446

The large difference between the high and low estimates is due to the assumptions made. The actual impact is unlikely to be at either of the extremes as they form the boundaries of a continuous range. The assumptions cover for example:

- The numbers of carers coming forward for assessment and the proportion of those who will be eligible for support.

- The number of people funding their own care, the proportion of those who come forward for assessment and the proportion of those who will be eligible for support.

Appendix C details the basis for these impacts. They are based on experience within the service and the models and approaches used in other local authorities. This is clearly a position that will be subject to change over coming months as more is known about the financial impact and the expected government support. In June, Policy and Resources Committee agreed that the difference between these would be treated as a risk for 2015/16 and would be funded from reserves and contingency if necessary. The financial impact could be significantly higher in 2016/17.

- 2.6 Further modelling will come through in October and this will form the basis of LBB's budget planning. At that point there will also be a greater degree of certainty about the impact and the funding available from central Government.
- 2.7 Following a period of mobilisation, a project has been formally initiated to implement the changes required by the Care Act in order to ensure that the LBB is compliant with the legislation. The Care Act Implementation Project (hereafter "The Project") has been established in line with the Local Government Association (LGA) guidance on implementation of the care and support reforms.
- 2.8 The Project will work with wider LBB services (such as Finance, Customer Services, Children's Service and Housing) and partner organisations to deliver a strategic approach which mitigates the demand and financial pressures that will continue to be faced by adult social care; to ensure that the policy implications of the changes to adult social care are fully addressed and to put in place the staff resources and financial capacity required to provide:
- enhanced services to carers and people who fund their own care
  - start-up costs associated with operating a Universal Deferred Payment scheme
  - changes to social care funding
- 2.9 The Project's approach is to focus on delivering products to fill the gap between LBB's current status and the requirements of The Care Act. The Project will adopt an inclusive approach to ensure that service users, carers and staff are involved in validating direction and participating in development. Progress will be monitored against the actions and milestones set out in the project plan and will be managed in accordance with the principles of LBB's Project Management methodology.

2.10 The Project has six active workstreams to ensure readiness for the April 2015 requirements:

- **Demand Analysis and Modelling:** to ensure that the demand and financial impacts are quantified and understood. This will provide detail on the key impacts of (a) self-funders new right to help with support planning and arrangement of care and support services and (b) carers new rights to assessment, support services and review.
- **Prevention, Information and Advice:** to ensure the full range of services are in place to delay and reduce the need for funded social care support and improve outcomes through prevention, information and advice services.
- **Carers:** to prepare for the introduction of new carers entitlements, review current offer/services for carers and ensure that the offer is consistent with the ethos and requirements of The Care Act.
- **Eligibility, Assessment and Support Planning:** to ensure readiness for national eligibility for users and carers; to develop new approaches to assessment and support planning in order that there is sufficient capacity to deal with the likely increased take up of assessment due to the funding reforms; to develop the initial point of access to adult social care to ensure compliance with The Care Act that incorporates access to assessment, targeted prevention, enablement, intervention processes, supports self-directed support, personal budget management and, where required, fully managed care services.
- **Universal Deferred Payments:** to prepare for the introduction of deferred payments, to have a system ready for April 2015.
- **Communications, Co-ordination and Change:** to communicate with publicly funded staff regarding the impact of The Care Act and the changes being made to meet its requirements; to co-ordinate and deliver training to staff to ready them for April 2015; to co-ordinate policy changes across the Project; to raise awareness and inform the public on the changes being introduced in line with national communications and liaising with neighbouring authorities.
- Additional workstreams will be added to manage changes regarding market shaping, market failure, the capped charging system, and care accounts.

2.11 The Project is in the process of completing initiation and some workstreams are already in delivery. Several key resources are in place including a project manager, project support, workstream leads and working groups. A Roadmap is presented in Appendix B to illustrate the journey to April 2015.

- 2.12 Successful implementation for April 2015 will ensure that LBB is able to fulfil its legal duties and be better placed to cope with demand within the available financial resources. In order for this to happen, the Project will have to implement effective and efficient processes and procedures, maximise the use of self-service, and utilise community capital to mitigate the demand and financial pressures that will continue to be faced by adult social care. There will be:
- A revised preventative offer,
  - Enhanced information and advice services,
  - Revised processes for assessment of service users and carers to meet new national requirements,
  - National eligibility criteria focussing on the ability to achieve relevant outcomes,
  - A comprehensive carers offer,
  - Simpler assessment and support planning tools,
  - A universal deferred payments scheme.
- 2.13 Along with the Care Act the Government has issued a significant volume of statutory guidance and regulations setting out specific requirements related to the main elements of the primary legislation. The Government is consulting on these for a period for ten weeks starting on 6 June 2014. This provides an opportunity to comment on the implications of the proposed guidance and regulations as well as consider the impact for LBB of implementing the requirements at a local level.
- 2.14 The Committee is asked to consider whether a working group be established to assist Officers by providing Member leadership and direction to enable further proposals to be brought back to this Committee.
- 2.15 The Committee is also invited to consider what lobbying position it would like to adopt on key issues, including accessing sufficient resource to meet new statutory responsibilities. There is a window of opportunity for lobbying before funding for the reforms is allocated in the next spending round (late Autumn 2014). LBB's position would be supported by the demand and financial impact modelling which has been undertaken to date and will be enhanced over the next few months. It is suggested that lobbying might take place through the following routes:
- Engage through London Councils to lobby our position
  - Create closer links with similar Local Authorities (who are in similar positions to LBB in relation to their self funder population) to lobby on the market place equalisation issue
  - Members to lobby local MPs for recognition of the unfunded impact
  - Utilise existing links with ADASS and LGA working groups to feed in LBB's perspective
  - Engage in as much of the consultation as possible from end May onwards
- 2.16

### **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

- 3.1 The legal framework of the Care Act sets out several new statutory duties for local authorities. LBB is required to fulfil these duties. The scope and focus of the Project has been developed in line with guidance issued by the National Care and Support Reform Programme and learning from other Councils.

### **4. POST DECISION IMPLEMENTATION**

- 4.1 The Project will continue to deliver according to its aims and approach in line with the controls set out in the project plan.

### **5. IMPLICATIONS OF DECISION**

#### **5.1 Safeguarding**

- 5.1.1 The Care Act sets out several requirements for local authority adult safeguarding which puts it on a statutory footing for the first time and enshrines in law much of the good practice adopted by local authorities, building on the 'No Secrets' statutory guidance. In the Care Act, local authorities remain the lead agency for adult safeguarding. Adult Safeguarding Boards become statutory bodies, with the local authority, the NHS and the Police as the key statutory partners. The Adult Safeguarding Board is required to publish an annual report detailing its work over the previous year; and its forward work programme. LBB already has an independently chaired Adult Safeguarding Board, with membership from the Police, the NHS, and the local authority. The Barnet Adult Safeguarding Board already publishes an annual report and its forward work programme, which is reviewed by this Committee as well as the Health and Well-being Board. The Care Act also requires local authorities to make safeguarding enquiries where it is suspected that a vulnerable adult may be at risk of any form of abuse. It also requires local authorities to conduct safeguarding adults reviews (hereafter "SAR" - the replacement term for serious case reviews) in circumstances where there is the need to learn lessons following incidents of harm or death of a vulnerable adult. Both these requirements set current good practice into law. LBB has in place systems to make safeguarding enquiries, including for vulnerable adults who are not known to Adults and Communities Delivery Unit. LBB already has a system for determining whether to initiate a SAR, led by a joint sub-group of the Adults and Children's Safeguarding Board.

## 5.2 Corporate Priorities and Performance

5.2.1 The 2013/14 Corporate Plan objectives: “Support families and individuals that need it – promoting independence, learning and well-being”; and “Promote a healthy, active, independent and informed over 55 population in the borough so that Barnet is a place that encourages and supports residents to age well” accord with the underpinning principles set out in the White Paper. LBB’s future plans for adult social care will need to be within the policy and legal framework set out in the Care Act and its supporting Regulations and Guidance.

5.2.2 The Health and Well-being Strategy 2012-15 echoes many themes of the new policy framework with its emphasis on promoting independence and well-being whilst ensuring care when needed. The reform agenda links directly with three of the main planks of the strategy: Well-being in the community; How we live; and Care when needed. In particular, ‘Care when needed’ identifies plans for developing increased independence for older people, improving support for residents in care homes, and improving support for carers.

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

5.3.1 It is clear that the reforms will have a significant financial impact on social care locally. It is likely that there will be additional costs in the following areas:

- Providing more carers assessments
- Providing more carers services
- Providing more assessments for those funding their own care
- Arranging support for those funding their own care

Whilst the Universal Deferred Payment scheme is likely to be cost neutral, it will involve some of the local authority’s capital being tied up in secured loans. There will also be a loss of income as a result of the cap on the costs that people will have to pay for care.

5.3.2 The preliminary financial impact assessment carries a significant number of caveats and assumptions. The full analysis is presented in Appendix C. This analysis focuses on increased demand for assessment, care and support costs, the impact of other financial aspects will be presented to the Committee in October.



5.3.3 The potential financial implications for the first three years on the Adults and Communities Budget are presented here:

<b>Low Estimate</b>	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>
Carer Assessments	£360,750	£295,200	£295,200
Carer Packages Costs	£396,897	£324,779	£324,779
Residential & Nursing Assessments	£7,164	£143,275	£143,275
Residential & Nursing Care Package Costs	£7,172	£2,656,823	£2,656,823
Community Based Assessments	£50,589	£1,011,770	£1,011,770
Community Based Care Package Costs	£8,240	£136,918	£136,918
Deferred Payments	£0	£0	£0
Existing Clients - Residential	£0	£0	£0
Existing Clients - Community Based	£0	£181,189	£53,920
<b>Financial Impact</b>	<b>£830,812</b>	<b>£4,749,954</b>	<b>£4,622,685</b>

<b>High Estimate</b>	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>
Carer Assessments	£721,500	£295,200	£295,200
Carer Packages Costs	£793,794	£324,779	£324,779
Residential & Nursing Assessments	£103,158	£515,790	£515,790
Residential & Nursing Care Package Costs	£103,282	£9,564,565	£9,564,565
Community Based Assessments	£1,821,186	£9,105,930	£9,105,930
Community Based Care Package Costs	£296,656	£1,232,263	£1,232,263
Deferred Payments	£0	£0	£0
Existing Clients - Residential	£0	£0	£0
Existing Clients - Community Based	£0	£181,189	£53,920
<b>Financial Impact</b>	<b>£3,839,576</b>	<b>£21,219,715</b>	<b>£21,092,446</b>

5.3.4 The expected cash flow implications of the deferred payment scheme are presented below. For Adults & Communities (A&C) the deferred debt would be accrued every year until the debt was recovered. There would be implications for A&C if less than 100% of the debt was recovered and this has been factored in.

	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>
Financial Impact of Deferred Payments	£662,236	£1,324,471	£1,986,707

- 5.3.5 It is worth noting that the Local Government Association along with other representative bodies, continues to lobby central government on the costs of the reforms, based on the view that the funding made available to meet the costs of the reforms will not cover their full impact. London Councils' 2013 analysis estimated that the cost of the social care funding reforms alone (i.e. the cap on care costs and changes to capital limits) will cost London authorities £1 billion per annum. The additional impact in London is related to regional variations in costs of care. Prices for care tend to be higher in London than elsewhere, meaning that people will reach the cap levels earlier than in other areas.
- 5.3.6 LBB has also received notification of a provisional allocation for 2015-16 for Adult Social Care new burdens of £1.719m; the final allocation will be known in 2014/15. Any shortfall in national funding would require the authority to fund this gap in 2015/16 from reserves and/or contingency.
- 5.3.7 Adults and Communities is also in the process of considering whether there will be further financial risk from two other key factors. The first is whether the 2015 eligibility criteria will increase the number of service users who are entitled to access state funding for care. The draft eligibility thresholds published in June 2014 are intended to equate to substantial and critical under Fair Access to Care Services criteria (FACS), the current eligibility thresholds for state adult social care. FACS contains four levels of need: low, moderate, substantial and critical. Around 80% of Councils set their eligibility thresholds at substantial and critical, with smaller numbers meeting moderate needs as well and very small numbers meeting critical needs only. However, it is considered by some experts that the new criteria will extend the thresholds into the level of moderate need. If this were the case, then both the best and worst cases above would deteriorate. The second area being analysed is the impact of the cap on care costs on care market prices. Historically, councils have purchased care at a lower rate than those who pay for their own care, as a result of large scale purchasing and a commercial approach. There is the potential risk that the increased transparency of pricing required to operate the capped costs system could lead to increased prices for residential and nursing care in particular as the different prices paid by councils and individuals converge. Neither of these risks appear in the cost impact analysis presented in this report and will be presented at a future date.

#### **5.4 Legal and Constitutional References**

- 5.4.1 The current social care legislation evolved over a number of decades and in a piecemeal manner. As with the Equality Act 2010, the Care Act consolidates several pieces of legislation and replaces over a dozen different pieces of legislation with one Act of Parliament. The new legislation is designed to be less complex and easier to apply for practitioners within the local authority, their legal advisers and, in the case of legal challenges, the Courts.

- 5.4.2 The Care Act gives effect to the policies set out in the White Paper Caring for our future: reforming care and support, implements the changes put forward by the Commission on the Funding of Care and Support, chaired by Andrew Dilnot, and meets the recommendations of the Law Commission in its report on Adult Social Care to consolidate and modernise existing care and support law. The Care Act also gives effect to those elements of the Government's initial response to the Mid-Staffordshire NHS Foundation Trust Public Inquiry that require primary legislation.
- 5.4.3 The Care Act contains five parts. Part 1 sets out the legal framework for the provision of adult social care in England, including the general responsibilities of local authorities and the provisions for assessments, charging, establishing entitlements, care planning and the provision of care and support. This includes provision to create a cap on the costs of care and for local authorities to enter into deferred payment agreements. There is a new requirement to establish a Safeguarding Adults Board. This puts into primary legislation for the first time, the local authority's duties in respect of adult safeguarding.
- 5.4.4 Part 2 relates to Care Standards. There is a requirement to introduce a duty of candour on providers of health and social care registered with the Care Quality Commission (hereafter "CQC"). There are a number of provisions in relation to the role of CQC, including ensuring that it is more autonomous and independent from the Secretary of State.
- 5.4.5 Part 3 deals with Health and sets up two new non departmental health bodies.
- 5.4.6 Parts 4 and 5 deal with technical matters to ensure proper operation of the legislation.
- 5.4.7 The responsibilities of the Adults and Safeguarding Committee are contained within Annex A of the Constitution - Responsibility for Functions.
- 5.4.8 The Adults and Safeguarding Committee is responsible for those powers, duties and functions of the Council in relation to Adults and Communities.
- 5.4.9 The functions of the Adults and Safeguarding Committee includes:
- Working with partners on the Health and Well-being Board to ensure that social care interventions are effectively and seamlessly joined up with public health and healthcare, and promote the Health and Well-being Strategy and its associated sub strategies.
  - Developing fees and charges for those areas under the remit of the Committee for consideration by Policy and Resources Committee.
  - Ensuring that the local authority's safeguarding responsibilities are taken into account.
  - Approving any non-statutory plan or strategy within the remit of the Committee that is not reserved to Full Council or Policy and Resources.
  - Discussing of transformation schemes not in service plans but not outside the local authority's budget or policy framework

## 5.5 Risk Management

- 5.5.1 Whilst the overall direction set out in the Care Act is positive for users and carers, there are some potential risks for LBB in implementing its requirements. These are particularly around the resource and financial implications of providing enhanced services to carers, to people who fund their own care, the deferred payments scheme changes to the means test threshold, and new national eligibility criteria.
- 5.5.2 A number of new statutory requirements and duties are set out in the new policy and legislative framework and there would be risk for LBB in failing to meet these new statutory requirements.
- 5.5.3 The demographic challenges and increasing complexity of need faced by adult social care are already being addressed through a focus on prevention and early intervention, with improved information and advice, better access to Telecare and enablement for adult social care as key mitigating strategies. However, with an increased focus on an integrated care and accommodation approach, a local authority wide response will need to be developed that plans for a range of private and social housing that is able to meet different people's needs and requirements, and maximises the opportunity provided by recent changes to the Housing Revenue Account. This approach would mitigate the demand and financial pressures that will continue to be faced by adult social care.
- 5.5.4 The Project will develop a risk management strategy in line with the Corporate Risk Management Framework.

## 5.6 Equalities and Diversity

- 5.6.1 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies 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 people from different groups
  - foster good relations between people from different groups

The broad purpose of this duty is to integrate considerations of equality into day business and keep them under review in decision making, the design of policies and the delivery of services

- 5.6.2 On 1 October 2012, new provisions in the Equality Act came into force banning age discrimination in health and social care. This is in line with the duties incumbent on all public bodies through the Equalities Act 2010. Adult Social Care works within LBB's policy framework for equalities, offers services to users within this framework, and undertakes relevant positive action to ensure social care is accessible to groups with different equalities characteristics; for example, producing easy-read information for people with learning disabilities and offering interpreters for service users.

- 5.6.3 Age discrimination should be considered broadly: younger people may perceive that older people receive more favourable treatment from services as well as older people perceiving that they are less favourably treated. The prohibition does not mean that all age groups should therefore be offered identical support or services. However, it does require the local authority to have a transparent and fair rationale for different approaches or support offered to different age groups, just as it already does for current positive action in place, such as providing interpreters.
- 5.6.4 However, there is a general risk from this prohibition applicable to all local authorities, which may face an increased level of potential legal challenge from individual users or groups, using this prohibition as its basis. Nationally, there have been legal challenges based on equalities legislation: for example, the 2011 challenge to Birmingham City Council on its proposed change to adult social care eligibility criteria.
- 5.6.5 In order to ensure LBB is compliant with this requirement, consideration will need to be made of existing social care supports specific to different age groups, along with wider universal services, to ensure there is a transparent and fair approach to the offer to social care users based on age. This will be addressed through the Eligibility Impact Assessments to be carried out on the new policies, services and processes proposed for implementation as a result of the Care Act Implementation Project.

## 5.7 Consultation and Engagement

- 5.7.1 The Project will adopt a co-production approach, by engaging with, amongst others, Partnership Boards (five in total covering older people, physical and sensory impairment, learning disabilities, mental health and carers), Barnet Centre for Independent Living and the Experts by Experience Group (a group of social care service users and carers).

## 6. BACKGROUND PAPERS

- 6.1 Special Safeguarding Overview and Scrutiny Committee on 24 September 2012 received a report on the three key adult social care policy documents published in July 2012: Caring for Our Future (White Paper); the draft Care and Support Bill; and the Government's interim statement on funding reform for Adult Social Care. The Committee endorsed Officers undertaking further work to assess the potential impact of these policy changes on Barnet. [Adult Social Care and Health \(1.1\)](#) PDF 141 KB
- 6.2 Cabinet on 18 April 2013 received a report describing the main impact of the White Paper, Caring for our Future, and the draft Care & Support Bill, both published in July 2012; and of the policy statement on Care and Support Funding Reform, presented to Parliament on 11 February 2013. The report set out the implications for Barnet based on empirical data and modelling where appropriate. [Social Care Funding Reform and the Draft Care and Support Bill: Implications for the London Borough of Barnet \(3.1\)](#) PDF 123 KB

- 6.3 Health and Well-being Board on the 27 June 2013 received a report which summarised the implications of the Care Bill and a further report on 21 November 2013 to update the Board on progress made locally to prepare for the implementation of the new legislation. [Social Care Funding](#) PDF 190 KB  
[Care and Support Bill Update \(1.1\)](#) PDF 92 KB
- 6.4 The Safeguarding Overview and Scrutiny Committee on the 10 April 2014 received a report setting out the main points from the forthcoming changes to social care legislation as set out in the Care Bill, the implications for Barnet and the approach being taken to prepare for the new requirements. [The Care Bill Update Report \(2.1\)](#) PDF 152 KB

**APPENDIX A – GAP ANALYSIS**

**NOTE: THIS GAP ANALYSIS WAS BASED ON THE CARE BILL AS IT WENT THROUGH PARLIAMENT, NOT THE FINAL ACT PUBLISHED IN MAY 2014. IT IS BEING REFRESHED NOW THAT THE BILL HAS RECEIVED ROYAL ASSENT AND THE DRAFT GUIDELINES AND REGULATIONS HAVE BEEN PUBLISHED.**

<i>Issues to address</i>	<i>Current London Borough of Barnet position</i>	<i>What are we doing</i>	<i>Current Gaps</i>
<p><b>Bill Impact / Themes:</b></p> <p>The need for the care and support system to focus on promoting people's well-being and independence, keeping them safe and connected to their communities, and delaying or reducing needs for care and support wherever possible. (Clause 1).</p> <p>The local authority will have a legal duty to prevent, delay and reduce the need for care through its work with partners and the community. The legal duty to provide prevention is specifically linked to delaying and reducing the need for Adult Social Care. Definition is not unlimited. (Clause 2).</p> <p>Underlying principle for</p>	<p><b>Duties on Prevention and Well-being</b></p> <ul style="list-style-type: none"> <li>Adult Social Care assessments, support plans and reviews cover the topic areas listed in the Well-being definition (clause 1).</li> <li>Prevention is in place that delays and reduces the need for care.</li> <li>The Council has established a Prevention and Well-being Team whose core aim is to increase and enhance prevention approaches in the borough.</li> <li>Enablement, Telecare, Transforming Community Equipment Services Project, equipment, adaptations, respite (all client groups).</li> <li>Improving Access to Psychological Therapies Programme, Eclipse, the Network (mental health).</li> <li>Information and advice (all client groups and self-funders).</li> <li>Ageing Well programme (Older People).</li> <li>Casserole Club.</li> <li>Big Society Time Bank Scheme initially focusing on 6 localities.</li> <li>Neighbourhood Model (Older People).</li> <li>Later life planners (Older People).</li> </ul>	<p><b>(Clause 1 and 2) From April 2015</b></p> <ul style="list-style-type: none"> <li>Well-being is addressed in support plans – however, practice needs to be consistent in all cases.</li> <li>Barnet Centre for Independent Living provides peer led support planning – well-being focus. 6 social workers to be seconded to Barnet Centre for Independent Living to enhance well-being approach.</li> <li>New Better Care Fund plan for health and social care integration for frail older people. Integrated preventative services will form part of this model and plans. (tier 2).</li> <li>Public Health and Barnet Clinical Commissioning Group are developing enhanced self-</li> </ul>	<ul style="list-style-type: none"> <li>Community Access Workers in the Network are limited to Mental Health. Model could be extended to other groups.</li> <li>Full understanding of current community and partner initiatives unknown.</li> <li>Clear and accessible information on all the options available, is not uniformly available to all staff and the public across the system.</li> <li>Current prevention offer is comprehensive for people already close to the system/close to needing care.</li> <li>The area for development is: preventing demand at scale and over the longer term, i.e., how could we reduce the numbers of clients who are eligible under Fair Access to Care Services by 2000?; or, looking 5- 15 years ahead, how can we prevent the growth in need predicted by population change and the impact of the Care Bill?</li> </ul>

<b>Issues to address</b>	<b>Current London Borough of Barnet position</b>	<b>What are we doing</b>	<b>Current Gaps</b>
<p>Adult Social Care is well-being. Definition of this in The Care Act/Bill is very broad.</p> <p>Risk in both clauses is that they are open to challenge.</p>	<ul style="list-style-type: none"> <li>• Community based dementia support e.g. dementia cafes.</li> <li>• Carers Centre.</li> <li>• Social Care Direct provides information and advice, signposting to alternatives.</li> <li>• Section 75 agreements with Barnet Clinical Commissioning Group funds a number of small scale prevention initiatives.</li> </ul>	<p>management as part of the above (tier 1 of model).</p> <ul style="list-style-type: none"> <li>• Scoping prevention offer – prevention team.</li> <li>• Development of leisure offer – prevention team.</li> <li>• Reviewing our carers offer – prevention team.</li> <li>• Linking in with Support match Home Share Service to look at alternatives to people being isolated in their own homes.</li> <li>• Older Peoples Integrated Care model involves the introduction of care navigators within the community, using risk stratification software to identify residents on the cusp of acute care, preventing escalation of care needs at the highest tier of the model.</li> </ul>	



Issues to address	Current London Borough of Barnet position	What are we doing	Current Gaps
<p><b>Bill Impact / Themes:</b></p> <p>The Care Bill places a new duty on local authorities to ensure that information and advice is provided locally and that anyone who approaches Barnet who has a care need regardless of their eligibility, should be informed of what support and services are available in the community to help maintain their well-being.</p> <p>This should include information on making the right choices about their care and support and options on paying for care.</p>	<ul style="list-style-type: none"> <li>Barnet Centre for Independent Living Information and Advice service.</li> <li>Social Care Direct information, advice and signposting.</li> <li>CAB welfare benefits advice.</li> <li>'My Care My Home' advice on care options and on paying for care, including access to independent financial advice (SOLLA qualified).</li> <li>Eclipse, mental health information and advice.</li> <li>Working for You, Learning Disabilities information and advice.</li> <li>Social Care Connect, online directory of services and information.</li> <li>Carers Centre information and advice service.</li> <li>Healthwatch Barnet, information and advice service on health and social care.</li> <li>Adult Social Care website includes range of information, including how to raise safeguarding issues.</li> <li>Wide range of virtual and hard copy leaflets/ factsheets.</li> </ul>	<ul style="list-style-type: none"> <li>Retendering a number of Information and Advice contracts together in this area to build upon existing services for later in 2015. Aim to develop greater synergy and improved value for money and outcomes.</li> <li>Capita developing a 'My Account' function for residents – Adult Social Care information and advice offer can be linked to this.</li> <li>Adults &amp; Communities Investing in IT (InIT) project includes user self-service.</li> </ul>	<p><b>(Clause 3) From April 2015</b></p> <ul style="list-style-type: none"> <li>Limited understanding of the information and advice needs from a residents' perspective of 'what works'.</li> <li>Currently not linked into the Capita information and advice project.</li> <li>Need to link to public health initiatives and plans.</li> <li>Current information and advice offer is comprehensive. Compliant.</li> <li>Social Care Connect requires a new system for continuous updating.</li> <li>The areas for development are: <ul style="list-style-type: none"> <li>Scaling up services to meet increased demand arising from the Care Bill, and identifying the level of service needed to meet this demand.</li> <li>Delivering evidence based information and advice service – i.e. one that will prevent demand for social care over the longer term.</li> <li>Communications on new entitlements from the Bill (link to national campaigns).</li> </ul> </li> </ul>

<b>Issues to address</b>	<b>Current London Borough of Barnet position</b>	<b>What are we doing</b>	<b>Current Gaps</b>
<p><b>Bill Impact / Themes:</b></p> <p>The introduction of the cap on care costs will create an incentive for Barnet residents who currently fund their own care to come forward for council assessments and support planning.</p> <p>National eligibility thresholds for users from April 2015.</p> <p>All Carers are entitled to assessment of need, support and review, subject to meeting new national eligibility criteria. Likely to see significant extra demand for assessment and carers support services.</p>	<ul style="list-style-type: none"> <li>8,653 new contacts a year*.</li> <li>120 Social Workers across London Borough of Barnet (LBB) (Older People, Physical Disabilities, Learning Disabilities, Mental Health).</li> <li>10 assessment officers plus 1 social worker and 1 Occupational Therapist in Social Care Direct.</li> <li>More than 8000 assessments and review events per year*.</li> <li>2179 carers assessments per year*.</li> <li>Income received from client contributions: <ul style="list-style-type: none"> <li>Residential/Nursing - £8,7m</li> <li>Fairer Contributions Direct Payments £1.1m</li> <li>Fairer Contributions Managed Personal Budgets - £2.4m</li> <li>Average waiting times for assessment currently stand at around 18 days</li> <li>3,700 financial assessments and review events per year</li> <li>9 people in the Finance assessment team –</li> </ul> </li> </ul> <p>*data from 12/13 RAP (Referrals, Assessments and Packages of Care) return.</p>	<ul style="list-style-type: none"> <li>Multi-disciplinary team development in Older People/Physical Disabilities to streamline social work and occupational therapy assessments.</li> <li>Roll out of trusted assessor model so occupational therapists and social workers can commission each other's services.</li> <li>social workers and occupational therapists in Mental Health and Learning Disabilities are in multi-disciplinary teams with NHS colleagues.</li> <li>FACE toolkit is assessment approach.</li> </ul>	<p>From April 2015</p> <ul style="list-style-type: none"> <li>Capacity planning (how many more assessments are we likely to have to undertake? What will level of demand be over long term?)</li> <li>Assessment process should be streamlined and ensure staff undertaking assessments work within the ethos of care set out in the Bill (well-being, personalisation, choice, independence).</li> <li>Options being considered through Front Door, Eligibility, Assessment and Support Planning workstream: <ul style="list-style-type: none"> <li>Self-assessment.</li> <li>Shared resourcing with other councils.</li> <li>Pre-registration scheme.</li> <li>Secure increased temp resourcing levels to meet demand (range of contracting / partnership options).</li> <li>Voluntary sector involvement.</li> <li>Process re-design of current assessment pathway will deliver some quick wins.</li> </ul> </li> <li>Financial assessment process also needs to be redesigned as demand for this will increase.</li> <li>Progress is dependent on publication of final eligibility criteria (expected end of May).</li> </ul>

Issues to address	Current London Borough of Barnet position	What are we doing	Current Gaps
<p><b>Bill Impact / Themes:</b></p> <p>From April 2015 (1 year prior to the Cap go-live), any self-funder has the right to ask the Council to plan and arrange their care.</p> <p>Combined with Cap, this will lead to increased numbers coming forward – increased assessments and support planning work.</p> <p>No national method for calculating numbers of self-funders.</p> <p>Barnet – importer of service users due to number of residential and supported living.</p> <p>New national rules on portability of care will increase care continuity for users. Likely to lead to cost pressures for LAs where people tend to move to for care.</p> <p>New duty creating a new system of appeals over councils' decisions on social care.</p>	<p><b>Care and Support Planning - (Clauses above plus 37-41) From April 2015</b></p> <ul style="list-style-type: none"> <li>Capita Insight team working up estimates on the number of Self funders to inform capacity planning and financial forecasting, as well as confirming: <ul style="list-style-type: none"> <li>Population data, over 65's, over 85's, carers, Physical Disabilities and Learning Disabilities.</li> <li>Self funders whose funds deplete per year.</li> <li>Total care homes beds (% of LBB placements).</li> <li>Total supported living scheme beds.</li> <li>Barnet Centre for Independent Living activity data.</li> <li>Independent support planning in place (Barnet Centre for Independent Living) on small scale</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Setting up tracking for self-funders and ordinary residence changes to inform impact analysis and planning.</li> <li>Robust OR procedures in place.</li> <li>Advice for self-funders in place (My Care My Home, Care Directory).</li> <li>Insight Team analysis.</li> <li>Planning to procure large scale independent support planning service.</li> </ul>	<ul style="list-style-type: none"> <li>See above for capacity planning for assessment – applies to support planning too.</li> <li>Support planning process should be streamlined and ensure staff undertaking this work do so within the ethos of care set out in the Bill (well-being, personalisation, choice, independence). Support planning tender is under way; aim is to increase externalised support planning significantly.</li> <li>Ordinary Resident procedures will require updating once secondary legislation is finalised</li> <li>Key issue is to develop a cost effective way of meeting additional demand that does not lead to inflated longer term social care costs (i.e. trend is for self-funders to choose more restrictive and higher cost forms of care; typically entering residential care earlier than a local authority client).</li> </ul>

<b>Issues to address</b>	<b>Current London Borough of Barnet position</b>	<b>What are we doing</b>	<b>Current Gaps</b>
<p><b>Bill Impact / Themes:</b></p> <p>A duty to offer deferred payments under certain conditions in order to provide homeowners peace of mind when going into residential care.</p>	<ul style="list-style-type: none"> <li>LBB already has discretionary powers to defer residential care fees against a charge on property; scheme and qualification criteria are in place.</li> <li>Although deferred payment systems and processes in place, never used and may not match Care Bill thresholds</li> </ul>	<ul style="list-style-type: none"> <li>Consideration of revised scheme financing, treasury management, qualification criteria, operation of scheme in process.</li> <li>Project Initiation Document and project plan in place, building on existing DPA in Barnet.</li> <li>Review and update current IT system requirements for DPA in place as part of the Adults and Communities Capita IT replacement programme.</li> </ul>	<p>From April 2015</p> <ul style="list-style-type: none"> <li>Scheme financing</li> <li>Revised charging policy for scheme.</li> <li>New scheme will need to be taken through new committee system as will be a key decision.</li> <li>Progress dependent on publication of secondary legislation - due end May 2014.</li> </ul>

<i>Issues to address</i>	<i>Current London Borough of Barnet position</i>	<i>What are we doing</i>	<i>Current Gaps</i>
<p><b>Bill Impact / Themes:</b> Safeguarding - (Clauses 42-46) From April 2015</p> <p>Duty for LBB to establish a Safeguarding Adults Board (SAB) in their area to develop shared strategies for safeguarding. The Council, NHS and Police are core statutory members.</p> <p>Requirement to publish annual report and work programme.</p> <p>Duty to make safeguarding enquiries.</p> <p>Puts current practice into primary legislation.</p>	<ul style="list-style-type: none"> <li>• Barnet Safeguarding Adults Board in place.</li> <li>• Independent Chair - (Joint with Children's NHS, Police and LBB are core members already.</li> <li>• Annual report published.</li> <li>• Annual work programme published.</li> <li>• Already carrying out Safeguarding enquiries in line with pan-London guidance.</li> </ul>	<ul style="list-style-type: none"> <li>• Reviewing of membership of board, working group structure and admin arrangements with children's' services.</li> <li>• Reviewing work programme and partnership data set.</li> </ul>	<ul style="list-style-type: none"> <li>• Compliant with requirements, however, communications and awareness raising with partners, staff, providers and residents should take place to ensure everyone understands the new statutory framework.</li> </ul>

<i>Issues to address</i>	<i>Current London Borough of Barnet position</i>	<i>What are we doing</i>	<i>Current Gaps</i>
<p><b>Bill Impact / Themes:</b></p> <p>Requires local authorities to support a market that delivers a wide range of care and support services that will be available to their communities.</p> <p>To use 'Market Shaping' to influence the development of the kinds of services that meet the needs of the local community.</p>	<p><b>Duty on Market Shaping - (Clause 5) From April 2015</b></p> <ul style="list-style-type: none"> <li>● Market Position statement in place, key messages include: <ul style="list-style-type: none"> <li>- Extra Care Housing.</li> <li>- Supported Housing.</li> <li>- Enablement.</li> <li>- Home &amp; Community Support.</li> <li>- Right to Control.</li> <li>- Voluntary Prevention Services.</li> <li>- Care Homes.</li> </ul> </li> <li>● Programme of regular communications and events with Barnet providers in place.</li> <li>● Joint commissioning work programme – wide range of new service developments.</li> <li>● Quality in Care Homes Team delivers wide range of support to providers.</li> <li>● Quality assurance framework for providers led by Supply management.</li> <li>● Regular information exchange with CQC, care regulator.</li> <li>● Provider concerns process in place to deal with institutional level safeguarding concerns.</li> <li>● Effective working relationships with Legal and corporate procurement to deal with problems in provider market.</li> <li>● Pricing strategy for older person's residential nursing care in place.</li> <li>● Care Funding Calculator used for specialist placements.</li> <li>● Supported living framework in place.</li> </ul>	<ul style="list-style-type: none"> <li>● Revising pricing strategy for older people residential/nursing</li> <li>● Development of a framework for the above.</li> <li>● Full programme of commissioning and procurement activity for next 2 years is planned.</li> </ul>	<ul style="list-style-type: none"> <li>● It is anticipated that specific requirements will be set out in secondary legislation. Local work will be developed following publication.</li> </ul>

<i>Issues to address</i>	<i>Current London Borough of Barnet position</i>	<i>What are we doing</i>	<i>Current Gaps</i>
<p><b>Bill Impact / Themes:</b></p> <p>A cap to be introduced on the costs that people have to pay to meet their eligible needs (£72,000 for Older People; zero for those aged 18; level of cap still to be set for working age).</p> <p>Means test thresholds increased (from £23,000 to £118,000) meaning more people will qualify for state financial support for social care costs.</p>	<ul style="list-style-type: none"> <li>Fairer Contributions policy for community care in place – local discretion.</li> <li>National CRAG guidance for residential care.</li> <li>Financial assessment team carries out financial assessments and runs the system to collect contributions from clients.</li> <li>'My Care My Home' service.</li> </ul>	<ul style="list-style-type: none"> <li>Building the requirements re the Cap and the Care Account into the specification for the linIT Project so that the replacement IT social care system can meet these requirements.</li> <li>Initial financial modelling carried out last year – being refined by Insight Team analysis to determine behaviours of those likely to be attracted by the Capped costs system.</li> </ul>	<p><b>Capped Charging System &amp; Extended Means Test - (Clauses 15,16,26) From April 2016</b></p> <ul style="list-style-type: none"> <li>No IT capability or process in place currently to manage the Cap (typical scenario for LAs).</li> <li>Care Bill retains local authority powers to charge. Indication is that there will be a national charging policy, still to be published. Unclear if policy will cover community based as well as residential care. LBB would then be required to implement this policy.</li> <li>LBB actions should be clearer after publication of secondary legislation (May 2014).</li> <li>Implementation of the Cap and Care Account system will require major change to systems, processes and IT. Will require involvement from Capita and Finance. Will require member level decisions, hence need to take decisions to committee.</li> </ul>



<b>Issues to address</b>	<b>Current London Borough of Barnet position</b>	<b>What are we doing</b>	<b>Current Gaps</b>
<p><b>Bill Impact / Themes:</b></p> <p>Duty to provide individuals with an annual statement of their progress against the cap.</p>	<p><b>Care Accounts - (Clauses 28-29)</b> From April 2016</p> <ul style="list-style-type: none"> <li>Resource Allocation System in place for community services – individuals receive a letter notifying them of the value of their personal budget and the amount of their individual contribution (if any) to their PB. The cost of their care is also recorded on their care plan, of which they receive a paper copy. Information is updated when individuals are reviewed.</li> <li>Individuals in residential care receive information on their contribution to care costs (plus cost of placement).</li> </ul>	<ul style="list-style-type: none"> <li>See above. System currently in place informs users about the costs of their care and their contribution at assessment and review, but does measure cost progression (i.e. to the Cap levels).</li> </ul>	<ul style="list-style-type: none"> <li>As above. Implementation of the Cap and Care Account system will require major change to systems, processes and IT. Will require involvement from Capita and Finance. Will require member level decisions, hence need to take decisions to committee.</li> </ul>



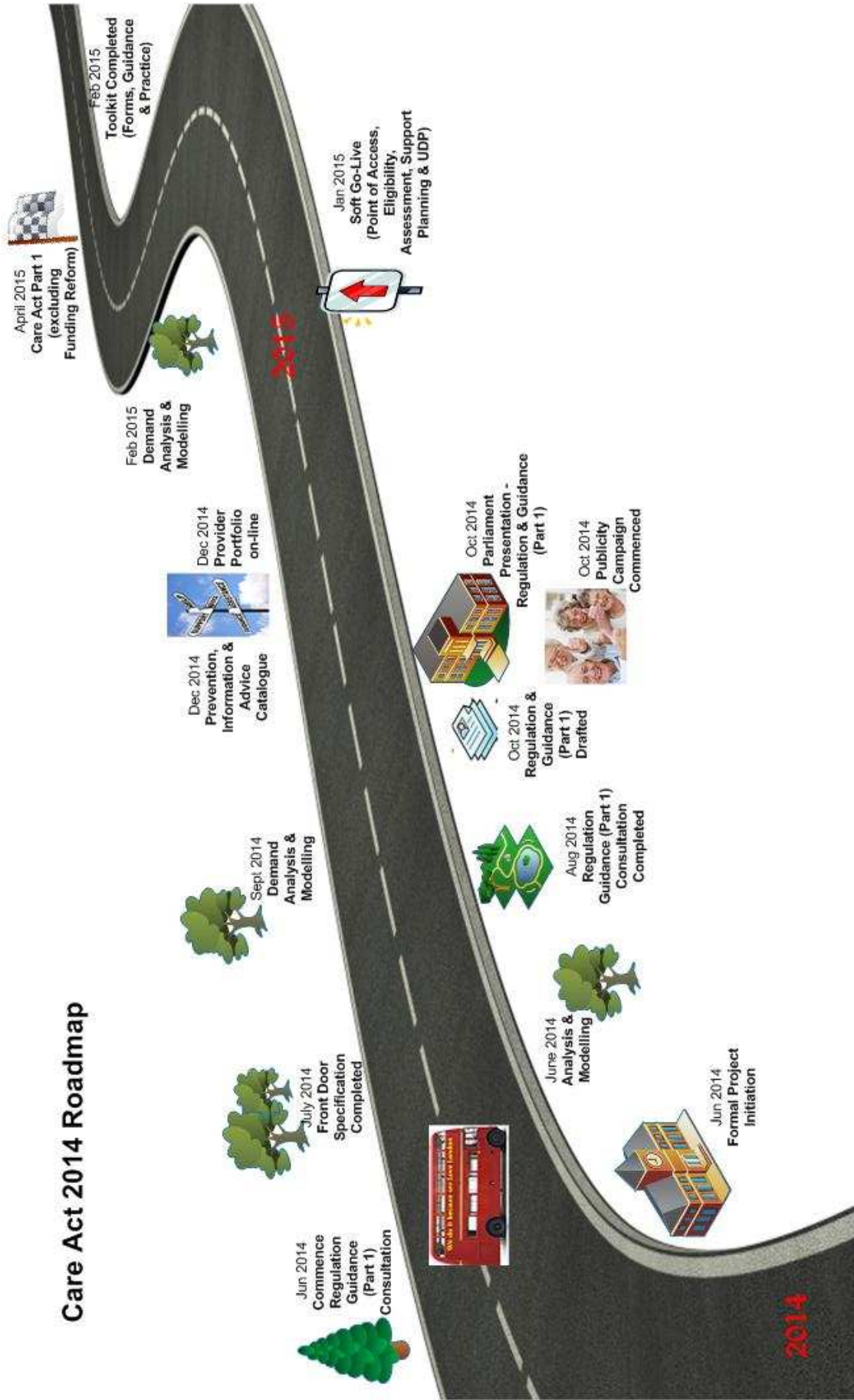
<i>Issues to address</i>	<i>Current London Borough of Barnet position</i>	<i>What are we doing</i>	<i>Current Gaps</i>
<p><b>Bill Impact / Themes:</b> Duty for the Local Authority to temporarily meet needs in the event of a provider failure. Applies to residential and home care. Applies to those placed by other councils and self-funders, in addition to those placed by the host Local Authority.</p>	<p><b>Market failure - (Clauses 49-53) From April 2015</b></p> <ul style="list-style-type: none"> <li>This practice currently applies to users placed by the host authority only.</li> </ul>		<ul style="list-style-type: none"> <li>Although a rare event, this could have a significant impact on operations and finances in the event of a failure of one of the large providers in the borough.</li> </ul>

<i>Issues to address</i>	<i>Current London Borough of Barnet position</i>	<i>What are we doing</i>	<i>Current Gaps</i>
<p><b>Bill Impact / Themes:</b></p> <p>The Care Bill will require major changes to IT and Finance systems. See earlier sections, plus:</p> <p>Support for improved information provision and self-service.</p> <p>Technology to support and embed channel shift.</p> <p>Accessibility requirements and user experience.</p>	<ul style="list-style-type: none"> <li>linIT Project is factoring in the requirements of the Care Bill.</li> <li>Single care record currently under early development and expected to be delivered in late 2014.</li> <li>Opportunities to link to the My Account project</li> </ul>	<p>linIT Project is major enabler.</p> <ul style="list-style-type: none"> <li>linIT Project is major enabler.</li> </ul>	<ul style="list-style-type: none"> <li>Full impacts on IT systems are still unknown. Key issue is to ensure all IT requirements are identified and mapped into linIT project and other corporate IT projects such as My Account.</li> <li>Wider Capita Customer Support Group IT/Channel shift/strategy</li> <li>Self-service functionality within Adults &amp; Communities is still in its infancy.</li> <li>Reporting and information management requirements</li> </ul>

<i>Issues to address</i>	<i>Current London Borough of Barnet position</i>	<i>What are we doing</i>	<i>Current Gaps</i>
<p><b>Bill Impact / Themes:</b> Awareness and training. Potential increases in workload (see assessment section).</p>	<p><b>Workforce (enabler) From Q4 2014</b></p> <ul style="list-style-type: none"> <li>See assessment and Care and Support Planning sections.</li> </ul>	<ul style="list-style-type: none"> <li>Insight Team analysis to inform capacity planning.</li> <li>Further externalisation of support planning will create capacity for assessments.</li> </ul>	<ul style="list-style-type: none"> <li>Unknown capacity requirements for new assessments, reviews and care planning (see sections above).</li> <li>Supply issues. All councils will be chasing additional supply at the same time = inflated market costs. Hence need to identify approach to resourcing (see earlier sections).</li> <li>Training requirements for staff across the Adult Social Care system on the new requirements.</li> <li>Training and awareness raising for providers, voluntary sector.</li> </ul>

<i>Issues to address</i>	<i>Current London Borough of Barnet position</i>	<i>What are we doing</i>	<i>Current Gaps</i>
<p><b>Bill Impact / Themes:</b></p> <p>The combination of a cap on care costs and an extended means test will see more people benefit from public funding</p> <p>Impact of the Deferred payment agreement scheme.</p> <p>Demographic and social trends show that need and demand for social care will continue to grow.</p> <p>People moving into the borough and who picks up those costs</p> <p>Property management while people are in care.</p> <p>Future budget or funding reductions outside of this scope.</p>	<p><b>Finance /Cost Pressure On-going</b></p> <ul style="list-style-type: none"> <li>• Current Priorities &amp; Spending Review work.</li> <li>• Current Medium Term Financial Strategy.</li> <li>• Care Bill initial modelling from April 2013.</li> <li>• National modelling pilot in place (LBB one of the UK leads) measuring progress of self-funders to the cap is underway but modelling tool has limitations.</li> <li>• Insight Team Analysis.</li> <li>• Demographic pressure already showing in Adult Social Care – dementia, mental health.</li> </ul>	<ul style="list-style-type: none"> <li>• Headline figures from early modelling suggest potential additional costs could be in the region of 11.6m annually.</li> <li>• Insight Team analysis costs estimated as between £5.94m to £6.42m to perform assessments.</li> <li>• Notification of new burdens money from central government via Better Care Fund, Revenue Support Grant and additional grant.</li> <li>• Work to model costs of self-funders continues.</li> <li>• Scoping next stage of modelling work to capture all aspects of the Bill.</li> </ul>	<ul style="list-style-type: none"> <li>• Accurate financial forecasting required for Medium Term Financial Strategy and Priorities &amp; Spending Review.</li> <li>• Appears unlikely to be sufficient funding from new burdens money to meet real demand.</li> </ul>

## APPENDIX B – ROAD MAP TO 2015



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**APPENDIX C – CARE ACT FINANCIAL IMPACT**

ADULT AND COMMUNITIES - CARE ACT IMPACTS 2015/16 - 2022/23												
	Low Volume											
	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	Comments			
Carer Assessments	£360,750	£295,200	£295,200	£295,200	£295,200	£295,200	£295,200	£295,200	Assumes 25% of unassessed carers come forward and 10% of those who come forward are eligible for support.			
Carer Packages Costs	£396,897	£324,779	£324,779	£324,779	£324,779	£324,779	£324,779	£324,779	Assumes 25% of self funders in res and nursing come forward and 90% of those who come forward are eligible for support. Also assumes that clients reach the £72k cap after 3.5 years.			
Residential & Nursing Assessments	£7,164	£143,275	£143,275	£143,275	£143,275	£143,275	£143,275	£143,275	Assumes 10% of Community Based self funders come forward and 10% of those who come forward are eligible for support. Of the 10% who are eligible for support, 7% move to residential care after 3 years and reach the £72k cap			
Residential & Nursing Care Package Costs	£7,172	£2,656,823	£2,656,823	£2,656,823	£3,588,973	£4,521,123	£4,521,123	£4,521,123	Assumes 30 new clients per year with a life expectancy of 3 years and 100% of debt recovered resulting in no bad debt charge to A&C.			
Community Based Assessments	£50,589	£1,011,770	£1,011,770	£1,011,770	£1,011,770	£1,011,770	£1,011,770	£1,011,770	Existing 123 residents pay a contribution over the proposed £12K p.a. "residential accommodation" charge and will be affected by the cap and this will have a financial impact on the Council's budget for Social Care Services. Based on the current client base and trend, it is very likely that the minimum additional cost to the Council will be approx. £320K p.a.			
Community Based Care Package Costs	£8,240	£136,918	£136,918	£136,918	£281,570	£281,570	£281,570	£281,570	Existing 82 residents receive care packages that will reach £72k cap within two years. Half of them will be affected by the cap and they will not be required to pay for their care resulting in a loss of income to the Council of approx. £270K p.a.			
Deferred Payments	£0	£0	£0	£0	£0	£0	£0	£0				
Existing Clients - Residential	£0	£0	£0	£0	£107,293	£107,293	£91,092	£0				
Existing Clients - Community Based	£0	£181,189	£53,920	£25,017	£6,870	£0	£3,509	£0				
<b>Financial Impact</b>	<b>£830,812</b>	<b>£4,749,954</b>	<b>£4,622,685</b>	<b>£4,593,783</b>	<b>£5,759,730</b>	<b>£6,685,010</b>	<b>£6,672,318</b>	<b>£6,628,915</b>				
High Volume												
	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	Comments			
Carer Assessments	£721,500	£295,200	£295,200	£295,200	£295,200	£295,200	£295,200	£295,200	Assumes 50% of unassessed carers come forward and 10% of those who come forward are eligible for support.			
Carer Packages Costs	£793,794	£324,779	£324,779	£324,779	£324,779	£324,779	£324,779	£324,779	Assumes 90% of self funders in res and nursing come forward and 90% of those who come forward are eligible for support. Also assumes that clients reach the £72k cap after 3.5 years.			
Residential & Nursing Assessments	£103,158	£515,790	£515,790	£515,790	£515,790	£515,790	£515,790	£515,790	Assumes 90% of Community Based self funders come forward and 10% of those who come forward are eligible for support. Of the 10% who are eligible for support, 7% move to residential care after 3 years and reach the £72k cap			
Residential & Nursing Care Package Costs	£103,282	£9,564,565	£9,564,565	£12,920,305	£16,276,045	£16,276,045	£16,276,045	£16,276,045	Assumes 30 new clients per year with a life expectancy of 3 years and 80% of debt recovered resulting in a bad debt charge to A&C.			
Community Based Assessments	£1,821,186	£9,105,930	£9,105,930	£9,105,930	£9,105,930	£9,105,930	£9,105,930	£9,105,930	Existing 123 residents pay a contribution over the proposed £12K p.a. "residential accommodation" charge and will be affected by the cap and this will have a financial impact on the Council's budget for Social Care Services. Based on the current client base and trend, it is very likely that the minimum additional cost to the Council will be approx. £320K p.a.			
Community Based Care Package Costs	£296,656	£1,232,263	£1,232,263	£1,232,263	£2,534,129	£2,534,129	£2,534,129	£2,534,129	Existing 82 residents receive care packages that will reach £72k cap within two years. Half of them will be affected by the cap and they will not be required to pay for their care resulting in a loss of income to the Council of approx. £270K p.a.			
Deferred Payments	£0	£0	£0	£132,447	£264,894	£397,341	£397,341	£397,341				
Existing Clients - Residential	£0	£0	£0	£0	£107,293	£107,293	£91,092	£0				
Existing Clients - Community Based	£0	£181,189	£53,920	£25,017	£6,870	£0	£3,509	£0				
<b>Financial Impact</b>	<b>£3,839,576</b>	<b>£21,219,715</b>	<b>£21,092,446</b>	<b>£21,195,990</b>	<b>£26,075,189</b>	<b>£29,556,506</b>	<b>£29,543,814</b>	<b>£29,909,995</b>				

<b>Assumptions</b>									
There is no change in provider rates as a result of the Care Bill.									
The weekly costs used as are per Month 2 14/15 Monitoring									
All clients in Residential and nursing care pay a contribution of £12k pa (£230/week). In reality this is not likely to be the case and LBB this will have cost									
Self funders in res and nursing who may be eligible in 15/16 would not qualify for financial support as the rules don't change until April 2016.									
The average time it will take a person to reach their £72k cap is 3.5 years.									
Assumes that the Act will not be retrospectively applied to adults with LD & PD who have come to us from children's services.									
Assumes that for the period to 2022/23, there is negligible financial impact of support for eligible community based clients as the average annual cost is approx. £10k and it would take 7-8 years for clients to reach the £72k cap. Impact of community based clients moving to residential placements have									
For community based, all eligible clients are provided with a reablement service.									
The phasing of the number of assessments from 16/17 onwards is assumed to remain static. In reality, we would expect there to be a peak in the first few years which would taper off.									
<b>Key Variables</b>									
<b>Carer Assessments &amp; Carer Packages Costs</b>									
Number of carers currently assessed	6,000								
Estimated total number of carers in LBB	32,320								
Unassessed carers	26,320								
Average unit cost per assessment	£150								
Average annual cost per care package	£1,650								
<b>Residential &amp; Nursing Assessment &amp; Care Package Costs</b>									
Assumed LBB self funders	690								
Percentage of residential placements	68%								
Percentage of nursing placements	32%								
Average unit cost per assessment	£830								
Average weekly cost per OA care package - residential	£557								
Average weekly cost per OA care package - nursing	£566								
<b>Community Based Assessment &amp; Care Package Costs</b>									
Estimated number of self funders in LBB	12,190								
Percentage of community based self	7%								
Average unit cost per assessment	£830								
Average weekly cost per OA community	£186								
Average weekly cost per OA care	£557								
<b>Deferred payments</b>									
LBB max cost	£546								
less std client contribution	£122								
Max deferred payment amount p.w.	£425								
New clients per year	30								
Assumed life expectancy	3 years								
Other costs not quantified to be presented in a later analysis									



**CORPORATE FINANCE - CARE ACT IMPACTS 2015/16 - 2022/23**

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	Comments
Financial Impact of Deferred Payments	£662,236	£1,324,471	£1,986,707	£1,324,471	£662,236	£0	£0	£0	Assumes 30 new clients per year with a life expectancy of 3 years.
<b>Assumptions</b>									
The expected cash flow implications of the deferred payment scheme are modelled above. For Adults & Communities (A&C) the deferred debt would be accrued every year until the debt was recovered. There would be implications for A&C if less than 100% of the debt was recovered and this has been factored into the A&C workings. At present, it is not possible to work out the financing implications of the deferred payments scheme as no data is available with respect to the interest rates that councils are allowed to charge clients on deferred debt.									

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	<p>AGENDA ITEM 7</p> <p><b>Adults and Safeguarding Committee</b></p> <p><b>2 July 2014</b></p>
<p><b>Title</b></p>	<p><b>Healthwatch Barnet Enter and View Reports</b></p>
<p><b>Report of</b></p>	<p>Governance Service</p>
<p><b>Wards</b></p>	<p>All</p>
<p><b>Status</b></p>	<p>Public</p>
<p><b>Enclosures</b></p>	<p>Appendix A1- Summary of HealthWatch Barnet</p> <p>Appendix A2 - Background Information – Response from Adults and Communities Delivery Unit</p> <p>Appendix A – Acacia Lodge Enter and View Report (Revisit Report of 18 March 2014)</p> <p>Appendix B - Acacia Lodge Enter and View Report (12 September 2013)</p> <p>Appendix C – Sonesta Nursing Home Ltd (Revisit Report of 26 March 2014)</p> <p>Appendix D – Sonesta Nursing Home Ltd (28 September 2013)</p>
<p><b>Officer Contact Details</b></p>	<p>Anita Vukomanovic – Governance Service Officer                  anita.vukomanovic@barnet.gov.uk – 020 8359 7034</p>

<p><b>Summary</b></p>	
<p>This report contains “Enter and View” Reports conducted by the voluntary team at HealthWatch Barnet.</p>	
<p>“Enter and View” visits are conducted by a small group of trained volunteers who visit</p>	

health and social care services to observe and assess the service being provided. The Healthwatch Enter and View team have a legal right to conduct these visits.

Following each visit, the volunteers produce a group report which outlines the details of the visit and provides suggestions for improvement. The reports are sent to the care provider to check for factual accuracy and to respond to any recommendations made.

The “Enter and View” reports are then considered by the relevant Committee at the London Borough of Barnet.

This report outlines the details of re-visits to two social care premises within the Borough. In each instance, the re-visit report has been included alongside the original report on the initial visit.

Members are requested to consider the Enter and View reports contained within the appendices of this report. Representatives from Healthwatch Barnet will attend the meeting to respond to questions.

### **Recommendations**

- 1. That the Committee note the Enter and View reports and make appropriate comments and/or recommendations to Officers from HealthWatch Barnet.**

## **1. WHY THIS REPORT IS NEEDED**

- 1.1 The consideration of Enter and View reports provides the committee with an oversight of the quality, care and safety in residential and health care settings from the view of a lay-person.

## **2. REASONS FOR RECOMMENDATIONS**

The recommendation provides the Committee with the opportunity to highlight issues of interest and concern, and to make recommendations on any arising matters to Healthwatch Barnet.

## **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

- 3.1 Not applicable.

#### **4. POST DECISION IMPLEMENTATION**

- 4.1 Any recommendations made by the Committee will be followed up by the Governance Service with Healthwatch Barnet., with any requests for information being disseminated as appropriate.

#### **5. IMPLICATIONS OF DECISION**

##### **5.1 Corporate Priorities and Performance**

Healthwatch will be the primary vehicle through which users of health and care in the Borough will have their say and recommend improvements. These should lead to improved, more customer focused outcomes for the objectives in the Health and Well Being Strategy 2012-15 and in the Corporate Plan 2012-13, specifically under 'Sharing Opportunities and Responsibilities'.

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

- 5.2.1 The Healthwatch Contract was awarded by Cabinet Resources Committee on 25 February 2013 to CommUNITY Barnet. The Healthwatch contract value is £197,361 per annum. The contract commenced on 1 April 2013 and expires on 31 March 2016; the contract sum received is £592,083. The contract provides for a further extension of up to two years which, if implemented, would give a total contract value of £986,805.

- 5.2.2 There are no direct resource implications arising from this report.

##### **5.3 Legal and Constitutional References**

- 5.3.1 Sections 221 to 227 of the Local Government and Public Involvement in Health Act 2007, as amended by Sections 182 to 187 of the Health and Social Care Act 2012, and regulations subsequently issued under these sections, govern the establishment of Healthwatch, its functions and the responsibility of local authorities to commission local Healthwatch.

- 3.3.2 The Council's Constitution (Responsibility for Functions) sets out the Terms of Reference for the Adults and Safeguarding Committee. Specific responsibilities include: Promoting the best possible Adult Social Care services.

##### **5.4 Risk Management**

- 5.4.1 Healthwatch Barnet has a group of Authorised Representatives. The Representatives are selected through a recruitment and interview process. Reference checks are undertaken. All representatives must complete a Disclosure and Barring Service check. All Authorised Representatives are required to undergo Enter and View and Safeguarding training prior to participating in the programme.

- 5.4.2 Ceasing to carry out the visits removes the opportunity for an additional level

of scrutiny to assure the quality of service provision

## **5.5 Equalities and Diversity**

5.5.1 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the committee should consider:

- The Council's leadership role in relation to diversity and inclusiveness; and
- The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.

5.5.2 The Council is required to give due regard to its public sector equality duties as set out in the Equality Act 2010 and as public bodies, Health Partners are also subject to equalities duties contained within legislation, most notably s149 of the Equality Act 2010; consideration of equalities issues should therefore form part of their reports.

## **5.6 Consultation and Engagement**

5.6.1 None.

## **6 BACKGROUND PAPERS**

6.1 None.

## **Appendix A1 – Summary of HealthWatch Barnet**

### **Healthwatch Barnet’s Role and Aims**

Healthwatch Barnet was established as part of the Health and Social Care Act 2012 to give users of health and social care services a powerful voice locally and nationally. Healthwatch Barnet was established in April 2013 and is part of a national network led by Healthwatch England. We have a seat on Barnet Health and Wellbeing Board and Barnet Clinical Commissioning Group (CCG) Board and are regular contributors to the Health and Safeguarding Overview and Scrutiny Committees.

Healthwatch Barnet is the independent voice for residents of Barnet who use health and social care services. Our vision is of a thriving and active community of Barnet people who want to influence and contribute to the development and delivery of quality health and social care in Barnet.

To achieve this, Healthwatch Barnet:

- Has a powerful relationship with Barnet residents, volunteers and service users to gather and represent their views and experiences and capture and present the voices of under-represented communities
- Promotes and supports the involvement of people in the monitoring, commissioning and provision of local care services;
- Signposts individuals to advice and information to help them make informed choices about their health and social care.

Healthwatch Barnet’s charity partners are Advocacy in Barnet, Age UK Barnet, Barnet Carers Centre, Barnet Centre for Independent Living, Barnet Citizens Advice Bureau, Barnet Mencap, Community Barnet Children and Young People’s Team, Community Barnet Parenting Consortium, Home-Start Barnet, Jewish Care and Mind in Barnet.

We listen to residents views about Barnet health and social care services. We listen to people of all ages and from all of Barnet's communities. We visit community groups, public events, hospitals and health and social care venues to tell local people about Healthwatch.

We share residents’ experiences with health and council services. We raise concerns or highlight good practice with senior health and council staff to improve services. We recommend ways that services can be improved. Our staff and volunteers attend the following Committees and Groups to talk about services on residents’ behalf:

Barnet Health and Wellbeing Board  
Barnet Clinical Commissioning Group Board  
Barnet Council Partnership Boards  
Hospital groups and committees

We also meet regularly with the Care Quality Commission and Barnet Council Care Quality and Safeguarding Teams.

We present our Enter and View Reports to Barnet Council’s Health and Safeguarding Overview and Scrutiny Committee.

### **Our key achievements in Year 1.**

Following our Launch event in May 2013 some of our key achievements include:

- Reaching 30,000 contacts with information about Healthwatch and health and social care services.
- Reviewing services at 11 care homes for older adults (a total of 18 visits) 3 hospital wards for people with mental health conditions, 3 residential settings in the community for people with mental health conditions, and 6 hospital wards. We are pleased to say that 64% of care homes visited have complied with our recommendations to improve the services for older people.
- Encouraging changes to the GP appointment system and support for people with disabilities, by presenting recommendations to the Barnet Clinical Commissioning Group (CCG) Board, the Local Medical Committee of GPs and the Practice Managers Forum.
- Barnet CCG commitment to providing longer appointments for people with learning disabilities and providing information in an Easy-Read format.
- Information and guidance about health and social care service entitlements to nearly 300 people in Barnet.



## Appendix A2

### 1. Background Information – Response from Adults and Communities Delivery Unit

#### 1.1 Enter and View Visits

Enter and View reports are used within Adults and Communities in gathering information regarding care providers and in assessing risks. Once an Enter and View report is finalised it is uploaded to the Healthwatch Barnet website and then sent to the Care Quality Commission and a number of individuals within Adults and Communities, Barnet Council including the Safeguarding Team, the Integrated Quality in Care Homes Team, the Quality and Purchasing Team, the Director and the Healthwatch Contract Manager.

If Safeguarding concerns are found by Healthwatch Barnet when undertaking an Enter and View visit they will alert the Safeguarding Team directly. The Contract Manager for Healthwatch Barnet reviews all Enter and View reports and these are monitored and discussed during contract monitoring meetings.

The Integrated Quality in Care Homes Team seeks to assist care home managers in identifying and meeting the challenges that they currently face whilst adhering to the principle of integrated working, prevention and the sharing of best practice. Upon receipt of Enter and View reports the team reviews the information contained within it and use it within their risk matrix in assessing homes. The team offers a number of events for Care Homes to attend within Barnet and support the gold standard framework for Care Homes (provided by the North London Hospice). The Integrated Quality in Care Home Team work both proactively through the provision of events, training and liaising with homes and reactively by responding to any referrals received to work with homes to improve outcomes. The team regularly liaise with Healthwatch Barnet and has assisted with the development of their new resident survey forms.

The Quality and Purchasing Team is responsible for purchasing individual packages of care, responding to questions and answers, safeguarding concerns, engaging with providers and carrying out site inspections. The team use Enter and View reports to inform their contract management of providers and to inform intelligence gathering on providers in conjunction with other reports received. Enter and View reports are used to assist the team in making a risk based assessment of the quality of care that providers are giving.

#### 1.2 Acacia Lodge

Healthwatch Barnet has undertaken two enter and view visits to Acacia Lodge. The first was carried out on 12<sup>th</sup> September 2013 and a revisit to the home was undertaken on 18<sup>th</sup> March 2014. Barnet funds the placement of 10 residents within Acacia Lodge. The first Enter and View report of the home found that the home was comfortable and provided a good standard of care

but made a number of recommendations including that Healthwatch Barnet should liaise with the Quality in Care Homes Team.

Following this report the Manager of Acacia Lodge attended three out of six of the action learning set workshops provided by the Integrated Quality in Care Homes Team where Care Home Managers can share their experiences, look at how to improve outcomes within a home or discuss any issues they are experiencing.

An unannounced revisit was undertaken by Healthwatch Barnet to Acacia Lodge on 18<sup>th</sup> March 2014 which focused on whether recommendations made in their previous report had been acted upon. The report found that many of the recommendations had been actioned. In the conclusion section of the report Healthwatch Barnet concurred with the findings of the first report that the home was comfortable and provided a good standard of care and noted that the Manager of the home had attended at least one meeting with the Integrated Quality in Care Home Team.

The Quality and Purchasing Team were prior to the revisit undertaken by Healthwatch Barnet in contact with Acacia Lodge and the team observed that many of the recommendations made by Healthwatch Barnet in the first Enter and View report had been acted upon prior to Healthwatch Barnet's revisit to the home in March.

### 1.3 Sonesta Nursing Home

Healthwatch Barnet has undertaken two enter and view visits to Sonesta Nursing Home. The first was carried out on 28<sup>th</sup> September 2013 and a revisit to the home was undertaken on 26<sup>th</sup> March 2014. Barnet funds the placement of 5 residents within Acacia Lodge. The first Enter and View report found that the Manager of the home clearly wanted to run a good home but that she faced challenges not experienced in much larger companies. The report felt that she would be helpfully support by the newly formed Quality in Care Homes Team. Sonesta Nursing Home responded to the recommendations made in the report and said that they had contacted the Integrated Quality in Care Homes Team.

An unannounced revisit was undertaken by Healthwatch Barnet to Sonesta Nursing Home on 26<sup>th</sup> March 2014 which focused on whether recommendations made in their previous report had been acted upon. The report found that many of the recommendations had been actioned. In the conclusion section of the report Healthwatch Barnet stated that they were impressed with the diligence shown on activities sheets within the home and noted that the home was in contact with the Integrated Quality in Care Homes Team.

Sonesta Nursing Home has attended a Practice Forum regarding the Care Quality Commission and the inspection process. The activities co-ordinator for the Integrated Quality in Care Homes Team has also liaised with Sonesta Nursing Home.



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### Enter and View – Visit Report

Name of Establishment:	Acacia Lodge, 37 – 39 Torrington Avenue Finchley, London, N12 9TB
Staff Met During Visit:	Manager: Gloria Valencia-Ruiz
Date of Visit:	Tuesday 18 <sup>th</sup> March 2014
Healthwatch Authorised Representatives Involved:	Mr Stewart Block Mr Derrick Edgerton Mr Allan Jones
Introduction and Methodology:	<p>This was an <b>unannounced</b> Enter and View (E&amp;V) visit undertaken by HealthwatchBarnet’s E&amp;V Volunteers, as part of a planned strategy to look at a range of care and nursing homes within the London Borough of Barnet to obtain a better idea of the quality of care provided. Healthwatch E&amp;V representatives have statutory powers to enter Health and Social Care premises to observe and assess the nature and quality of services and obtain the views of the people using those services.</p> <p>The aim is to report the service that is observed, to consider how services may be improved and how good practice can be disseminated.</p> <p>The team of trained volunteers visit the service and record their observations along with the feedback from residents, relatives, carers and staff. They compile a report reflecting these, and making some recommendations. The Report is sent to the Manager of the facility visited for validation/correction of facts, and for their response to the recommendations. The final version is then sent to interested parties, including the Head Office of the managing organisation, the Health/Safeguarding Overview and Scrutiny Committee, CQC, Barnet Council and the public via the Healthwatch website.</p>

### Enter and View – Visit Report

	<p><b>DISCLAIMER:</b></p> <p><i>This report relates only to the service viewed on the date of the visit, and is representative of the views of the staff, visitors and residents who met members of the Enter and View team on that date.</i></p>
<p>General Information:</p>	<p>This was a follow up visit to the full E&amp;V (but also unannounced) visit that took place on 12<sup>th</sup> September 2013 to review the actions that had been taken following the recommendations &amp; comments made in that report. The team did not carry out a full review of the service but concentrated on areas of potential concern that had been raised previously</p>
<p>Initial Report Recommendations:</p>	<p><i>R1) For all staff to wear name badges showing name and role</i></p> <p>Name badges had been obtained, but had had to be returned due to incorrect spelling. Replacements were awaited.</p> <p>It was commented on that the residents liked the fact that the staff wore uniforms as it made them easily identifiable. They also wanted name badges as they preferred to call staff by name, but often could not remember them due to forgetfulness. Calling them by name made the residents feel more “at home”.</p> <p>Staff spoken to also liked the uniforms.</p> <p><i>R2) Carpets be replaced in corridors and other areas.</i></p> <p>The carpet in the dining room and both lounges had been replaced. We were told that the new carpet was treated to be stain resistant and was shampooed weekly. The residents expressed their</p>

**Enter and View – Visit Report**

	<p>liking of the new carpet.</p> <p>We did not notice any excessive wear and tear for us to suggest renewal of the carpeting in the corridors.</p> <p><i>R3) Look to improve ventilation</i></p> <p>We noted when we arrived that several windows were open. There were no noticeable odours.</p> <p>The door to the laundry room on the ground floor was open and this room was very humid and this humidity was spreading to adjacent areas.</p> <p>A resident had been smoking in the front conservatory and the smell was lingering. If residents are allowed to smoke here then this area should be well ventilated.</p> <p><i>R4) Provide staff with more regular supervision – at least monthly</i></p> <p>We were told that formal supervision occurs 8 times a year but that there were monthly staff meetings. The manager seemed very aware as to what was occurring.</p> <p>They felt able to turn to their supervisor/manager for support if needed.</p> <p>The staff we spoke stated that they were well supported and that the training was good. One had nearly completed her “team leader” course.</p> <p><i>R5) Increase visibility and accessibility of a procedure for residents (and others) to give compliments, comments and complaints.</i></p> <p>We saw the complaints book which was simple, clear and well laid out. The policy was on display on the wall by the first floor lobby.</p> <p>We were told that a new visitors signing in book</p>
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**Enter and View – Visit Report**

	<p>was being acquired as the current one was nearly full. This new book would have columns for comments (which could include compliments or complaints) and, like the current version, would be regularly actioned.</p> <p><i>R6) We would like to see a full daily menu on display for all residents to see.</i></p> <p>Recently introduced was a system of laminated sheets in stands (one for each table in the dining room) showing what food was being served that day in pictorial form .The team asked whether the food, when served, looked like it did in the pictures and was told yes. Various diets are currently being coped with (halal, kosher, vegetarian).</p> <p>It was noted that in the minutes of the Residents Meetings (which were in large bold type so the residents could easily read them) comments had been made about the quality of the food (good) and requests for items to be included on the menu (stews, pies, mushy peas). These were duly included.</p>
	<p><i>R7) Hold activities in different rooms to encourage residents to move around more.</i></p> <p>Details of daily activities (discussions re current affairs, quizzes, bingo, exercise to music, singing) were detailed on laminated sheets set on the dining tables. Residents were encouraged to attend but were not forced.</p> <p>Residents could go out on their own (needed to be let out of the front door due to the security lock) and some did. Those that did had on them a note/card detailing the contact details/address of the home.</p> <p>We were shown details of outings throughout the</p>



### Enter and View – Visit Report

	<p>year (e.g. Brent Cross, Kenwood, and Southend).</p> <p><i>R8) Staircase safety</i></p> <p>Staircases had rails on both sides and a lift or stair lift was also available. We felt that this was adequate.</p> <p><i>R9) Assess dining room chairs</i></p> <p>We were seated on these for the majority of the visit and found the degree of comfort and support acceptable. It was noted that the chairs had sliders attached to the base of the legs allowing for easier movement. Residents should be encouraged to let staff know if they are uncomfortable at any point.</p>
<p>Conclusions:</p>	<p>We would concur with the previous report that this "is a comfortable home providing a good standard of care".</p> <p>It became apparent that the manager had attended at least one meeting of IQCH (integrated Quality in Care Homes Team in Barnet) and had found it a useful way of comparing practices and obtaining information. It is hoped that this continues to be the case and is to be encouraged and also, that by building closer relationships with other homes nearby this may be beneficial to the residents.</p>
<p>Recommendations:</p>	<ol style="list-style-type: none"> <li>1) On receipt of the new signing in book it is recommended that a prominent notice clearly stating its purpose is placed nearby along with a copy of the complaints procedure, modified to clearly state the contact details of whom to complain to (including details of Healthwatch).</li> <li>2) If smoking is allowed in the front conservatory, to ensure adequate ventilation and provision of a method of disposal for cigarettes.</li> </ol>
<p>Signed:</p>	<p>Derrick Edgerton</p>

### Enter and View – Visit Report

Date:	26 March 2014
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#### **Comments Received from the Manager at Acacia Lodge**

Please find below my comments with regard to your recommendations.

1/ We are redesigning our notice for the visitors to Acacia Lodge so that it is more clearly visible. We are also amending the complaints procedure to indicate the full details of Healthwatch.

2/ When residents go to smoke in the front conservatory we now ensure that the top windows are opened to allow ventilation. Ashtrays are now provided for the residents to use in the conservatory.

### Enter and View – Visit Report

Name of Establishment:	Acacia Lodge, 37-39 Torrington Park, Finchley, London N12 9TB
Staff Met During Visit:	Manager: Gloria Valencia-Ruiz; administrator & activities co-ordinator  [Note owners Mr Michael David Pringsheim and Mrs Janet Wairimu Bethuel were out of the country.]
Date of Visit:	Thursday, 12/09/2013
Purpose of Visit:	A pre-announced Enter & View (E&V) visit, as part of a planned strategy to look at a range of care and residential homes within the London Borough of Barnet to obtain a better idea of the quality of care provided. Healthwatch E&V representatives have statutory powers to enter health and social care premises to observe and assess the nature and quality of services and obtain the views of the people using those services. The aim is to consider how services may be improved and how good practice can be disseminated. The report is sent to the manager of the facility, visited for validation/correction of facts, and then sent to interested parties, including the head office of the organization, the Safeguarding Overview and Scrutiny Committee and the public via the website.
Healthwatch Authorised Representatives:	Team Leader: Gillian Goddard, Team Members: Linda Jackson, Allan Jones, Dena Mosco
Introduction and Methodology:	<b>DISCLAIMER:</b> <b><i>This report relates only to the service viewed on the date of the visit, and is representative of the views of the staff, visitors and residents who met members of the Enter and View team on that date.</i></b>  This report relates only to the service viewed on the date of the visit, and is representative of the views of the staff, visitors and residents who met members of the Enter and View team on 12 <sup>th</sup>

### Enter and View – Visit Report

	<p>September. The manager confirmed, what she had told Healthwatch Barnet, that she had not received a paper copy of the letter dated 3<sup>rd</sup> September informing her of our intended visit. It had then been emailed to her that week but this had given her very little time to check on the validity of our visit or display the flyer to invite relatives and carers. She checked with the CQC that we had the authority to visit who confirmed that we had. Being aware of her concerns, we had brought a letter appropriate for an unannounced visit but we did not need to use it.</p> <p>We were told that 31 of the 32 places in the home were occupied. The home has 10 shared rooms for those who are friends, all ensuite, and 12 single rooms - 9 of which are ensuite.</p> <p>The residents are generally frail elderly people some with dementia, epilepsy and diabetes as well as two with challenging mental health issues and one with a learning disability.</p> <p>The home is a three storey house. On the ground floor, there is a kitchen, laundry room, toilets, bathrooms, large lounge, dining room and bedrooms. On the first floor there is an office, lounge, treatment room, toilets, bathrooms and bedrooms. On the second floor there are toilets, bathrooms and bedrooms. A lift is available from the ground to the first floor and a stair lift is provided from the first floor to the second floor. There is a garden at the rear with wheelchair access. The home is located in a quiet residential area of North Finchley close to shops, restaurants and transport links located along the High Road.</p> <p>We used a prompt list of questions to find out relevant facts, made observations and spoke to staff, residents and visitors present.</p>
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### Enter and View – Visit Report

	<p>After a brief introduction, two of the team went to talk to residents, staff and any visitors. The team leader and another team member talked to the manager about the home, policies and procedures, including viewing some of the relevant documentation and then met residents, visitors and staff on the ground floor.</p>
<p>General Impressions:</p>	<p>The home looked to be in good condition. There was limited parking outside. Access was via a securely locked door. There was a hand gel dispenser on the left hand side of the entry hall and a small table on the right hand side with a signing in book, which we duly signed. After signing in we entered without using the hand gel as it was not obvious, nor requested. We were offered refreshments and shown to a seating area in the front 'conservatory' which was unoccupied at the time, though was made available to residents for smoking. We passed what looked like a reception area, but did not appear to be used as such, as it was not staffed and there was no information displayed on the surface. There was information such as the complaints procedure displayed on the wall nearby.</p> <p>The manager introduced us to the home and its' facilities. The house is currently undergoing refurbishment with replacement of carpets and some redecoration.</p>
<p>Policies &amp; Procedures:</p>	<p>Residents meet monthly, as do staff. Residents views are considered by the activity co-ordinator and reported to the relevant people in the home as considered appropriate.</p> <p>A record of complaints was kept. We did not ask, and did not see any letters of thanks or compliments.</p>

**Enter and View – Visit Report**

	<p>The home had a written safeguarding policy. The version I observed of the policies had some out of date contact details, although the administrator said these had been corrected elsewhere. I had concerns that the latest information was not always reaching the home.</p> <p>Residents are involved in drawing up their care plans which include information about their likes and dislikes. They, their relatives and carers have access to these. Although when some residents were asked about their care plans, they did not appear to know what they were, though we know that sometimes residents forget. The care plans appeared to be comprehensive and are reviewed monthly, as is the residents' weight, unless it decreases or increases significantly, when weekly monitoring is instituted. Care plans are also accessible to appropriate staff and health professionals.</p> <p>Medication policy and procedures are in place. Medication is ordered by the manager and administered by senior staff. No-one self medicates. If any resident does not want to take their medicine this would be referred to the GP and they would investigate if it could be administered in a different form, eg seeking agreement to crush tablets. They would liaise with the family if appropriate.</p> <p>All residents are registered with the local Torrington/Speedwell linked clinics. They get a very good service from these GPs who visit on demand and provide a satisfactory out of hours service.</p> <p>A district nurse visits daily to give insulin and dress wounds.</p>
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### Enter and View – Visit Report

	<p>The manager told us they have no residents with bed sores.</p> <p>Residents can see a dentist in the home or visit locally if they prefer.</p> <p>An optician visits the home to see residents when required.</p> <p>A chiropodist and hairdresser visit regularly.</p> <p>The home conducts regular fire drills (day and night) and has good fire policies and procedures, with clear signs showing the assembly points.</p> <p>Residents who smoke are encouraged to use the garden or conservatory area.</p>
<p>Staff:</p>	<p>The home employs a manager, maintenance person, gardener, administrator and care assistants; a chef with 1 assistant, an activity co-ordinator and 2 housekeepers. They do not need to use bank or agency staff</p> <p>They have 6 care staff on duty in the day (8-8) and 3 at night (all waking ie not sleeping).</p> <p>The manager is trained to NVQ level 4 (studying level 5).</p> <p>Other staff are trained to NVQ levels 2-3.</p> <p>All staff have mandatory in-house training on safeguarding, moving and handling, infection control, first aid, induction training (according to need). They are currently awaiting training on epilepsy.</p> <p>The manager considered that the staff were proficient in English and said that their knowledge of other languages was beneficial for residents for</p>

### Enter and View – Visit Report

	<p>whom English was not their first language eg Spanish and Italian.</p> <p>All staff looked smart and wore uniforms but none of them had name badges.</p> <p>The manager said some residents have advocates.</p> <p>Staff turnover was very low, with the manager being the most recent recruit in February 2013.</p>
<p>Staff Views:</p>	<p>Staff said they had supervision every 6 to 8 weeks from the manager.</p> <p>Staff were positive about their experience of working in the home.</p> <p>One commented that it could be challenging responding to how residents were feeling on the day.</p>
<p>Privacy and Dignity:</p>	<p>Good, staff were respectful of residents. We observed staff interacting with residents in a friendly and courteous manner, talking to them as they helped them.</p> <p>Staff knocked before entering rooms.</p> <p>The shared rooms observed seemed to work well with a curtain separating the beds.</p>
<p>Environment:</p>	<p>The premises were adequately decorated and there were pictures on walls and several personal touches.</p> <p>Refurbishment was in progress while we were there. Some of the carpets were to be replaced. The atmosphere in the house was stuffy and there were unpleasant smells along the ground floor corridor leading to Residents' rooms which were carpeted.</p>



**Enter and View – Visit Report**

	<p>The stairs were quite steep and there was no gate. We were told access was monitored by staff and there was a lift.</p> <p>There was easy access to the garden.</p> <p>Residents could have their own telephone line if they wished or a mobile phone and internet access was available via a laptop and webcam for Skype access with supervision. Most residents were contactable on the home cordless phone.</p>
Furniture:	<p>The furniture in the communal areas looked to be of satisfactory quality.</p> <p>Residents were allowed to have their own furniture in their rooms.</p>
Food:	<p>We did not meet the Chef who had been there 19 years and provides food, we were told, to meet the variety of resident requirements. A choice of 2 dishes is offered.</p> <p>No daily or weekly menus were displayed in the dining room or elsewhere, although the current meal was displayed on the whiteboard in the dining room and then erased.</p> <p>The chef prepares food for the evening during the morning and this is served by staff later in the day. We observed afternoon tea including cake and biscuits being served to residents. Some chose to come to the dining area, others had it taken to them in the quiet sitting room or in their own rooms.</p> <p>Residents were provided with drinks at regular times of the day and on request.</p>
Activities:	<p>The activity co-ordinator offers a variety of pastimes including music (observed), quizzes, bingo (observed), exercises, painting, videos etc. Our observation suggested that most of these activities</p>

### Enter and View – Visit Report

	<p>occurred in the same room as used for dining with the result that some residents did not need to move very much.</p> <p>We also heard about outings to visit places such as the coast.</p> <p>For those residents who were mobile but needed assistance to go out, there was a rota to ensure that at least 2 residents a day could go to the High Street (within walking distance). Two residents were able to go out on their own and could go shopping, to cafes or the pub as they wished.</p> <p>The manager kept a very comprehensive 'allocation of duties' book detailing for each resident who was responsible for their welfare each day. This seemed to work very well in ensuring needs were met.</p> <p>We were told that some residents had regular visits from friends/relatives.</p> <p>The manager would have liked to be able to provide more outings for which they would have needed their own transport. While this was not affordable they wondered if it might be possible to come to an arrangement with other similar homes in the area (there are several in the same street).</p>
<p>Feedback from Residents:</p>	<p>Some of the residents with whom we spoke said:</p> <p>'Staff are very good here, very patient'</p> <p>'It's lovely, it's the nearest thing to being independent'</p> <p>'They do everything for me'.</p> <p>A resident complained that the chairs in the dining room were uncomfortable and hard, and had no lower back support.</p>

### Enter and View – Visit Report

	<p>We were told about one resident who buys her own fruit.</p>
Feedback from Visitors/Relatives:	<p>One relative was complimentary about the home saying they thought that the standard of care was excellent.</p>
Conclusion:	<p>Acacia Lodge is a comfortable home providing a good standard of care. There was a relaxed and homely feel to the Home and most Residents seemed alert and responsive. The residents appeared happy with the services they received and valued the independence they achieved. Staff seemed to have good knowledge of the residents needs and had good arrangements in place with the local health services.</p> <p>While we did not come across any residents with anything to complain about we wondered if the procedure for complaining was sufficiently visible.</p> <p>The manager reported being well supported by the owners.</p>
Recommendations:	<ol style="list-style-type: none"> <li>1. For all staff to wear name badges showing name and role.</li> <li>2. That carpets in dining areas and corridors be replaced with coverings that are easier to keep clean. We considered it inappropriate to have carpet in the dining area and some other areas where it was difficult to keep clean and odour free. Therefore for hygienic reasons we would strongly recommend the carpet in the dining room be removed and not replaced.</li> <li>3. Look at improving the ventilation in the home. It was quite stuffy – with little apparent air circulation.</li> <li>4. Provide staff with more regular supervision – at least monthly.</li> </ol>

**Enter and View – Visit Report**

	<ol style="list-style-type: none"> <li>5. Increase visibility and accessibility of a procedure for residents (and others) to give 'compliments, comments and complaints.</li> <li>6. We would like to see a full daily menu on display for all residents to see.</li> <li>7. Consider whether there is scope to encourage residents to be more mobile by having some activities in different locations. We observed that most activities seem to be performed in the dining room. For the purpose of increasing mobility, we would recommend moving residents to different locations</li> <li>8. Consider whether staircase safety needs improvement.</li> <li>9. Assess if the chairs in the dining room are comfortable and provide suitable support for residents.</li> </ol>
<p>Recommendations for Healthwatch:</p>	<ol style="list-style-type: none"> <li>10. Healthwatch in conjunction with the council to consider how to improve methods of keeping care homes updated with names and contact details of relevant organizations</li> <li>11. Healthwatch to liaise with the Quality in care homes team to share good practice regarding methods of making compliments, comments and complaints more accessible.</li> <li>12. Healthwatch to liaise with the Quality in Care Homes Team to consider any scope for collaborative transport arrangements.</li> </ol>
<p>Signed:</p>	<p>Gillian Goddard</p>
<p>Date:</p>	<p>25<sup>th</sup> September 2013</p>

**Response received from Acacia Lodge:**

### **Enter and View – Visit Report**

We have received the following comments from both the manager and the owner of Acacia Lodge regarding the Enter and View Visit Report.

1. We have always had positive comments about the home not having any bad odours, but at lunch time I am sure that you will have the odour of food, as you would get in any home when food is served. The owner has also investigated the smell of urine in the corridor, and has reported that he feels this was not urine but a smell due to paint from the decorating work that had recently taken place. He feels this has now been rectified.
2. The Home has been inspected every year by the inspectors and never have the stairs been mentioned, nor have we ever had an accident on the stairs. The owner also added 'We do not consider the stairs to be too steep and they have been in place for approximately 40 years and there have never been any accidents on them. Further, a long time ago we placed a gate at the top of the stairs and were told by Health and Safety authorities to remove it. Those residents who use the stairs have been accessed to be safe on the stairs.'
3. The day that you visited was an extremely warm day, and therefore the home would have felt warm, but we do open all windows daily and fans are used to keep our residents cool so we do not agree that the Home was stuffy.
4. As explained to you our staff writes the menu on the whiteboard daily.
5. Our Residents have fresh vegetables and fruit every day, and we have deliveries of fresh fruit and vegetable twice a week. The inspectors have commented on the well balanced meals that we provide for our Residents. Plus we have received a 5 star rating for our kitchen.
6. The activities do not only take part in the dining room, we use the gardens and the lounges, especially for the shows that are put on for our resident by an independent company.
7. The owner of the Home feels that carpets in the dining room are warmer, safer and more homely. A meeting was held with the residents to put forward there preference and the vast majority wanted carpets.

### **Enter and View – Visit Report**

8. The chairs in the dining room are new and they were purchased from a company who caters for Care Homes ensuring that the chairs are suitably supportive for our Residents.
9. There are complaints procedures placed around the home, we did try a complaints and compliments book which we placed in the entrance hall and in the reception but over a year it was not used, so we subsequently removed it. The owner also added 'The complaint procedure is supplied to each Resident and their families when they are admitted. We have a compliments book which contains numerous positive compliments including letters from the families of Residents.'

### Enter and View – Visit Report

Name of Establishment:	Sonesta Nursing Home Ltd; 797 Finchley Road Golders Green, London, NW11 8DP Telephone: 020 8458 3459
Staff Met During Visit:	Owner/Manager: Mrs. Farzana Chowdhry; Activities Organiser/Administrator; Deputy; two nurses.
Date of Visit:	Wednesday 26 <sup>th</sup> March 2014
Healthwatch Authorised Representatives Involved:	Janice Tausig: Tina Stanton
Introduction and Methodology:	<p>This was an <b>unannounced</b> Enter and View (E&amp;V) visit undertaken by HealthwatchBarnet’s E&amp;V Volunteers, as part of a planned strategy to look at a range of care and nursing homes within the London Borough of Barnet to obtain a better idea of the quality of care provided. Healthwatch E&amp;V representatives have statutory powers to enter Health and Social Care premises to observe and assess the nature and quality of services and obtain the views of the people using those services.</p> <p>The aim is to report the service that is observed, to consider how services may be improved and how good practice can be disseminated.</p> <p>The team of trained volunteers visit the service and record their observations along with the feedback from residents, relatives, carers and staff. They compile a report reflecting these, and making some recommendations. The Report is sent to the Manager of the facility visited for validation/correction of facts, and for their response to the recommendations. The final version is then sent to interested parties, including the Head Office of the managing organisation, the Adults and Safeguarding Committee, CQC, Barnet Council and the public via the Healthwatch website.</p>

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	<p><b>DISCLAIMER:</b></p> <p><b><i>This report relates only to the service viewed on the date of the visit, and is representative of the views of the staff, visitors and residents who met members of the Enter and View team on that date.</i></b></p>
<p>General Information:</p>	<p>This was a follow up visit to the full announced E&amp;V visit that took place on 28<sup>th</sup> September 2013 to review the actions that had been taken following the recommendations &amp; comments made in that report. The team did not carry out a full review of the service but concentrated on areas of potential concern raised in the previous report.</p>
<p>Initial Report Recommendations:</p>	<p><b><i>R1) Brighter lighting to be made available in the downstairs lounge and corridors to lighten the atmosphere and allow reading in places other than by the window. When it is possible to repaint the lounge and corridors, a brighter or at least lighter colour is recommended for similar reasons.</i></b></p> <p>Despite the very dull day the lounge was adequately illuminated. Lighting for reading, unless one was sat by the window, could still be improved. However, a quiet lounge on the floor above was very bright with natural light and easy chairs next to the window. Stairs and corridors were also illuminated well and in addition to our recommendations, we were told that the doors to the garden had been improved to allow wheelchair access for residents.</p> <p>Repainting of the lounge and reception areas due to start the day we arrived but had been deferred as the workmen arrived with the wrong tools.</p> <p>We were told residents would decide on the paint colour.</p> <p><b><i>R2) All residents to have their names on their room door or/and a symbol illustrating</i></b></p>



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	<p><b><i>something important to them, so personalising their space.</i></b></p> <p>Most of the doors were now personalised with the residents' names.</p> <p><b><i>R3) A wider range of regular activities for residents to provide greater stimulation.</i></b></p> <p>A notice board by the front door alerts visitors to the daily activities which remain the same each week. We were told the range of activities was fuller than the list on the board. They included Bingo; outside entertainers with music and singing twice a week with one group also incorporating mobility exercises; separate armchair exercises provided by Sonesta; aromatherapy; hand massage; nail treatments; celebrations on anniversaries or festivals. Magnetic darts is being planned and we were told that each day the Activities Organiser spends 1:1 time with residents finding out what they like to do - this may include writing letters for them, reading to them; bringing them up to date with the news.</p> <p>Visits to places outside were an option but remained infrequent. Sometimes people were taken to their local church but shopping seemed to be done by two of the staff for the residents rather than the residents being accompanied to go themselves. The bad weather had been suggested as a cause for this, but we were told that they were planning some visits out, once the weather improved.</p> <p><b><i>R4) Individual activity sheets to be placed in residents' rooms so that friends, staff and relatives could see what they had been doing.</i></b></p> <p>These sheets, started in January 2014, are kept in a separate activities file. They are prefaced by a brief profile for each resident, allowing any staff member to see at a glance what Residents liked to</p>
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	<p>do without recourse to Care Plans. Each Resident had a section with regular comments, noted meticulously by the Activities Co-ordinator, who had shown a keen interest to do the very best for the residents. Whilst the sheets were not in their rooms there had clearly been considerable effort to improve this area.</p> <p>In addition, the Activities Co-ordinator expressed real enthusiasm for any support which would allow her to extend this provision. It would be helpful for her to join the network of activities co-ordinators that is being set up by IQICH (Integrated Quality in Care Homes Team at Barnet Council) to exchange ideas and work together.</p> <p><b>R5) Staff to wear aprons whilst serving food and at mealtimes.</b></p> <p>We were not able to view a meal but were informed by both a Nurse and Mrs. Chowdhry that aprons were worn by all staff serving food.</p> <p><b>R6) To consider leaving doors to bedridden Residents’ rooms open unless specifically asked by the Residents to close them, to avoid a feeling of isolation.</b></p> <p>Some doors were open and others shut, but we were assured by both the Activities Co-ordinator and Mrs. Chowdhry that if Residents made a special request to keep their doors open this would happen, after a risk assessment. We were also told that residents, who rarely left their rooms, were checked up on by the Activities Co-ordinator.</p> <p>The possibility of specialist door openings enabling doors to remain open but close automatically when a fire alarm goes off, was mentioned to Mrs. Chowdhry for future use.</p>
	<p><b>R7) To ensure training is kept up to date in line with best practice.</b></p>

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	<p>Most training remains in house. When we asked one person how training had affected their work, the staff member was able to explain clearly how it had impacted on daily routines. Other staff were less confident about training they had received and were therefore unable to explain how it had affected their work with Residents.</p> <p>Two staff had been chosen to go on Gold Standards Framework Training provided by the North London Hospice for End of Life Care. This was so successful that other staff were already using it to care for residents at the end of their lives. Staff attending this training were formally cascading it to other staff members, ensuring a positive impact all round. There was enthusiasm by some staff to join the next round of training and Mrs. Chowdhry was full of praise for the way it was working in her Home.</p> <p><b>R8) Contact to be made with Barnet’s Integrated Quality in Care Homes (IQICH) initiative to increase Borough contacts and share expertise.</b></p> <p>This is in progress. Mrs. Chowdhry has met with a member of the IQICH Team.</p> <p><b>R9) Consider recruiting some volunteers to assist with activities.</b></p> <p>There are no volunteers assisting at present.</p> <p><b>R10) Separate uniforms which are easily differentiated to be available for and used by all staff if they change their role.</b></p> <p>This is still unclear. It would be helpful for residents and relatives to have a clear record of the colour of uniform each category of staff wear.</p>
<p>Conclusions:</p>	<p>The home seems keen to develop its support for residents. We were particularly impressed with the diligence shown on the activities sheets and look</p>

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	<p>forward to the implementation of specific activities for Residents with Dementia and further support in this area for the Activities Co-ordinator.</p> <p>It was unclear, other than having a meeting, how people were chosen for training and whilst one member of staff told us that if they asked to go on a course they could go, it was clear that not all staff were aware of what was on offer. We were pleased that initial contact had been made with IQICH and would encourage this to be carried further. It involves Staff meeting others from outside the Home where they can exchange ideas. It has worked extremely well for the Gold Standards Framework and we would encourage this approach to become part of the Home's normal routine. In this way Residents will have the opportunity to receive top class care.</p>
<p>Recommendations:</p>	<ol style="list-style-type: none"> <li>1. Complete renovations in the lounge, corridors and reception as soon as possible, having first presented the colour choices to Residents.</li> <li>2. Increase the number of opportunities Residents have to visit places outside the Home.</li> <li>3. Discuss with IQICH options about self-closing doors on Residents' rooms.</li> <li>4. Ensure in-house training is being put into practice and staff can understand how the training has improved their daily routines.</li> <li>6. Continue to encourage staff to cascade down training in the way that the Gold Standards Framework has been shared.</li> <li>7. Work with IQICH through the Activities Co-ordinator to exchange ideas with other Homes and develop the programme.</li> <li>8. Designate uniforms and roles clearly.</li> </ol>
<p>Signed:</p>	<p>Janice Tausig; Tina Stanton</p>

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Date:	29.03.14
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Comments received from the Manager at Sonesta in response to the follow-up report:

Thank you for your feedback.

The renovations in the lounge have been completed, with a very good outcome. The service users participated in all choices.

Outings have been arranged and service users encouraged and supported to go out. Some service users have gone out. The choice and preference is always of the service user & family.

In house training updated and evaluated through staff supervision, service user and staff.

Feed-back and meetings to ensure good understanding and benefit of putting this into practise.

All staff have uniforms provided by the Home as per Homes policy. Spare uniforms kept at the Home in case of any emergency in which the staff may require a change of uniform.

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### Enter and View – Visit Report

Name of Establishment:	Sonesta Nursing Home Ltd.
Staff Met During Visit:	Mrs.Farzana Chowdhry (Owner & Manager) Administrator/part time activities co-ordinator and several other staff.
Date of Visit:	28 <sup>th</sup> September 2013 11:10 am.
Purpose of Visit:	This is part of Healthwatch Barnet’s Enter and View planned strategy which looks at care homes within the borough to obtain a better idea of the quality of care provided. This was an <b>announced</b> visit.
Healthwatch Authorised Representatives Involved:	Robin Tausig; Jill Smith; Sarah Banbury; Janice Tausig
Introduction and Methodology:	<p>Sonesta Nursing Home provides personal and nursing care, specifically, we were told, for people coming towards the end of their life. Sonesta deals regularly with Parkinson’s, stroke cases, vascular dementia (but is not suitable for people who need specific care in severe cases of dementia), diabetes and those on a peg feed. It caters for up to 32 people of any ethnic origin.</p> <p>The Manager has been in place for the last 13 years.</p> <p>This is an independently run Home.</p> <p>The building is a four storey care home - the result of combining two very large houses together on sloping land. It has mainly single rooms, although a few allow for double occupancy. At the time of visiting, only one was used in this way by a husband and wife. The remainder were either empty or had single occupancy. Mrs. Chowdhry told us that currently there were 4 vacancies. Residents’ rooms are personalized to varying degrees, have en suite WC and sink, a call system, basic furniture, and television. A few have a balcony overlooking the garden.</p>

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	<p>Residents are welcome to bring some of their own possessions by agreement with the Manager.</p> <p>We observed and assessed the nature and quality of services and were able to obtain Residents' views through discussion with them and two relatives.</p> <p>This report represents the Team's observations as experienced on the day of the visit, having spoken to the staff, relatives and residents who contributed on that date. <b>DISCLAIMER:</b></p> <p><b><i>This report relates only to the service viewed on the date of the visit, and is representative of the views of the staff, visitors and residents who met members of the Enter and View team on that date.</i></b></p>
<p>General Impressions:</p>	<p>The bedrooms and bathrooms look pleasant. Flotex flooring is due for the Residents' own rooms in the near future to give a warmer feel as it is easy to clean and looks smart.</p> <p>The comfortable lounge area in the basement doubles as a dining room.</p> <p>A single lift operates between the basement and top floor. It takes a person in a wheelchair with one or two Carers. There is a narrow and steep staircase to the basement.</p> <p>The top floor appeared rather cut off with all room doors shut even when residents were in them. This may have been preferred by the residents but it appeared there was very little interaction going on. There is a second quiet lounge on the top floor with three or four chairs in a straight line unable to face the television whose remote control remained in its original plastic wrapping. A very old weighing machine had also been left in the room.</p>



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	<p>We were told Internet access was available for Residents but did not see anyone engaged in this activity.</p>
<p>Policies &amp; Procedures:</p>	<p><b>Care Plans &amp; contents:</b> Mrs. Chowdhry told us that Care Plans were reviewed monthly or as required. She assured us that when staff saw pressure sores or any other unexpected condition, this and resulting changes were noted immediately. Weight loss was treated in a similar way.</p> <p>Mrs. Chowdhry felt that although the Care Plan was undertaken initially with the Resident or close relative, very often the resident forgot they had a Care Plan and rarely if ever asked to see this again.</p> <p><b>Medication:</b> Only Nurses dispense Medication and if a Resident does not wish to take this, the Multi - Disciplinary team become involved. This involves the GP, family and the Social Worker. Resolutions will depend very much on the individual resident. Medication is kept in the fridge which has been replaced as it was one of the recommendations from the pharmaceutical audit. Boots supplies both the medication and some training and Mrs. Chowdhry is pleased with their level of service.</p> <p><b>Safeguarding &amp; Accidents:</b> The Safeguarding Policy to hand was the 'London Multiagency Policy and Procedures to safeguard'. The Accident Book showed only one accident in the last 9 months. This was in September this year.</p> <p>We were told the Fire Drill is weekly but it was not clear to us how the Residents were involved in this. The expiry date on the extinguishers was not always legible.</p> <p>Some of the corridors had hand rails on one side only. On the staircase leading to the basement</p>

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	<p>lounge there were plastic edges to the steps and again handrails on one side only.</p> <p>The rooms which had a balcony overlooking the garden may be difficult to access independently due to the raised ridges that had to be overcome to reach the balcony.</p> <p>We were told none of the Residents had bed sores and that the last case of MRSA was in 2011 as the result of a hospital admission.</p> <p>Building entrances were secure and we were told that locks could go on residents' room if required.</p> <p><b>Complaints:</b> We were told that the Complaints Policy is explained at admission and there was a policy in reception but none of us saw it. Mrs. Chowdhry calls it "an open door policy". Even if it is a verbal concern, it is recorded monthly on record sheets. A complaint would be given to the person on duty and it would then come directly to Mrs. Chowdhry as the owner. Concerns are discussed and then the reply is given in writing.</p> <p>The one complaint received from a Resident arose in September this year and had been dealt with - the complaint had been withdrawn. The same book contained cards thanking the Home for their work.</p> <p>We were told that basic mandatory training in manual handling, H&amp;S, safeguarding, skin care, infection control and food hygiene were undertaken by all staff.</p> <p>Both standing and sling hoists are used and tested every 6 months. We heard the company supplying these was very good; repairs being done very quickly when needed.</p> <p><b>Access to Professionals:</b> As with many Homes the out of hours GP was provided by Barndoc through the 111 Service. We were told that health is monitored by Nurses (although these were also</p>
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	<p>referred to as Higher Care Assistants too because of the nature of their training), the GP and the Multidisciplinary Team.</p> <p>As a private arrangement, one resident arranged physiotherapy for her own needs.</p> <p>The Dentist comes in regularly twice a year or as required.</p> <p>As there is only one Dietician for the whole of Barnet, we asked how specialist diets were managed. Mrs. Chowdhry pointed out she had had some dietician training and felt that she and her staff could meet diabetic needs in particular, as well as other cultural and religious requirements.</p> <p>Mrs. Chowdhry had all paperwork to hand and all policies were completed even down to taking the temperature of the water every week.</p> <p>Staff had carried out some audits regarding food eaten at lunchtime because they wished to ensure that residents were eating properly and that no resident had forgotten to come and eat.</p> <p>Mrs. Chowdhry said she wanted to have the very best staff and also spoke about “needing to bring them up to standard” when they first arrived. It appeared considerable planning had gone in to appoint her staff.</p>
<p>Staff:</p>	<p>Care staff are Nurses either in this country or were in their country of origin. If they have come over here to work then they are counted as a GNVQ Level 4 until they are able to study over here and bring their skills into line with British requirements. During our visit we understood there were 4 Care staff at GNVQ level 4 and 2 fully qualified Nurses.</p> <p>Mrs. Chowdhry had employed one of her Nurses to be a qualified trainer. Most training is therefore done in house. We were told that training specific areas like Health and Safety are revisited 3 times</p>

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	<p>each year and this is mandatory for all staff. Dementia training is cascaded throughout the staff. Some staff occasionally go for external training.</p> <p>We observed staff in different areas but noted that the top floor had only two staff, on their rest break, in a closed room and therefore, despite being up there for 20 minutes, we saw no-one respond to a Resident calling out for a drink.</p> <p>However, there was another resident who clearly did not want a meal when it was presented, but the Carer's personal response to this situation meant that the Resident did finally eat.</p> <p>In the lounge, we observed a member of staff courteously and professionally acknowledging by name a Relative as he arrived, whilst busy doing what was necessary at the end of a meal.</p> <p>We were very warmly greeted by the Administrator. She had been there for 15 years.</p> <p>The Chef did not speak fluent English but our questions were answered by the assistant who did.</p> <p>All kitchen and Care staff are trained in food hygiene.</p> <p>There are key workers for every resident and each key worker had around 4 people in his/her charge, depending on the severity of their Residents' needs. The Carer/Resident ratio we were told was 1:4 on the day we visited but it could drop to 1:5 at any time during the day. At night it was 1:10.</p> <p>The staff wore uniforms, but these did not very clearly distinguish which staff had which roles, although name badges were in evidence.</p> <p>Some staff although trained as Nurses or Carers would also take on the role of a domestic if needed. We discussed with Mrs. Chowdhry the</p>
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	<p>importance of ensuring that if staff did this, they should be supplied with different uniforms and that ideally the two roles should not merge on the same shift.</p> <p>We were told that staff turnover was very low because staff had job satisfaction and in a small home such as this, they were more like a family. Although there is a current vacancy for a Nurse, that was caused by one leaving after 3 or more years. No-one else had left in the last six months according to Mrs. Chowdhry's records.</p> <p>Mrs. Chowdhry is aware of the Gold Standards Framework for End of Life Care but has not yet decided to pursue this. She said she has had the North London Hospice in to give advice on certain Residents but not undertaken any training course with them.</p>
<p>Staff Views:</p>	<p>Our team spoke with various Staff. One staff member, in her first year of working for Sonesta, was very enthusiastic about the training that she had received and the atmosphere of working there.</p> <p>All responded with one voice that they were very happy with their position.</p> <p>Mrs. Chowdhry said she had regular meetings with her staff.</p>
<p>How the home gets residents views</p>	<p>Mrs. Chowdhry told us that she had quality assurance surveys, some of which we saw, took feedback from residents and acted on complaints. She said there were also meetings held with both Relatives and Residents every 2 months.</p> <p>We were unclear whether meetings with Residents were held as a group or individually as we were not shown any Minutes for these meetings nor the outcomes arising from them.</p>

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<p>How the Home Gets Relatives' / Carers' Views:</p>	<p>Food questionnaires occurred 3 times a year. We saw 8 responses from the last survey and were told that these were the only residents who had completed them. Of those sent out to relatives, about a quarter of them were returned.</p>
<p>Privacy and Dignity:</p>	<p>We felt overall that privacy and dignity were generally good. Toilet facilities were ensuite; curtains and blinds were in place for the rooms we saw and no-one was being overlooked. In some cases sounds came through the walls from one resident's room to one adjoining due to what looked like thin partition walls. The residents were clothed completely appropriately and coverings, when necessary were in good condition. We did not see any residents being lifted or handled either manually or with a hoist.</p>
<p>Environment:</p>	<p>A lot of renovation had gone on over the last year. It felt as if the residents had a personalised space in the lounge, either in their wheelchairs or in a chair with a footrest and table. The lounge looked comfortable.</p> <p>The interior of individual residents' rooms had ensuite bathrooms, almost all completed to a good standard. Whilst they varied in their homeliness, some public areas of the Home did not always encourage a feeling of warmth. Residents' names were half attached on some doors and on others they were not there at all.</p> <p>Notices were attached to the lounge walls addressing staff and stating that mobiles had to be turned off.</p> <p>Other parts of the home, particularly the top corridors to residents' rooms looked a little bare and the levels of light were low in some areas which created a gloomy feeling.</p> <p>There was a small outside garden though there were slopes without handrails. This could be</p>

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	<p>accessed from the lounge. There were some plants in the middle and a shed, but it was mainly paved.</p> <p>The 4 separate shower rooms were well refurbished.</p> <p>We only saw antibacterial gel available at the front door.</p>
<p>Furniture:</p>	<p>Residents’ rooms consisted of a bed with a wooden headboard, a dresser/cupboard with drawers, hanging space, mirror, sitting chair and TV. Furniture was clean.</p> <p>The lounge doubled as a dining room and had a medium sized dining table but this would be inaccessible for many of the Residents who were in wheelchairs and it raised the question of how often residents sat down to a meal together.</p>
<p>Food:</p>	<p>Lunch and evening meals are served in the Lounge on individual moveable tables that are placed in front of the Residents. This means they are not required to move -which some Residents may prefer.</p> <p>Lunch is served at 12:30 and the evening meal at 5:30. In between there is tea with cake and/or biscuits. Later in the evening there are “nite bites” available if a resident fancies something before going to bed.</p> <p>A chart in the kitchen outlines all residents’ likes/dislikes with one person in the kitchen being well aware of Residents’ different needs.</p> <p>Lunch was served on a tray but without napkins. None of the staff were wearing aprons and we did not see any latex gloves anywhere during our visit.</p> <p>There was a good choice of food with a four week - or in some months a 5 week menu. Much of the food we saw had been pureed but the rest looked</p>

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	<p>appetising and there was plenty to eat. We were told that relatives were able to see the menus when they came in. If any of the staff spotted food being brought in, they asked why, so that if necessary, they could alter their menu to provide what the resident wanted.</p> <p>Some residents were unable to feed themselves or required help but there were staff available to do this. We were told that there were six Residents in their rooms who would need support with eating. There were 2 Care Staff to do this.</p> <p>We did not see any drinks being served with the meal, but staff who fed patients were very supportive and encouraging during the time we were there.</p> <p>Halal meals are available but not kosher. There is one strictly orthodox Jewish resident and arrangements have been made for their food to be brought in by his community.</p> <p>Everything was cleared away quickly and cleanly and there was a window open which meant that the food smells did not remain in the lounge for the rest of the day.</p>
<p>Activities:</p>	<p>An Activity Provider was in the lounge, engaging Residents in their weekly activity. Mrs. Chowdhry employed them to come in for an hour each week. We were told that their usual day was Friday but they had changed for this week.</p> <p>We did not see many residents in this activity and were told that very few of them would be able to move or sing but they could watch and hear what was going on.</p> <p>We were not shown a weekly planned programme although there was an activities poster on the wall in the lounge. There did not seem to be an Activities Co-ordinator employed by the Home to work full time. It was emphasised to us that the</p>



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	<p>residents were too ill to make much use of activities.</p> <p>We were however shown an activity file which contained some photographic evidence and carefully typed up sheets listing residents who had attended some activities.</p> <p>Arts and crafts were also mentioned but unfortunately none of this work appeared to be on display.</p> <p>We discussed the value of having individual activity sheets listing the daily activities undertaken by the Resident. It was agreed that this could be kept in the resident’s room and this would enable Carers to talk to the Resident about what he/she had done and relatives would be able to see what had taken place.</p> <p>One resident is accompanied when they want to attend Church, as is another resident when they wish to attend synagogue.</p> <p>We met one very lucid, bedbound person, unable to join in activities as they were downstairs. She said the Administrator had helped her to write some letters.</p> <p>We asked what other activities, apart from Bingo and the occasional quiz, were available but were told that nothing else was really suitable for these residents. We were told that when Staff asked if they wanted to go out they said “Not today” or “No” which made forward planning for an outing difficult.</p>
<p>Feedback from Residents and Relatives/Visitors:</p>	<p>One Resident with whom we spoke commented that the activity we observed on entry was usually scheduled for Fridays! She was surprised it had changed.</p> <p>Another Resident said “I am warm enough because I am wearing a jumper and have this</p>

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	<p>scarf round my neck. Yes it is warm enough in here.”</p> <p>She said that everything was fine for her but commented that she had come to this Home because a friend of hers was already here. Now however, she hardly saw that person as she stayed in her room most of the time.</p> <p>We spoke with two visitors. One of these said that she liked the atmosphere here and she compared Sonesta favourably to another Home.</p> <p>Another relative said residents didn’t seem to talk to each other much and felt that there was no effort to try and encourage this.</p>
<p>Conclusion:</p>	<p>Mrs. Chowdhry clearly wants to run a good Home but as a single private provider she faces challenges not experienced in much larger companies. She would be helpfully supported by Barnet’s new Quality in Care Homes Team (IQICH).</p>
<p>Recommendations:</p>	<ol style="list-style-type: none"> <li>1. Brighter lighting to be made available in the downstairs lounge and corridors to lighten the atmosphere and allow reading in places other than by the window. When it is possible to repaint the lounge and corridors, a brighter or at least lighter colour is recommended for similar reasons.</li> <li>2. All residents to have their names on their room door or/and a symbol illustrating something important to them, so personalising their space</li> <li>3. A wider range of regular activities for residents to provide greater stimulation.</li> <li>4. Individual activity sheets to be placed in residents’ rooms so that friends, staff and relatives could see what they had been doing.</li> <li>5. Staff to wear aprons whilst serving food and at mealtimes.</li> </ol>

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	<p>6. To consider leaving doors to bedridden Residents’ rooms open unless specifically asked by the Residents to close them, to avoid a feeling of isolation.</p> <p>7. To ensure training is kept up to date in line with best practice.</p> <p>8. Contact to be made with Barnet’s Integrated Quality in Care Homes (IQICH) initiative to increase Borough contacts and share expertise.</p> <p>9. Consider recruiting some volunteers to assist with activities.</p> <p>10. Separate uniforms which are easily differentiated to be available for and used by all staff if they change their role.</p>
Signed:	Jill Smith, Sarah Banbury, Robin Tausig, Janice Tausig.
Date:	26 <sup>th</sup> October 2013

Response received from Care Home:

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We thank you for your visit and helpful comments, enabling us to further improve our services.

The Home has undergone refurbishment, the lounge is planned to be done in February 2014.

We implemented your suggestion on the documentation for activities, and have a form for each service user, rather than an activity file.

The activity co ordinator works 24hours /wk. The Home employs two full time administrators, and the 2nd administrator (20hours/wk for admin work) is also the activity co-ordinator. Two sessions of activities (3hours) provided by external providers. Total activity hours are twenty seven, and the care staff also provide activities by engaging in games, puzzles, news, tea parties etc

All activities are planned according to service users choice & preferences, and the staff encourage all service users to participate.

It is a legal requirement from fire & health & safety, that all doors must be kept closed, some service users may prefer to keep door opened in which case a risk assessment is carried out, risks explained, written consent obtained.

House keeping duties are sometimes allocated to care staff on their off days, Never on the day when they are doing a care shift. Nurses wear Blue uniform, care staff have a lilac uniform and housekeeping wear green.

The cutlery on the food trays is wrapped in the napkins. Care Staff always wear blue aprons whilst serving meals, the qualified nurses are not directly involved, with meals so they do not wear aprons even if they are in the lounge overseeing the mealtime.

Contact has been made with IQICH.

	AGENDA ITEM 8
	<p><b>Adults &amp; Safeguarding Committee</b></p> <p><b>2 July 2014</b></p>
<b>Title</b>	<b>Adults &amp; Safeguarding Committee Work Programme</b>
<b>Report of</b>	Later Life Lead Commissioner Family and Community Well-being Lead Commissioner
<b>Wards</b>	All
<b>Status</b>	Public
<b>Enclosures</b>	Committee Work Programme June 2014 - April 2015
<b>Officer Contact Details</b>	Anita Vukomanovic, Governance Service Email: <a href="mailto:anita.vukomanovic@barnet.gov.uk">anita.vukomanovic@barnet.gov.uk</a> Tel: 020 8359 7034

<b>Summary</b>
The Committee is requested to consider and comment on the items included in the 2014/15 work programme

<b>Recommendations</b>
1. That the Committee consider and comment on the items included in the 2014/15 work programme

## **1. WHY THIS REPORT IS NEEDED**

- 1.1 The Adults & Safeguarding Committee Work Programme 2014/15 indicates forthcoming items of business.
- 1.2 The work programme of this Committee is intended to be a responsive tool, which will be updated on a rolling basis following each meeting, for the inclusion of areas which may arise through the course of the year.
- 1.3 The Committee is empowered to agree its priorities and determine its own schedule of work within the programme.

## **2. REASONS FOR RECOMMENDATIONS**

- 2.1 There are no specific recommendations in the report. The Committee is empowered to agree its priorities and determine its own schedule of work within the programme.

## **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

- 3.1 N/A

## **4. POST DECISION IMPLEMENTATION**

- 4.1 Any alterations made by the Committee to its Work Programme will be published on the Council's website.

## **5. IMPLICATIONS OF DECISION**

### **5.1 Corporate Priorities and Performance**

- 5.1.1 The Committee Work Programme is in accordance with the Council's strategic objectives and priorities as stated in the Corporate Plan 2013-16.

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

- 5.2.1 None in the context of this report.

### **5.3 Legal and Constitutional References**

- 5.3.1 The Terms of Reference of the Policy and Resources Committee is included in the Constitution, Responsibility for Functions, Annex A.

#### **5.4 Risk Management**

5.4.1 None in the context of this report.

#### **5.5 Equalities and Diversity**

5.5.1 None in the context of this report.

#### **5.6 Consultation and Engagement**

5.6.1 None in the context of this report.

### **6. BACKGROUND PAPERS**

6.1 None.

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## Appendix A

**Adults and Safeguarding  
Committee  
Work Programme  
June 2014 – May 2015**

Contact: Anita Vukomanovic – 0208 359 7034  
[anita.vukomanovic@barnet.gov.uk](mailto:anita.vukomanovic@barnet.gov.uk)

Subject	Decision requested	Report Of	Contributing Officer(s)
<b>2 July 2014</b>			
Business Planning	<p>To consider a report approved by the Policy &amp; Resources Committee on 10 June 2014 on the process for setting a new Medium Term Financial Strategy (MTFS) to 2020</p> <p>To consider a report from the Strategic Director for Communities to agree the scope and process for developing savings proposals to meeting the financial targets set out in the Medium Term Financial Strategy as they relate to the Adults &amp; Safeguarding Committee</p>	Strategic Director for Communities	<p>Later Life Lead Commissioner</p> <p>Family &amp; Community Well-Being Lead Commissioner</p>
Implementation of the Care Act 2014	To approve the draft implementation plans for the implementation of the Care Act 2014	Adults and Communities Director / Later Life Lead Commissioner	Adults and Communities Director / Later Life Lead Commissioner
Enter and View	To receive Enter & View reports from Healthwatch Barnet which relate to the provision of adult social care services	Family and Community Well-being Lead Commissioner, Later Life Lead Commissioner	HealthWatch Barnet
<b>31 July 2014</b>			
Business Planning	To receive an update following the report to the June committee meeting	Strategic Director for Communities	<p>Later Life Lead Commissioner</p> <p>Family &amp; Community Well-Being Lead Commissioner</p>

<b>Subject</b>	<b>Decision requested</b>	<b>Report Of</b>	<b>Contributing Officer(s)</b>
Barnet Multi-Agency Safeguarding Adults Board Annual Report 2013/14	To receive the Barnet Multi-Agency Safeguarding Adults Board Annual Report 2013/14	Adults and Communities Director (Statutory Director of Adult Social Services)	
Adults and Communities Delivery Unit Annual Complaints Report 2013/14	To receive the Adults and Communities Delivery Unit Annual Complaints Report 2013/14	Adults and Communities Director (Statutory Director of Adult Social Services)	Adults and Communities Director (Statutory Director of Adult Social Services)
<b>2 October 2014</b>			
Business Planning	To approve five year commissioning priorities, proposals for meeting financial targets set out in the MTFs and proposed Management Agreements	Strategic Director for Communities	Later Life Lead Commissioner Family & Community Well-Being Lead Commissioner
Delivery of Health and Social Care Integration including through the Better Care Fund	To approve the full Business Case for implementation of integrated health and social care	Later Life Lead Commissioner / Adults & Communities Director	
Your Choice Barnet Task and Finish Group	To consider a six-month update report from Officers on the approved recommendations of the Your Choice Barnet Task and Finish Group.	Housing and Environment Lead Commissioner / Later Life Lead Commissioner	
<b>4 December 2014</b>			
Implementation of the Care Act	To review progress made against the implementation plan	Adults & Communities Director / Later Life Lead Commissioner	
<b>19 March 2015</b>			

<b>Subject</b>	<b>Decision requested</b>	<b>Report Of</b>	<b>Contributing Officer(s)</b>
Commissioning Priorities	To agree commissioning priorities for 2015/16	Family, Community & Well-Being Lead Commissioner / Later Life Lead Commissioner	
Implementation of the Care Act	TBC	Adults & Communities Director / Later Life Lead Commissioner	
Management Agreements	To review management agreements for the commissioning and delivery of Adult Social Care services	Strategic Director for Communities	
<b>23 April 2015</b>			
Your Choice Barnet Task and Finish Group	To consider a 12-month update report from Officers on the approved recommendations of the Your Choice Barnet Task and Finish Group.	Adults & Communities Director	
<b>Items to be allocated</b>			
*Business Planning	To approve five year commissioning priorities, proposals for meeting financial targets set out in the MTFs and proposed Management Agreements	Strategic Director for Communities	Later Life Lead Commissioner Family & Community Well-Being Lead Commissioner
Healthwatch Barnet Enter & View Reports	To receive Enter & View reports from Healthwatch Barnet which relate to the provision of adult social care services	Family and Community Well-being Lead Commissioner, Later Life Lead Commissioner	Barnet Healthwatch
<i>*Required to be reported in November – currently no meetings scheduled</i>			